

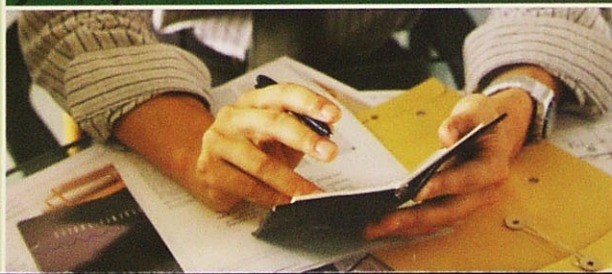


醫院管理局  
HOSPITAL  
AUTHORITY



# TOWARDS SUSTAINABILITY

Hospital Authority Annual Plan 2006 /07



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# EXECUTIVE SUMMARY

## ■ OVERVIEW

1. This document sets out the overall background and framework for planning the key strategic directions and initiatives for the Hospital Authority (HA) Annual Plan in 2006/07. It aims to ensure that the services of HA, in partnership with Government and other healthcare providers, are directed at those priority areas identified to maximise the utilisation of scarce resources and to facilitate the long term sustainability of services.

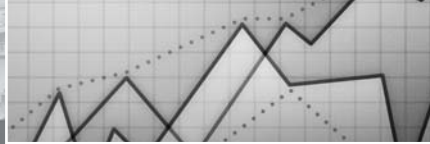
## ■ PLANNING BACKGROUND

### Concern over sustainability

2. The Government's healthcare 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. To support this policy, HA has the responsibility to provide a comprehensive range of hospital, outpatient and community-based services through its network of healthcare facilities.
3. Since the establishment of HA in 1991, we have made significant progress in managing and delivering quality healthcare services to the people of Hong Kong. Today, we are proud to see that Hong Kong has one of the best public healthcare systems in the world. Our infant mortality rate has declined continuously over the past two decades and reached a low of 2.3 per thousand live births in 2003. In the same year, life expectancy at birth for men and women was amongst the highest in the world. These favourable health indices reflected the quality of our healthcare system and its ability to provide people with the care they need.
4. However, like most of our international counterparts, Hong Kong is facing critical issues such as the ageing population, rising prevalence of chronic diseases such as cardiovascular disease, stroke and cancer, increasing public expectations, rapid advances in medical technology, and escalating demand for healthcare services. **Sustainability of the healthcare system** has become an increasing concern and managing scarce resources to meet the ever-increasing healthcare needs forms a formidable challenge for the whole of Hong Kong.

### Measures to address sustainability

5. The issue of financial sustainability of the healthcare system in Hong Kong was raised for wide public discussion in 1999 by a consultancy team from the School of Public Health of Harvard University. Since the publication of the review report, HA, as the major service provider of healthcare, has supported



the Government in implementing a number of measures to address the issue of financial sustainability. The reform measures can be grouped under two broad categories: re-engineering the healthcare delivery system; and improving its financial sustainability. These are described in the ensuing paragraphs.

### Reforms to re-engineer the healthcare delivery system

6. To help **reorganise primary medical care** so as to place greater emphasis on prevention and early detection and intervention of illnesses, in 2004, HA took over 64 general outpatient clinics (GOPCs) from the Department of Health, to improve the integration of public sector primary care and hospital care services. Since 1998, HA has also helped train over 500 family doctors through a structured four-year training programme in family medicine.
7. To **shift the emphasis from inpatient to ambulatory and community care**, we have contributed to the implementation of the population-based funding to facilitate the diversion of resources from institutions to settings where patient needs could be more effectively met. Different programmes aimed at further developing ambulatory and community care have also been launched and expanded.
8. Guided by the new funding model, since 2001 we have reorganised our service delivery through **service networking and hospital clustering**, tackling both service gaps and duplications and ensuring adequate service coverage for the territory. Highly specialised services are now provided by designated tertiary centres with explicit referral guidelines. The organisation of services and provision of care were streamlined by grouping hospitals into clusters and delineating the roles of individual hospitals within the same cluster to achieve the best mix of the cluster portfolio.
9. To **strengthen public/private collaboration**, we have developed numerous initiatives to facilitate the use of private services by public hospital patients through the provision of information on private services to our patients, organisation of shared care programmes, and sharing of clinical information across the public and private sectors. Moreover, we have also started to organise ambulatory surgery training courses for doctors in the private sector.

### Measures to improving the financial sustainability of the healthcare system

10. Since the formation of HA, we have been implementing enhanced productivity programmes to **contain costs and increase productivity**, taking care not to compromise our service quality and standard. Much has been achieved through merging of services and hospitals, bulk leveraging and product standardisation, and streamlining the organisation and its administrative structures. We have also contracted out non-clinical services, developed revenue generating programmes, and introduced voluntary and early retirement for more senior staff and lower remuneration packages for new recruits.
11. To manage demand we have assisted the Government in **revamping the fees and charges**. In 2003 the fees and charges for public healthcare services were restructured to target finite resources at the needy and at those services that pose the highest financial risks to patients, while minimising inappropriate use and misuse and improving efficiency and equity. Fee charging for Accident and Emergency services





was introduced and the fees for other public healthcare services were also increased. In line with the principle of full cost recovery for private patients, private charges have also been restructured to more closely reflect the current cost of such services. To ensure that the needy and the less well off were not disadvantaged, the medical fee waiver system was strengthened.

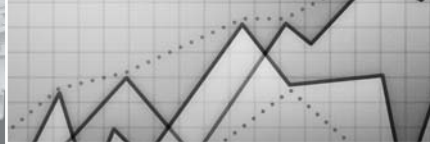
12. To support the Government in **identifying the feasible healthcare financing options**, HA has participated in studies on fees and charges and feasibility of the Health Protection Accounts led by the Health, Welfare and Food Bureau. At the request of the Bureau we have conducted a willingness-to-pay survey and a study on the financial impact of fees revision options on HA users.
13. Despite the various initiatives as outlined above, our services continue to experience tremendous pressure. There is a heavy reliance on the highly subsidised public healthcare system coupled with the projected growth in the demand for public services arising from the demographic changes of the population. With a greater proportion of elderly citizens aged over 65, the tendency for early occurrence of chronic illnesses, the advancement in medical technology leading to increasing number of treatable medical conditions at high costs, and the evolution and globalisation of infectious diseases such as SARS and avian influenza, this pressure is likely to continue.

#### Resource and sustainability

14. While the funding provision for HA has decreased over the past five years to \$27.5 billion in 2005/06, Hong Kong's health expenditure as a percentage of GDP remains low as compared to member countries of the Organisation for Economic Co-operation and Development (OECD), amounting to 5.7% only in 2001/02. Public spending constituted 57.2% of the overall healthcare expenditure in 2001/02, which is also lower than most OECD countries. To tackle the rising demand and increasing cost of service, questions are being asked by the Government, political parties, academic institutions and the general public on the best way forward. The general consensus is that alternative healthcare financing must be pursued and that the goal is for the community to continue to enjoy a high standard of healthcare service which is sustainable, affordable and accessible to all.

#### Other challenges facing the organisation

15. Apart from budgetary constraint, HA is also faced with a number of changes in the internal and external environment which will have significant impact on the service planning for the coming year. They include the following:
  - (a) *Changes in the corporate leadership* — Over the past 18 months, there have been significant changes in the corporate management and the HA Board involving the succession of the Chairman, Chief Executive, Cluster Chief Executives in the Hong Kong West, Kowloon Central, New Territories West, Hong Kong East and Kowloon East clusters, Director (Professional Services and Operations) and Board members (since September 2004, 13 HA members have retired and 12 new members have joined the HA Board). While the changes in key leaders of the organisation will have significant impact on the corporate direction, they will also bring about new insights and impetus in leading the organisation forward to a new stage.



- (b) *Aftermath of SARS* — Although it has been almost three years since the SARS epidemic, significant resource input is still required to be put into: (i) offering medical care and psychological support for recovered SARS victims through conducting a series of integrated rehabilitation programmes and return-to-work projects for staff who contracted the disease during the course of their duty; (ii) providing assistance to the Labour Department in assessing the degree of disabilities; (iii) providing information to facilitate the SARS Trust Fund in determining if SARS patients are eligible for the Fund; and (iv) processing the injury-on-duty claims under the Employees Compensation Ordinance and other legal claims arising from the epidemic.
- (c) *Looming threat of infectious diseases* — While the threat of SARS seems to have diminished, the world including Hong Kong is under the looming threat of an avian influenza pandemic. In response, HA has activated the Yellow Alert and has initiated a series of preparatory arrangements including stockpiling drugs and personal protective gears, and formulating corporate and cluster contingency plan covering both, inter alia, staff and bed mobilisation plans. We have arranged infection control training for staff, conducted corporate and inter-departmental drills to test and enhance the response to a real outbreak, mobilised volunteer support and discussed with the private sector to augment the overall service capacity when required, as well as arranging improvement works to enhance infection control. Most importantly, in anticipation of the worries and concerns of staff members, a number of communication and consultation forums and different communication channels have been arranged. While HA will continue to intensify efforts to step up our vigilance and preparedness for the pandemic, particularly since sporadic bird infection cases have started to occur locally, the resource input required and the extra demand on staff will need to be managed.
- (d) *Morale issue of staff* — Since 2002/03, HA has been working on a reducing budget and increasing efficiency through a number of productivity enhancement and cost saving measures. Staff members at all ranks are fully stretched. Quality improvement initiatives, such as the HA Drug Formulary, require substantial time to communicate with patients, and the detailed informed consent for treatment has also increased work pressure. This is further aggravated by the need to lower working hours for doctors without additional resources. Enhancing staff morale will continue to be the top priority of the corporate plan, and specific programmes in consultation with staff will need to be developed to cultivate a people-centred culture within the organisation and to provide a better working environment for staff members.

## ■ PLANNING PROCESS AND FRAMEWORK

16. 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. Through a series of planning meetings involving Board members, all Head Office and cluster executives, 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. To guide the formulation of specific corporate and cluster targets, the planning framework adopted the five over-arching major directions of HA; the four priority areas set out by the Secretary for Health, Welfare and Food; and the three focus areas set out by the HA Board. These three pillars of the framework for the HA Annual Plan for 2006/07 are listed below:



### Major Directions of the Hospital Authority

17. To ensure provision of quality healthcare services to meet the needs of the community, the five strategic directions encompassing the full spectrum of our services are:

- **Improving population health**
- **Enhancing organisational performance**
- **Enhancing healthcare system sustainability**
- **Improving service quality and clinical governance**
- **Building human resources capability**

### Directions of the Government

18. To consider the best healthcare model to serve the Hong Kong people and the financing options to sustain the healthcare system, in March 2005, the Government reconstituted the Health & Medical Development Advisory Committee (HMDAC). From the various recommendations on future models of healthcare, the Government emphasised the importance of realigning roles between public and private healthcare providers to address the current imbalance. For the public healthcare service including HA, which provides the majority of healthcare services to the population of Hong Kong, the Government set out clear policy direction, to target services in the following four priority areas:

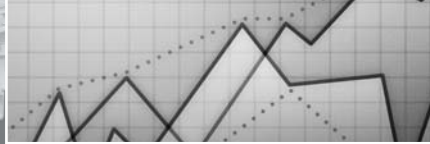
- **Acute and emergency care**
- **Low income and under-privileged groups**
- **Illnesses that entail high cost, advanced technology and multi-disciplinary professional team work**
- **Training of healthcare professionals**

### Directions of the HA Board

19. Sharing the concern with the Government on the sustainability of the healthcare system, the HA Board and executives have discussed the future direction of HA through a series of strategic planning meetings. Taking into consideration the Government's direction, the Authority's mission and vision, and the internal and external challenges facing the organisation, the Board agreed that funding alone could not eliminate the challenge to sustain the healthcare system and has set out the following three broad focus areas for the work of HA, emphasising staff morale as of first importance to the organisation:

- **Enhancing staff morale**
- **Maintaining service quality**
- **Managing the budget**

20. Having considered the ever increasing workload of the frontline staff, the HA management also decided that its Annual Plan for 2006/07 should be focused and pragmatic. The number of targets in 2006/07 will be fewer than in previous years to allow sufficient capacity for the frontline to handle ongoing initiatives and to implement new ones. In deciding the targets to be included into the Annual Plan, the practicality and cost-effectiveness of all proposed targets were individually assessed.



21. 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 INITIATIVES FOR 2006/07 HA ANNUAL PLAN

22. Informed by the above strategic planning framework, the targets identified for the next financial year are highlighted below.

### **Improving population health**

23. In line with the recommendations in the HMDAC Report and the direction of the Government to target services at the more vulnerable groups of the community, we will put additional emphasis on enhancing preventive care and early intervention among the older people and the underprivileged in the community. In collaboration with Non-government Organisations and private practitioners we will implement a number of targeted disease prevention programmes. We will continue to support the Government to roll out the Comprehensive Child Development Service for those aged 0–5. We will also collaborate with the Social Welfare Department to strengthen medical social support for the early identification of children and adolescents with anxiety and emotional problems, and provide cochlear implants and rehabilitative services to improve the hearing of profoundly deaf patients. We believe that by investing in these specific preventive initiatives, the need for treatment and cure will be lessened, thereby reducing the pressure on hospital services in the long run.
24. To ensure that our system is able to respond swiftly and effectively to emergencies and infectious diseases outbreaks, we will continue to work towards strengthening our system preparedness and providing sufficient support to our staff, particularly those working at the frontline.
25. To focus expensive hospital services on acute and emergency care, we will continue to collaborate closely with our health and health-related partners to provide continual care for patients in settings nearer to their homes including transferring of stable psychiatric patients to a new long stay care home in Tuen Mun. We will also enhance the gate-keeping function of Accident & Emergency Departments by collaborating with community nurses and physiotherapists to facilitate early rehabilitation and decreased admission, and providing training for the welfare workers and nurses in the elderly homes to strengthen their capabilities in caring for the frail inmates.

### **Enhancing organisational performance**

26. To support operation, we will make strategic investments to replace, introduce and modernise a number of major medical and information technology (IT) systems. We will replace major radiological and diagnostic equipment in two major hospitals, laundry equipment in six HA laundries, telecommunications systems in three hospitals. We will also plan and upgrade the IT infrastructure in four new hospital extension blocks, the Oncology and Infectious Disease Blocks at Princess Margaret Hospital, the new Pok Oi Hospital, and the Rehabilitation Block at Tuen Mun Hospital.





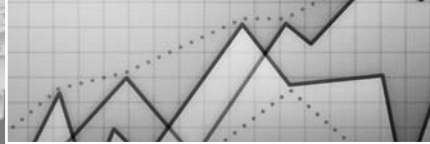
27. New psychiatric beds will be relocated from Kowloon West and Hong Kong East and put into operation in Kowloon Central and Kowloon East to improve the accessibility of the service to patients. To meet the needs of local population, rehabilitation beds will be commissioned in Kowloon East and New Territories West. The new cancer centre at Princess Margaret Hospital will increase its service to meet new demand. Major capital works include completing the main building works of the redevelopment of Pok Oi Hospital and the reinforced concrete superstructure of the Infectious Disease Block at Princess Margaret Hospital. To align facilities planning and engineering design, a reference library will be set up through the intranet platform to share information on the stipulated standards with the frontline hospital facilities managers.
28. To enhance our business support infrastructure, we will continue to develop the Enterprise Resource Planning Project focusing on the replacement of the existing payroll system under Phase 1 of the Project, and to commence the revamp of the existing finance systems under Phase 2 of the Project.

#### **Enhancing healthcare system sustainability**

29. Managing the budget to sustain our services has been a prime consideration in our service planning. We will continue to assist the Government to deliberate the suitable financing options and liaise with the Government to review the basis for the subvention to HA in light of the Government's four priority areas. To help tackle the budget constraint, we will also explore the feasibility of selected revenue generating and cost saving initiatives. For example, measures to achieve further energy savings and tariff reductions for existing facilities and those under planning will be explored. The feasibility of generating alternative sources of revenue for the Hospital Authority through an advertising project will also be evaluated through a tender for invitation of partnership.
30. We will continue to strengthen the interface with private healthcare providers through the sharing of patient information, risk management practices in patient safety, coordinating contingency responses during pandemics and provision of information on the private allied health services to HA patients. To address the long queue of patients waiting for cataract surgery, we will conduct a charity drive for additional surgeries targeted at needy patients in collaboration with a Non-government Organisation.
31. To enhance operational efficiency of the organisation, we will reorganise the Non-emergency Ambulance Transfer Service, take over the procurement function of pharmaceuticals from the Government Logistics Department, and apply the savings gained from the Electrical & Mechanical Services Trading Fund to fund new maintenance services requirement in various hospitals. We will conduct post-implementation reviews on the effectiveness of the early assessment service for young persons with psychosis (EASY) programme and the obstetrics package for non-eligible persons.

#### **Improving service quality and clinical governance**

32. As the major service provider for meeting the healthcare needs of the whole community, we believe that it is our responsibility to offer quality service to improve the health of the Hong Kong people despite budget constraints.



33. To enhance clinical risk management and quality improvement, we will conduct a post-implementation review on the HA Drug Formulary, continue to roll out the Advanced Incident Reporting System to 12 hospitals, and develop a second tier system to enable information capture and analysis at the corporate level. A number of risk management programmes targeted at the application of patient restraint, the use of infusion pumps and naso-gastric tube feeding, etc. will be introduced. To ensure prudent use of antibiotics, the usage and resistance of antibiotics will be analysed under the Antibiotic Stewardship Programme.
34. To improve outcomes in disease management, programmes targeted at the psychiatric, renal, diabetic and cancer patients will be implemented. These include the provision of new psychiatric drugs for mentally ill patients to improve their quality of life. These also include increasing haemodialysis capacity; developing integrated care plans for renal patients; and enhancing the function of the Cancer Registry as well as conducting clinical trials on locally prevalent cancers with limitations in treatment outcome.
35. To pursue best evidenced-based practice we will strengthen information management in the Operating Theatre, Laboratory and Radiology Information Systems. A number of territory-wide clinical audits across various specialties, disciplines and hospitals will also be implemented.
36. In line with Government direction, we will continue with our efforts to enhance the interface between Western medicine and Chinese medicine and to establish additional Chinese medicine outpatient clinics. We will also collaborate with the Centre for Health Protection to strengthen analytical toxicology, toxico-vigilance, training in toxicology and poison information service.

#### **Building human resources capability**

37. As emphasised repeatedly by the HA Board and HA management, staff are the backbone of our services and inculcating a “people first” and “care for the carers” culture within the organisation is our ongoing priority. Despite the budget deficit, we will invest in providing professional training for at least 300 doctors, 500 nurses and 100 allied health professionals and different job-related training to other grades of staff, as well as converting 138 Enrolled Nurses to Registered Nurses. To meet increasing service demand, we will facilitate the training of up to 20 Registered Nurses and 40 Registered Nurses for psychiatric and midwifery services respectively. Besides competency-based training for career development, we will also develop and implement a mechanism for senior executive succession planning.
38. To bolster staff morale, we will continue to enhance internal communication with different levels of staff and foster a culture of transparency and participation. To provide better emotional support for staff members, we will offer different psychological and counselling programmes through the services of Oasis.
39. To provide a safe and supportive working environment for staff members, we will train chemical safety coordinators and respiratory protection coordinators as link persons to promulgate the best practices, arrange training sessions on breakaway technique, and continue to launch campaigns against workplace violence. To provide support for staff injured on duty and facilitate their early and smooth return to work, Occupational Medicine teams will be piloted in three clusters.



## ■ CONCLUSION

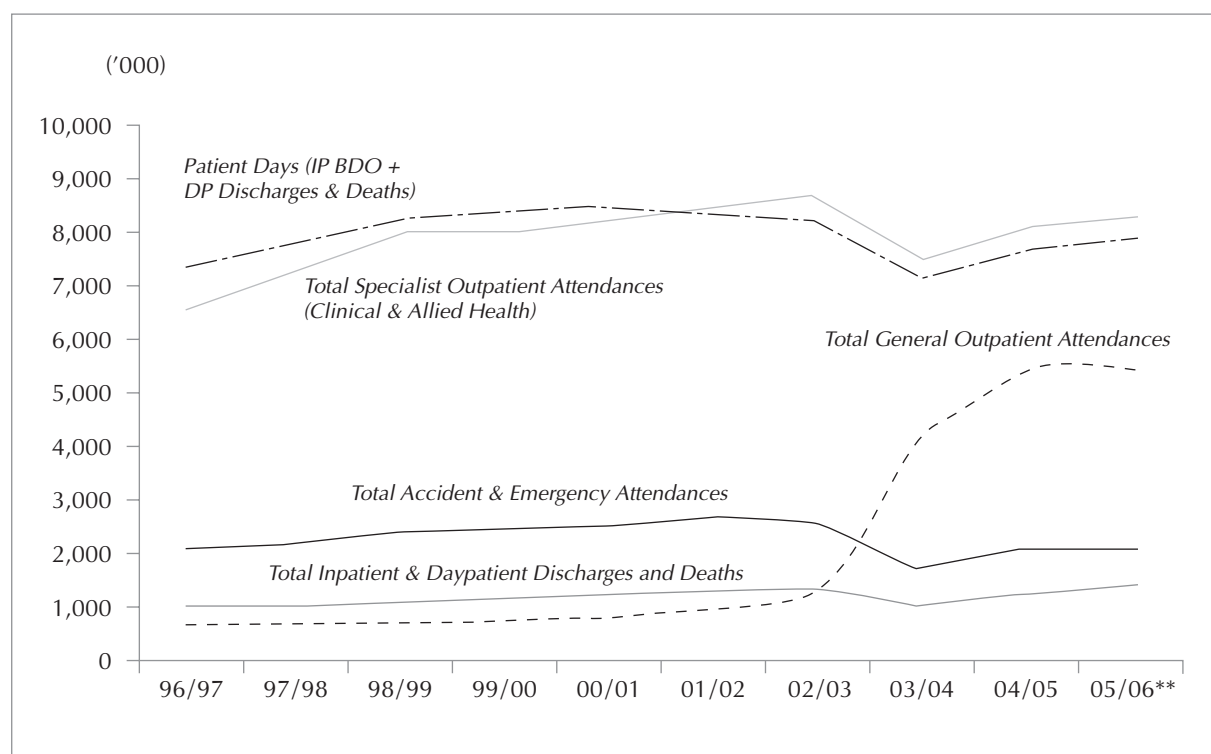
40. Financial sustainability of the healthcare system is a universal concern. Although the expenditure on public healthcare services in Hong Kong is still low as compared to most of the developed countries, continual injection of limited public money into the system may not be the ultimate solution, given the narrow tax base and low tax rate of the Hong Kong economic system. To meet the projected increase in demand, we agree to the recommendations of the HMDAC on the future service delivery model and in particular the recommendation to better delineate service boundaries between the public and private sectors. We will reposition our services with due care not to compromise our service quality. In the longer term we will work with the Government to review our unique social and economic environment and identify the most viable financing options to sustain the healthcare services.
41. Throughout the process of devising appropriate reforms to revamp the healthcare delivery and financing system, we will involve our staff members in planning and deliberating the various options, and work towards developing a caring, participatory and transparent working culture so that together as an organisation, concerted efforts will be made to meet the changing needs of the community.
42. It is hoped that by implementing the specific targets at both the Head Office and the cluster levels, the Authority will continue to provide quality healthcare services to the people of Hong Kong in a cost-effective and sustainable manner.

# 1. INTRODUCTION

## ■ SIMPLE FACTS AND STATISTICS ABOUT HA

- 1.1 As at 31 December 2005, HA managed 43 public hospitals/institutions — two of which were in the process of being decommissioned (Appendix 1) — and a host of ambulatory care facilities (Appendix 2), including 46 specialist outpatient clinics and 74 general outpatient clinics. It managed 27,765 hospital beds, representing approximately 3.9 public hospital beds per 1,000 population.
- 1.2 In the year of 2005/06, a higher level of patient care activities was recorded in total specialist outpatient attendances, patient days and total inpatient/day patient discharges & deaths. The total number of accident & emergency attendances and general outpatient attendances were stable.

### Statistics from 1996/97 to 2005/06

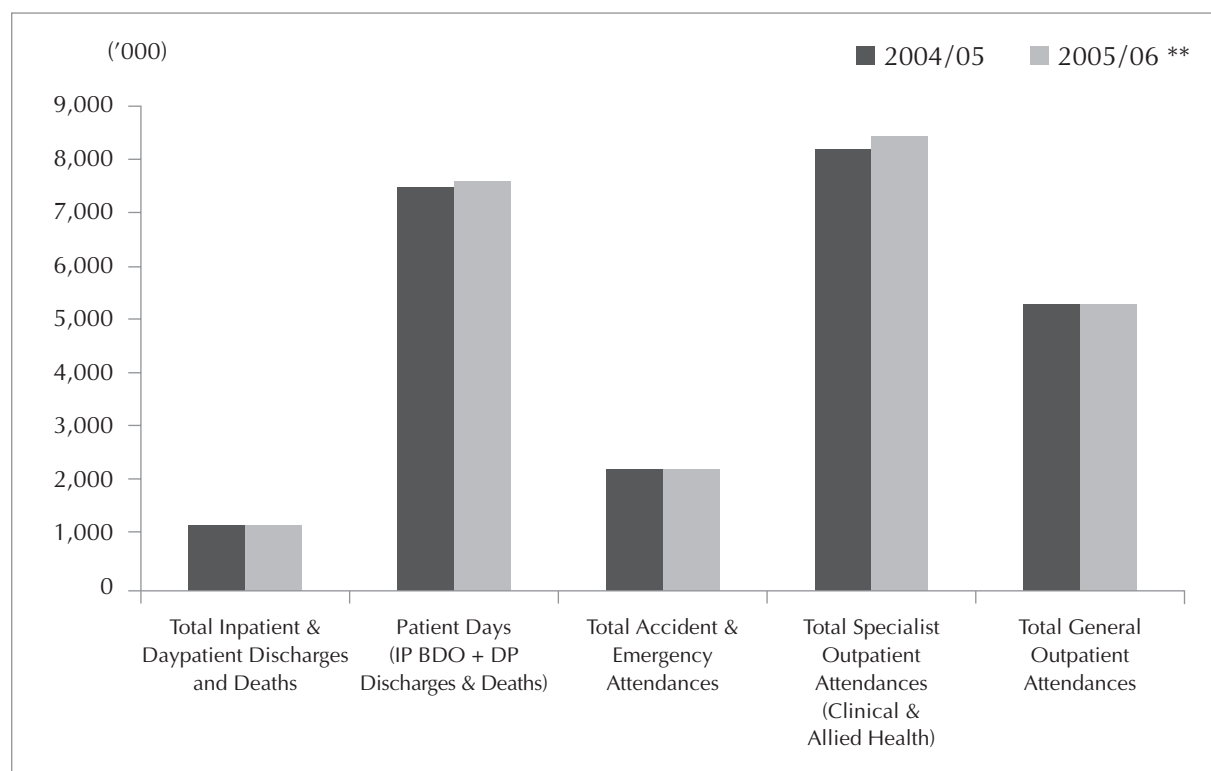


\*\* Projected figures

- 1.3 The graph above shows that in 2005/06, there were approximately 1,137,000 inpatient/day patient discharges and deaths, 7,658,600 patient days (including day patient discharges and deaths), 2,103,000 accident and emergency attendances, 8,262,000 specialist outpatient attendances and 5,300,000 general outpatient attendances. A comparison of HA's activities between 2004/05 and 2005/06 is shown below:



Comparison between 2004/05 and 2005/06



\*\* Projected figures

1.4 As at 31 December 2005, HA had a staff strength of 52,526 full-time equivalents. The majority, 68.8%, were involved in direct patient care as shown below:

Direct Patient Care (68.8%)	Staff Strength (Full-time equivalents)	
	as at 31.12.2005	% of total staff
Medical	4,933	9.39
Nursing	19,319	36.78
Allied Health	4,871	9.27
Care-related Support Staff	7,017	13.36
<b>Subtotal</b>	<b>36,140</b>	<b>68.80</b>
<b>Indirect Patient Care (31.2%)</b>		
Other Professionals/Management	1,020	1.94
Non Care-related Support Staff	15,366	29.25
<b>Subtotal</b>	<b>16,386</b>	<b>31.20</b>
<b>Total</b>	<b>52,526</b>	<b>100</b>



## ■ EVOLUTION OF THE ANNUAL PLANNING PROCESS OF HA

- 1.5 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, including reasons for deviations. There is also a description of the strategic directions that the organisation intends to pursue, accompanied by detailed programme initiatives.
- 1.6 The Annual Planning process provides the organisation with a structured mechanism to turn corporate vision and mission (Appendix 3) 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.
- 1.7 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.
- 1.8 The HA Annual Plan in 2006/07 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.



## 2 . REVIEW OF 2005/06 TARGETS

2.1 The 2005/06 Annual Plan described a total of 276 targets. Of these 261 (95.27%) were achieved according to schedule and 269 (99.27%) were achieved within the year. The remaining 7 targets were either deferred or partially achieved. Details are shown below:

### ■ TARGET PARTIALLY ACHIEVED

- **Enhance outpatient haemodialysis service in New Territories West Cluster by opening 7 haemodialysis stations with 1500 haemodialysis sessions**

Five hemodialysis stations were opened and a total of 660 sessions performed. The target was partially achieved as extra time was taken to rectify the site defects identified after renovation of the project, and this led to a delay in commencement of the service. The target is expected to be fully achieved in 4Q06.

### ■ TARGETS DEFERRED

- **Improve Infection Control Provisions in Autopsy Facilities in Hong Kong West Cluster**

The Phase I work is due to be completed by 1Q06. Improvement of autopsy facilities in Queen Mary Hospital belongs to Phase II of the project and is expected to commence in 2Q06 and to be completed in 3Q06.

- **Rationalise psychiatric services by transferring 164 beds from Hong Kong East Cluster and 66 beds from Kowloon West Cluster to facilitate the commissioning of 180 additional psychiatric beds in Kowloon Central Cluster and 50 informal beds in Kowloon East Cluster, and relocate services at Yau Ma Tei Psychiatric Clinic to Kowloon West Cluster**

Five targets relate to the rationalisation of psychiatric beds across the clusters. This initiative is contingent upon formal gazetting of the Kowloon Psychiatric Observation Unit in Kowloon Hospital as a mental hospital under the Mental Health Ordinance. This will take effect in 2Q06 and the planned rationalisation of psychiatric beds is expected to be achieved in 3Q06.

Out-patient and day services at Yau Ma Tei Psychiatric Clinic will be provided at Princess Margaret Hospital and Kwai Chung Hospital respectively, starting from 18 April 2006.



## 3 . PLANNING ENVIRONMENT

- 3.1 There are number of major changes in the internal and external environment of HA that shape the major directions adopted in this Annual Plan 2006/07.

### **Increasing demand and cost of public healthcare services**

- 3.2 HA has been under severe budget constraint as a result of years of reduction in funding provision. This is aggravated by a continued increase in the demand and cost of public healthcare services arising from the demographic changes of the population. With a greater proportion of elderly citizens aged over 65, the tendency for early occurrence of chronic illnesses, the advancement in medical technology leading to increasing number of treatable medical conditions at high costs, and the evolution and globalisation of infectious diseases such as SARS and avian influenza, etc. this pressure is likely to continue. Despite the initiatives undertaken over the years to re-engineer and rationalise service delivery and improve the financial sustainability of the healthcare system, managing a limited budget while maintaining the service level continues to pose a major challenge for HA.

### **Changes in the corporate leadership**

- 3.3 Over the past 18 months, there have been significant changes in the corporate management and the HA Board involving the succession of the Chairman, Chief Executive, Cluster Chief Executives in the Hong Kong West, Kowloon Central, New Territories West, Hong Kong East and Kowloon East clusters, Director (Professional Services and Operations) and Board members (since September 2004, 13 HA members have retired and 12 new members have joined the HA Board). While the changes in key leaders of the organisation will have significant impact on the corporate direction, they will also bring about new insights and impetus in leading the organisation forward to a new stage.

### **Aftermath of SARS**

- 3.4 Although it has been almost three years since the SARS epidemic, significant resource input is still required to be put into: (i) offering medical care and psychological support for recovered SARS victims through conducting a series of integrated rehabilitation programmes and return-to-work projects for staff who contracted the disease during the course of their duty; (ii) providing assistance to the Labour Department in assessing the degree of disabilities; (iii) providing information to facilitate the SARS Trust Fund in determining if SARS patients are eligible for the Fund; and (iv) processing the injury-on-duty claims under the Employees Compensation Ordinance and other legal claims arising from the epidemic.

### **Looming threat of infectious diseases**

- 3.5 While the threat of SARS seems to have diminished, the world including Hong Kong is under the looming threat of an avian influenza pandemic. In response, HA has activated the Yellow Alert and



initiated a series of preparatory arrangements including stockpiling drugs and personal protective gears, formulating corporate and cluster contingency plan covering both, inter alia, staff and bed mobilisation plans. We have arranged infection control training for staff, conducted corporate and inter-departmental drills to test and enhance the response to a real outbreak, mobilised volunteer support and discussed with the private sector to augment the overall service capacity when required, as well as arranged improvement works to enhance infection control. Most importantly, in anticipation of the worries and concerns of staff members, a number of communication and consultation forums and different communication channels have been arranged. While HA will continue to intensify efforts to step up our vigilance and preparedness for the pandemic, particularly since sporadic bird infection cases have started to occur locally, the resource input required and the extra demand on staff will need to be managed.

### **Morale issue of staff**

- 3.6 Since 2002/03, HA has been working on a reducing budget and increasing efficiency through a number of productivity enhancement and cost saving measures. Staff members at all ranks are fully stretched. Quality improvement initiatives, such as the HA Drug Formulary, require substantial time to communicate with patients, and the detailed informed consent for treatment has also increased work pressure. This is further aggravated by the need to lower working hours for doctors without additional resources. Enhancing staff morale will continue to be the top priority of the corporate plan, and specific programmes in consultation with staff will need to be developed to cultivate a people-centred culture within the organisation and to provide a better working environment for staff members.



## 4 . BUDGET ALLOCATION

### ■ GOVERNMENT FUNDING

4.1 The net subvention, including one-off funding for the extension and regularisation of temporary jobs, Samaritan Fund, and Equipment and Information Systems for 2006/07 indicated by the Government is HK\$27,761Mn. The funding includes:

- (a) 1% increase in funding for new or improved services, technology advancement as well as recurrent consequences for hospital projects;
- (b) Additional recurrent funding for the following new projects:
  - Improving the quality of life and maintain independent living of the mentally ill through the use of new psychiatric drugs;
  - Improving cancer care in Hong Kong by enhancing the cancer registry and conducting clinical trials on two major cancers in Hong Kong;
  - Augmentation of haemodialysis provision in HA;
  - Enhancing timely intervention (cochlear implant) for profoundly deaf patients and neonatal hearing screening;
  - Strengthening public health and hospital services on the prevention and control of poisoning in Hong Kong; and
  - Enhancement of training for doctors, nurses and allied health professionals;
- (c) Making recurrent the one-off funding of \$550Mn for strengthening infectious disease control and meeting additional demand for hospital services arising from population growth and an ageing population;
- (d) Funding for the set up of additional Chinese Medicine clinics;
- (e) Funding for taking over of procurement of pharmaceutical function from Government Logistics Department;
- (f) Funding for the purchase and replacement of equipment and vehicles, and development of information technology; and
- (g) Planned deduction of one-off funding of \$154Mn in relation to the transfer of general outpatient clinics (GOPC).

4.2 The Government will provide additional funds of HK\$240Mn for capital improvement works.





- 4.3 As an incentive for HA to better recover its costs, the Government agreed in principle to share, on a 50:50 basis, all increases in medical income arising from fees proposals, whether relating to existing or new fees including the new Non-eligible Persons (NEP) Obstetrics Package charges introduced in 2005/06.

## ■ OVERALL FINANCIAL POSITION OF HA

- 4.4 The HA has been recording operating deficits since 2001/2002 despite actions taken to curb costs through stringent saving programmes, cost containment initiatives, reorganisation, and voluntary early retirement. For the 2006/07 financial year, HA will aim for a balanced budget in containing the total expenditure within the Government funding.

- 4.5 To achieve a balanced budget for 2006/07, several measures including the following are being actively explored:

- (a) Maintaining overall manpower at 2005/06 level while coping with the increase in service demand and opening of new facilities and enhancement of services;
- (b) Reducing the contribution to the Home Loan Interest Subsidy Scheme fund in view of the projected surplus from the annual contribution;
- (c) Exploring other means of increasing revenue sources, such as other non-medical income initiatives; and
- (d) Enhancing our productivity and adopting stringent controls to manage the spending level.

- 4.6 It is anticipated that the General Revenue Reserve will be fully depleted by the end of 2005/06. Looking forward, in order to ensure the long term sustainability of the public healthcare system, HA will continue to:

- (a) liaise with the Health, Welfare and Food Bureau (HWFB) on the review of our subvention basis;
- (b) work with Government on the future direction / role of the HA in light of the four policy directions set out by the HWFB;
- (c) continue to adopt stringent control to manage HA's spending level, including the exploration of various initiatives in human resources management and service rationalisation; and
- (d) explore other means of increasing revenue sources, including fee revision, introduction of new fees and other non-medical income initiatives.

- 4.7 In summary, HA will continue to work with the Government in devising a viable financial plan to cope with the increasing service demand from the public.

## ■ RESOURCE ALLOCATION

- 4.8 The Secretary for Health, Welfare and Food has set out the direction and the Health and Medical Development Advisory Committee has also recommended that the public healthcare service sector should target its services at (a) acute and emergency care; (b) services for the low income groups and the underprivileged; (c) illnesses that entail high cost, advanced technology and multi-disciplinary professional team work in their treatment; and (d) the training of healthcare professionals. Accordingly, this requirement is being incorporated into the resource allocation process.
- 4.9 To respond to the Government's policy direction for HA to reposition its services, HA will move away from the population-based resources allocation. Expensive services that require special expertise and provided only in a few designated centres, and services provided for long stay and underprivileged groups are separately accounted for in the resource allocation mechanism. Resources for other hospital services are then allocated based on the needs of the districts, adjusted for the low-income group and institutionalised elderly population.
- 4.10 Throughout the resource allocation process, HA has been careful to ensure that the resource allocation method meets the financial requirement of hospital clusters to fulfil their obligatory roles, provides positive incentives for improving staff morale, introduces appropriate new technologies to treat patients in a more effective manner, and at the same time maintains the sustainability of the public healthcare system.



## 5 . MAJOR DIRECTIONS FOR ANNUAL PLAN 2006/07



- 5.1 To guide the formulation of specific corporate and cluster targets, the planning framework has adopted the five over-arching major directions of HA; the four priority areas set out by the Secretary for Health, Welfare and Food; and the three focus areas set out by the HA Board. These three pillars of the framework for the HA Annual Plan for 2006/07 are listed below:

### Major Directions of the Hospital Authority

- 5.2 To ensure provision of quality healthcare services to meet the needs of the community, the five strategic directions encompassing the full spectrum of our services are:
- **Improving population health**
  - **Enhancing organisational performance**
  - **Enhancing healthcare system sustainability**
  - **Improving service quality and clinical governance**
  - **Building human resources capability**

### Directions of the Government

- 5.3 To consider the best healthcare model to serve the Hong Kong people and the financing options to sustain the healthcare system, in March 2005, the Government reconstituted the Health & Medical Development Advisory Committee (HMDAC). From the various recommendations on future models of healthcare, the Government emphasised the importance of realigning roles between public and private healthcare providers to address the current imbalance. For the public healthcare service including HA, which provides the majority of healthcare services to the population of Hong Kong, the Government set out clear policy direction, to target services in the following four priority areas:
- **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

- 5.4 Sharing the concern with the Government on the sustainability of the healthcare system, the HA Board and executives have discussed the future direction of HA through a series of strategic planning meetings. Taking into consideration the Government's direction, the Authority's mission and vision, and the internal and external challenges facing the organisation, the Board agreed that funding alone could not eliminate the challenge to sustain the healthcare system and has set out the following three broad focus areas for the work of HA, emphasising staff morale as of first importance to the organisation:
- **Enhancing staff morale**
  - **Maintaining service quality**
  - **Managing the budget**



## 6 . IMPROVING POPULATION HEALTH



### ■ PROMOTING PREVENTIVE CARE AND EARLY INTERVENTION

- 6.1 In support of Government's commitment to lifelong health, HA will continue to launch programmes in areas of health promotion, health protection and community-based healthcare delivery. Strenuous efforts will be made to collaborate with community care providers in disease prevention and health promotion initiatives. Building on the success of the community programmes launched last year on hypertension management and fall prevention, HA will launch a district-based "fall risk" home assessment programme in collaboration with NGOs. We will encourage regular blood pressure checks among the adult population by launching an awareness programme in collaboration with community pharmacists. To facilitate management and control of high blood pressure, a collaborative network for the screening programme involving private practitioners will be established.
- 6.2 HA assisted the Government to launch the Comprehensive Child Development Service last year. The objective of the programme is to provide early identification and timely support to children aged 0 – 5 with developmental problems and their families through inter-sectoral collaboration with Department of Health, Social Welfare Department, and Education and Manpower Bureau. Preparation continued over 2005/6, and the programme will be implemented in Sham Shui Po, Tin Shui Wai, Tuen Mun and Tseung Kwan O in 2006/07.
- 6.3 Mental health has become an increasingly serious problem in Hong Kong. HA will collaborate with the Social Welfare Department to strengthen medical social support to adolescents with emotional problems. The main objective of this programme is to educate and train medical social workers to take up the role as "primary mental health worker" and to empower them to detect and provide psychosocial support to adolescents with early signs of mental problems.

### TARGETS

- |   |      |
|---|------|
| • <i>Launch a district-based fall risk home assessment programme in collaboration with Non-government Organisations (NGOs)</i>  | 4Q06 |
| • <i>Collaborate with community pharmacists in launching an awareness programme to encourage regular Blood Pressure checking among the adult population and to network with private practitioners in management and control of hypertensive subjects screened</i> | 4Q06 |
| • <i>Implement the Comprehensive Child Development Service in Sham Shui Po, Tin Shui Wai, Tuen Mun, and Tseung Kwan O Districts</i>   | 3Q06 |
| • <i>Collaborate with Social Welfare Department to strengthen medical social support for early identification of children and adolescents with anxiety and emotional problem</i>  | 2Q06 |



## ■ STRENGTHENING HEALTH PROTECTION

- 6.4 HA is committed to strengthening the system preparedness and vigilance to respond swiftly to infectious diseases. With the support of IT systems, the reporting and monitoring of notifiable diseases and the surveillance of surgical site infections and Methicillin-resistant Staphylococcus Aureus (MRSA) infections will be enhanced. To reduce cross infection through patient contacts, primary nursing care processes have been re-engineered and the programme will be rolled out to another 22 hospitals. To enhance the capability of frontline staff to manage crisis situations, a series of staff support activities will be implemented.

### TARGETS

- *Enhance the notification and surveillance of clinical infections, including Methicillin-resistant Staphylococcus Aureus (MRSA), surgical site infection and other communicable diseases by enhancing the electronic data management system* 1Q07
- *Continue to roll out primary nursing in 22 hospitals with re-organisation of nursing care activities to reduce cross patient contact for infection control enhancement* 4Q06
- *Implement pre-crisis training programmes and develop psycho-educational materials for the preparation and management of major critical incidents* 2Q06

## ■ ENHANCING COMMUNITY-BASED HEALTHCARE DELIVERY

- 6.5 As one of the major healthcare service providers, HA will continue to steer community-based service models that will facilitate multidisciplinary and cross sectoral collaboration in coordinated rehabilitation of both physical and mental illnesses. To empower competencies of community-based healthcare workers, HA will conduct full time welfare oriented Enrolled Nurse (General/Psychiatric) training programmes to strengthen community support to the elderly with physical or mental disability in long stay care home.
- 6.6 HA has also identified chronic psychiatric patients who are medically stable but lack social and daily living skills to function independently in the community. In 2005/06, HA has organised intensive training and rehabilitation programmes for such patients and in the coming year, HA will arrange for their transfer from hospitals to community-based facilities.
- 6.7 The role of nurses in community-based health service will be further enhanced. Apart from home care services, nurses will be deployed to manage chronic illnesses in clinic setting. This would improve the convalescence and rehabilitation process, and help patients with chronic illnesses such as hypertension and diabetes to adopt a healthier lifestyle, thus preventing the complications that lead to specialist consultations or hospitalisation.



## TARGETS

- Transfer an estimate of 150 stable psychiatric patients to a new long stay care home in Tuen Mun 4Q06
- Establish Nurse Clinics in General Outpatient Clinics to support Diabetes Mellitis and Hypertension patients from Specialist Outpatient Clinics and the community with support from Family Medicine 4Q06
- Assist Social Welfare Department to upgrade 220 welfare workers and others to undertake enrolled nurse training to enhance elderly and long term care in the community by providing “blister” programmes in general and psychiatric streams in Kowloon Central Cluster and New Territories West Cluster respectively 4Q06
- Enhance the gate-keeping function of Accident and Emergency Departments (AEDs) by collaborating with community nurses and physiotherapists 4Q06
- Improve public access to General Outpatient Clinic service by expanding scheduled appointments to chronically ill patients and facilitating advanced appointment by other patients using automated phone appointment system 1Q07



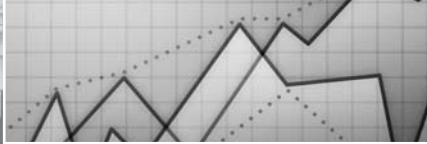
## 7. ENHANCING ORGANISATIONAL PERFORMANCE

### ■ FACILITIES AND INFRASTRUCTURE ENHANCEMENT

- 7.1 The continuous advancement of medicine and changes in the mode of clinical operation require constant changes to facilities and infrastructure. The enhancements need to be revised and modified are coordinated centrally.
- 7.2 Major building projects are centrally managed. In 2006/07 the Pok Oi Hospital Redevelopment and the Infectious Diseases Centre at the Princess Margaret Hospital will both be completed. Work will continue on other major projects, including Phase 2 of the Redevelopment of the Caritas Medical Centre. All other renovation and maintenance works are managed at cluster level. During 2005/06, workshops were held to enhance the performance of cluster facilities management. This will be continued in 2006/07, with the aim of developing cluster teams through proper staffing with professionals, training and knowledge sharing. The existing central support systems, including computerised management systems, standards, auditing and co-ordination mechanisms will be further developed.
- 7.3 The replacement of major medical and supporting equipment is steered centrally and prioritised under a strategic 3-year rolling plan which is coordinated with the HA Annual Plan. The most appropriate medical technology advancement and the most effective and efficient modes of procurement are adopted.
- 7.4 Upon implementation of the Enterprise Resource Planning System, supporting service processes will be greatly enhanced and integrated to increase organisational efficiency and overall effectiveness of service delivery.
- 7.5 Facility management involves continuous improvement in planning to instil stronger partnership and create innovations for cost reduction without compromising quality.

### TARGETS

- *Continue the Enterprise Resource Planning (ERP) project Phase 1 for the replacement of existing Payroll System and commence planning for Phase 2 to replace existing Finance System, together with the Business Process Re-engineering activity under these areas by completing the tender evaluation and finalising the implementation plan* 1Q07
- *Replace major medical equipment under a strategic plan to improve radiological diagnosis and support the clinical service in Princess Margaret Hospital and United Christian Hospital* 1Q07



## ENHANCING ORGANISATIONAL PERFORMANCE

- *Commence replacement of equipment in 6 laundries and PABX Systems in 3 hospitals to support operation* 1Q07
- *Set up a reference library of facilities planning and engineering standards for information sharing through intranet platform* 4Q06
- *Complete the main building works of Pok Oi Hospital Redevelopment* 1Q07
- *Complete the main building works of Princess Margaret Hospital Infectious Disease Block* 1Q07
- *Plan and upgrade information systems and infrastructure in 4 new hospital extension blocks (Princess Margaret Hospital Oncology Block, Infectious Disease Block, Pok Oi Hospital Redevelopment and Tuen Mun Hospital Rehabilitation Block)* 1Q07
- *Commence the development of the Next Generation Patient Billing Solution by enhancing the related functionalities of existing Clinical Systems and sourcing new billing software to replace the obsolete Patient Billing Revenue Collection (PBRC) System* 1Q07



## 8 . ENHANCING HEALTHCARE SYSTEM SUSTAINABILITY

### ■ LONGER TERM HEALTHCARE FINANCING OPTIONS

- 8.1 In order that the financial sustainability of our healthcare system can be properly addressed, the Government has reconstituted the Health and Medical Development Advisory Committee (HMDAC) to assist in identifying options for consideration. HMDAC has opted for a two-step approach: firstly to put forward new service delivery models and then to deliberate on the financing options. The former, in the form of a discussion document “Building a Healthy Tomorrow”, was released in the summer of 2005. The latter, scheduled for publication towards summer 2006, is currently being steered by a Working Group of the HMDAC.
- 8.2 As there is considerable healthcare financing expertise within HA, we have provided, and will continue to provide, the necessary input into Working Group and the HMDAC.

### TARGET

- *Continue to support the Government in the deliberation of long term healthcare financing options in the Health and Medical Development Advisory Committee, and provide information and expertise for further studies as required* 1Q07

### ■ IMPROVING EFFICIENCY SAVINGS AND REVENUES

- 8.3 To explore alternative sources of revenue for the Hospital Authority, the feasibility of an advertising project will be evaluated through a tender for invitation of partnership. Measures to achieve further energy savings and tariff reductions for existing facilities and those under planning will also be explored.
- 8.4 Productivity savings from the Electrical and Mechanical Services Trading Fund will be used to pay for the maintenance of new facilities opening during the year. Catering services for patients will be modernised. Procurement of drugs will be taken over from the Government Logistics Department, and further improvements made in efficiency.
- 8.5 To ensure that the limited resources are used in a rational manner to bring the maximum benefits to the community, there is a constant need to review and prioritise services. In 2006/07, implementation reviews of the early assessment service for young persons with psychosis (EASY) programme and the NEP obstetrics packages will be conducted.

## TARGETS

- *Explore further measures for energy saving and tariff reduction for both existing facilities and those under planning* 1Q07
- *Explore the feasibility of advertising in hospitals for alternative revenue generation* 3Q06
- *Achieve productivity savings for funding electrical and mechanical maintenance services in new facilities for acute and emergency care* 1Q07
- *Implement the 10-year public-private-partnership contract for delivery of food services with adoption of appropriate technology in New Territories West Cluster and the Queen Elizabeth Hospital in Kowloon Central Cluster* 3Q06
- *Take over the procurement of pharmaceutical supplies from the Government Logistics Department* 2Q06
- *Conduct a cost-effectiveness analysis on the early assessment service for young persons with psychosis (EASY) programme* 2Q06
- *Conduct post-implementation review of the non-eligible persons (NEP) obstetrics package* 2Q06
- *Pilot reorganisation of Non-Emergency Ambulance Transfer Service in Hong Kong East and West Clusters* 1Q07

## ■ ENHANCING INTERFACE WITH PRIVATE HEALTHCARE PROVIDERS

- 8.6 Close collaboration between the public and private healthcare sectors will facilitate optimal use of limited resources. In 2006/07, we plan to roll out a pilot project to share HA electronic patient records with the private sector. The project aims to facilitate continuity of care and free flow of patients between the two sectors by providing timely access to the clinical information of patients of HA services by the private doctors.
- 8.7 We will also improve liaison with the private sector to better coordinate contingency responses during infectious disease pandemics and conduct sharing sessions to promulgate the best practices in patient risk management. In collaboration with an NGO, we will promote voluntary cornea donations and conduct a charity drive for additional cataract surgeries for the needy patients.
- 8.8 To enhance patients' choice of services, we will also make available information on the allied health services in the private sector for HA patients.



## TARGETS

- *Establish a Public Private Interface Programme Office to support the sharing of patient information across the public and private sectors and to enhance the resilience of the information technology infrastructure and functionality to support roll-out of the programme to 3 more private hospitals* 1Q07
- *Conduct two sharing forums on risk management practices in patient safety between public and private sectors* 4Q06
- *Complete the preparatory work with the private sector to co-ordinate contingency responses for logistics arrangement and to define service collaboration during infectious disease pandemics* 3Q06
- *Promulgate private sector information about Allied Health services to HA patients to facilitate patients' choice of service between public and private sectors* 4Q06
- *Collaborate with a Non-government Organisation (NGO) to assist the promotion of voluntary cornea donations, and a charity drive for additional cataract surgeries for needy patients* 3Q06



## 9 . IMPROVING SERVICE QUALITY AND CLINICAL GOVERNANCE

### ■ CLINICAL RISK MANAGEMENT AND QUALITY IMPROVEMENT

- 9.1 Managing clinical risks and enhancing patient safety is one of our top priorities for improving service quality. With the participation of a further 12 hospitals, implementation of the electronic Advanced Incident Reporting System (AIRS) will enter its final stage. In parallel, development of the second tier system will begin enabling information captured by hospitals to be analysed at the corporate level. Strategies will be developed to reduce clinical incidents associated with high risk medications, application of patient restraint techniques, use of infusion devices and intra-hospital transport of critically ill patients.
- 9.2 The Antibiotic Stewardship Programme co-organised by the Hospital Authority and Centre for Health Protection was launched in Feb 2005. The programme aims at promoting rational use of antibiotics according to evidence-based guidelines.
- 9.3 To support the policy on drug formulary, a post implementation review of the HA Drug Formulary introduced in 2005/06 will be conducted with appropriate IT system enhancement.

### TARGETS

- *Establish the infrastructure to archive, control, maintain and disseminate standard patient information leaflets for at least 2 specialties through the e-Knowledge Gateway (e-KG) platform* 4Q06
- *Review nursing innovative practices and establish a database in e-Knowledge Gateway (eKG) to enhance knowledge management and facilitate nursing specialty development* 1Q07
- *Support the HA Drug Formulary Policy by*
  - (a) *Conducting a post implementation review on the HA Drug Formulary* 2Q06
  - (b) *Enhancing Medication Order Entry (MOE Version 2) and Pharmacy System* 1Q07
- *Implement the following corporate-wide patient safety programmes:*
  - (a) *Finalise the roll-out of Advanced Incident Reporting System (AIRS) to additional 12 hospitals and develop a second tier system to enable information capture and analysis at corporate level* 4Q06
  - (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 CMS* 1Q07



- |  |      |
|--|------|
| <i>(c) Conduct training on the guidelines for safe intra-hospital transport of critically ill patients</i>         | 2Q06 |
| <i>(d) Develop a strategy to reduce the risk to patients and staff in the application of restraint technique</i>   | 1Q07 |
| <i>(e) Develop a strategy to reduce the risk to patients in the use of infusion pumps</i>                          | 1Q07 |
| <i>(f) Develop a strategy to reduce medication incidents associated with high risk medications</i>                 | 4Q06 |
| <br>   |      |
| • <i>Enhance care quality through clinical audit of standards in wound dressing and naso-gastric tube feeding</i>  | 1Q07 |
| <br>   |      |
| • <i>Consolidate the feedback mechanism, resistance and usage database of the Antibiotic Stewardship Programme</i> | 1Q07 |

## ■ IMPROVING OUTCOMES IN DISEASE MANAGEMENT

- 9.4 HA will continue to monitor and improve efficacy in disease management. Treatment modalities with proven efficacy will be expanded to meet growing demand, such as haemodialysis facilities for renal replacement therapy and new psychiatric drugs for psychotic patients.
- 9.5 Programmes will be prioritised and developed on the basis of epidemiological evidence. The Cancer Registry will be enhanced to improve the comprehensiveness and timeliness of such information. Neonatal hearing screening will be launched to facilitate early detection and treatment of aurally disabled toddlers.
- 9.6 As the multitude of chronic and often lifestyle implicated diseases is proliferating, the disease management strategy is also moving towards multi-specialty and cross-sectoral collaboration. Education packages will be prepared in parallel and network with community care providers established.

## TARGETS

- |  |      |
|--|------|
| • <i>Provide new psychiatric drugs to 6000 mentally ill patients</i>   | 1Q07 |
| <br>   |      |
| • <i>Enhance the haemodialysis facilities to cater for the growing demand arising from the increasing prevalence of renal diseases</i>   | 1Q07 |
| <br>   |      |
| • <i>Strengthen patient/carer coping and caring ability through development of integrated patients care plans, education packages and networking with community care providers in the management of renal diseases in Kowloon Central Cluster, New Territories West Cluster and Kowloon West Cluster</i> | 3Q06 |

- *Pilot the Diabetes Mellitus Shared Care Information System in New Territories East Cluster, New Territories West Cluster and Kowloon West Cluster* 3Q06
- *Enhance the function of the existing Cancer Registry by including more data elements and reducing report lag time* 1Q07
- *Implement universal hearing screening to newborn babies in HA Hospitals and conduct at least 40 cochlear implant and rehabilitation to revive the hearing of profoundly deaf patients* 1Q07

## ■ EVIDENCE-BASED PRACTICE AND CLINICAL AUDIT

9.7 HA will continue to use clinical audit as a tool to improve patient care and outcomes through the systematic review of the care process against explicit criteria, recommending improvement measures and monitoring the implementation of these changes. The clinical audit team in HA head office will coordinate and collaborate with specialty coordinating committees/central committees in clinical audit activities and promote the development of evidence-based performance indicators. To enhance treatment outcome based on clinical evidence, we will enhance the function of the Cancer Registry and conduct clinical trials on two locally prevalent cancers.

### TARGETS

- *Initiate discussion and formulate strategies for multi-centre clinical trials on liver cancer and nasopharyngeal carcinoma (NPC)* 1Q07
- *Coordinate territory-wide clinical audit activities across various specialties, disciplines and hospitals on:*
  - (a) *very low birth weight infants* 1Q07
  - (b) *surgery on Carcinoma of Rectum and Abdominal Aortic Aneurysm* 1Q07

## ■ DEVELOPING CHINESE MEDICINE SERVICE

9.8 The development of a Chinese medicine service in HA is still in its early days. In addition to the commissioning of NGOs to operate another three Chinese medicine clinics, HA will explore other modes of collaboration with relevant organisations to enhance Western medicine and Chinese medicine interface. At the same time, efforts will be directed to explore opportunities for multi-centre collaborative Chinese medicine research and enhance training programmes for Western-trained healthcare providers to better understand and appreciate Chinese medicine.



## TARGETS

- *Establish 3 Chinese medicine out-patient clinics in Kowloon East, Kowloon West and New Territories West Clusters and a Chinese medicine and Western medicine shared care service in Kowloon Central Cluster including installation of information technology infrastructure and other support systems* 1Q07
- *Develop multi-centre collaborative Chinese medicine research protocols for 2 major disease groups and initiate studies on herb-drug interactions* 1Q07
- *Conduct Chinese medicine symposiums and certificate programme on Chinese medicine for Western-trained healthcare professionals to enhance their understanding of Chinese medicine* 1Q07
- *Implement a pilot in-service training programme for junior Chinese medicine practitioners working in HA's Chinese medicine out-patient clinics* 4Q06

## ■ DEVELOPING TOXICOLOGY SERVICE

9.9 This is a new initiative taken up by HA to strengthen public health and hospital services on the prevention and control of poisoning in HK. To facilitate early detection and diagnosis of frequently encountered toxins and to enhance toxico-vigilance, the Toxicology Reference Laboratory (TRL) will be enhanced. In collaboration with other healthcare partners, workshops and training courses will be organised to enhance the knowledge and awareness of staff. Through the establishment of the Hong Kong Poison Information Centre in collaboration with the Drug and Poison Information Bureau of Chinese University of Hong Kong, urgent drug and poison phone consultations will be provided to healthcare professionals. To formulate a long-term toxicology service plan in Hong Kong, a task group comprises experts of various clinical specialties from HA and chaired by the Department of Health has been formed.

## TARGET

- *Collaborate with Department of Health to strengthen the hospital service in the prevention and control of poisoning through (i) providing information support to healthcare workers; (ii) enhancing the Toxicology Reference Laboratory (TRL); (iii) enhancing the Laboratory Information System to support the TRL; and (iv) strengthening multi-disciplinary collaboration for service development* 2Q06

## ■ STRENGTHENING INFORMATION MANAGEMENT IN CLINICAL CARE

9.10 Our Information Technology Department and Health Informatics Team will continue to work with clinicians and management to enhance and improve the clinical systems of the HA. This year marks the second year of a four-year project to develop an enterprise application architecture platform which will ensure the next generation Clinical Systems can be developed in a cost-effective and timely manner. Phase 1 of the Operating Theatre Management System will be completed this year providing all acute hospitals with improved management of operating theatres. HA will continue to extend the Laboratory and Radiological Information Systems to non-acute hospitals to better support clinical care. The enhancements and extension to the image distribution system will provide greater availability of digital radiology images to clinicians, enhancing the timeliness and effectiveness of care delivery.

### TARGETS

- *Continue the development of the application architecture platform for the next generation Clinical Systems* 1Q07
- *Continue the development and implementation of Operating Theatre Management System phase 1c (Patient's Operation Theatre Activities Tracking System) for acute hospitals* 1Q07
- *Extend the Laboratory Information System and Radiological Information System to non-acute hospitals to support cluster-based clinical service delivery* 1Q07
- *Enhance the image distribution system with resilience and high availability features and commence acquisition of images from Princess Margaret Hospital, Pok Oi Hospital, United Christian Hospital, Caritas Medical Centre and North District Hospital's mini-Picture Archiving Communication Systems* 1Q07



## 10 . BUILDING HUMAN RESOURCES CAPABILITY



### ■ ENHANCING HUMAN RESOURCES FUNCTIONS

- 10.1 Putting people first and improving staff morale continues to be a key focus in HA. In 2006/07 a number of initiatives to enhance the HR functions will be implemented in consultation with staff. To foster a culture of recognition and participation, we will improve internal communication through the strengthening of communication tools and promulgation of good practices. In collaboration with Oasis, a series of workshops and projects will be rolled out to enhance the psychological well-being of healthcare workers.
- 10.2 Enhancing leadership and management competencies of executives and senior clinical leaders is another major priority. Building on the Core Leadership Competency Set for senior executives and the 360-degree feedback mechanism established last year, a structured development programme consisting of leadership, media handling skills, executive coaching and team building, etc. will be developed. At the same time, a clinical leadership programme will be implemented for Associate Consultants and above to equip them with necessary management and leadership skills. A structured succession planning mechanism for key senior executive positions will also be formulated.
- 10.3 To upgrade the capability of our workforce whilst offering career opportunities to staff, review on the grade structure of a number of staff groups will be undertaken with extensive staff participation.
- 10.4 In line with the Enterprise Resource Planning (ERP) development, work processes in HR priority areas will be re-engineered and streamlined to enhance the overall effectiveness.

### TARGETS

- |  |      |
|--|------|
| • <i>Develop strategies, reference guidelines and good practices for effective communication between management and frontline staff</i>  | 3Q06 |
| • <i>Conduct reviews with a view to strengthening communication tools including HA intranet, HASLink and Staff Communication Ambassadors</i>   | 3Q06 |
| • <i>Conduct and implement recommendations of the grades reviews on Finance and IT grades, as well as the General Services Assistant / Technical Services Assistant Scheme</i>   | 1Q07 |
| • <i>Enhance psychological wellness of staff through (i) organising training programmes on "Life education", "Resilience to crisis" and Psychological Management of Workplace Violence and (ii) rolling out the project on "Oasis at workplace" to major hospitals</i> | 3Q06 |



- *Review processes of Recruitment and Selection, Performance Management and Study Leave in preparation for the implementation of a new Human Resources and Payroll System in the Enterprise Resource Planning (ERP) project* 1Q07
- *Implement competency-based training programmes for Administrative, Human Resources, Finance, Information Technology and supporting staff* 1Q07
- *Develop and implement a mechanism for succession planning and development of senior executives* 4Q06

## ■ IMPROVING CAREER DEVELOPMENT OF STAFF

- 10.5 To provide professional training for medical graduates and to meet the need for specialist manpower of various clinical departments, 300 new Residents will be recruited for specialist training in 2006/07. To ensure the supply of medical specialists to meet the needs of the public healthcare services, we will continue to review the projection framework for specialist manpower requirements. We will also provide up-to-date statistics on the manpower situation of different clinical specialties on HA websites to facilitate the career planning of individual medical doctors and the manpower planning of clinical departments.
- 10.6 To alleviate shortage of nurses and to replenish natural wastage, 500 nurses for professional training and service needs will be recruited for HA hospitals in 2006/07. In parallel, arrangements will be made to covert 138 Enrolled Nurses to Registered Nurses (General) and offer psychiatric training for 25 Register Nurses (General) to enhance the support in the psychiatric stream. To meet the rising demand for Obstetrics & Gynaecology services, midwifery training will be provided for 40 Registered Nurses (General).
- 10.7 In 2006/07, the Institute of Advanced Nursing Studies will step up collaboration with tertiary institutions for credit transfer and the Institute of Health Care will play an enhanced role in fostering continuous learning by supporting the development of the Continuous Professional Development (CPD) initiatives among different disciplines and provision of a series of new web-based e-Learning programmes.
- 10.8 We plan to recruit at least 100 allied health staff for professional training and service needs. The overall competency of Allied Health Professionals will be enhanced through the recruitment and provision of structured on-the-job development programme to new graduates, with exposure to various settings and specialties.
- 10.9 In addition, to streamline the professional role of nurses in anaesthetics services, a scheme to deploy theatre technicians to take up technical duties in operating theatres with be piloted in North District Hospital and United Christian Hospital. Another pilot, to deploy renal technicians to carry out



designated technical duties will also be launched in a number of clusters. There will be comprehensive training for both theatre technicians and renal technicians.

## TARGETS

### **Doctors**

- *Recruit at least 300 doctors for professional training and service needs* 1Q07
- *Review and revise the projection framework for medical manpower requirement basing on population, workload, manpower distribution, turnover statistics and service reorganisation* 4Q06
- *Enhance the management and leadership capability of senior clinical leaders through the implementation of a structured, career-linked management development curriculum* 4Q06

### **Nurses**

- *Recruit at least 500 nurses for professional training and service needs* 1Q07
- *Convert 138 Enrolled Nurses to Registered Nurses and facilitate psychiatric training for up to 20 Registered Nurses* 1Q07
- *Provide midwifery training for 40 Registered Nurses (General)* 4Q06
- *Strengthen collaboration with local and overseas tertiary institutions for credit transfer of Institute of Advanced Nursing Studies Specialty Programme for Post Graduate Diploma /Master Programmes* 1Q07

### **Allied Health**

- *Recruit at least 100 allied health staff for professional training and service needs* 1Q07

### **Non-clinical Staff**

- *Employ at least 1500 care and ward support staff to assist doctors, nurses and other healthcare professionals in patient care delivery* 1Q07
- *Pilot theatre technicians in North District Hospital and United Christian Hospital and renal technicians in Kowloon West Cluster, Kowloon Central Cluster, New Territories East Cluster, New Territories West Cluster and Hong Kong East Cluster* 1Q07

## ■ ENHANCING OCCUPATIONAL SAFETY AND HEALTH

10.10 Training of frontline staff and managers with specific focus on respiratory protection, manual handling risks and safety, workplace violence prevention and management will be stepped up, with advanced skills and knowledge to enhance awareness and internal HA capability. Occupational medicine care teams will also be piloted in New Territories East, Kowloon West and New Territories West clusters to provide care and support to staff injured on duty and to facilitate their early rehabilitation and return to work.

### TARGETS

- *Enhance respiratory protection management against chemical hazards through training of chemical safety co-ordinators and respiratory protection co-ordinators* 2Q06
- *Continue the campaign against workplace violence and develop a safe and harmonious working environment for all* 4Q06
- *Provide in-house training for staff and trainers in handling workplace violence* 1Q07
- *Establish pilot Occupational Medicine care teams in New Territories East Cluster, Kowloon West Cluster and New Territories West Cluster to care and provide support for staff and facilitate early return to work* 2Q06



## 11 . HONG KONG EAST CLUSTER

### ■ GENERAL BACKGROUND

11.1 The Hong Kong East Cluster serves the population of the Eastern, Wanchai and Islands (excluding North Lantau) districts. The estimated population of these districts is 0.8 million. There are six hospitals in the Cluster providing comprehensive inpatient, ambulatory and community-based healthcare services to its population:

- ***Pamela Youde Nethersole Eastern Hospital*** — An acute regional hospital providing a full range of specialist services.
- ***Ruttonjee & Tang Shiu Kin Hospitals*** — 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*** — A community hospital providing primary and a selected range of specialist services, including Internal Medicine, Ophthalmology, Rehabilitation and Convalescent Care.
- ***Wong Chuk Hang Hospital and Cheshire Home (Chung Hom Kok)*** — Both provide infirmary services for patients requiring long term care.
- ***St. John Hospital*** — This provides primary and emergency services to meet the general healthcare needs of the population of Cheung Chau.

11.2 In addition, the Hong Kong Tuberculosis, Chest & Heart Diseases Association provides primary and secondary prevention services in the form of health education activities to support the cluster hospitals.

11.3 As at 31 December 2005, there were in the Cluster a total of 3,179 beds, with 1,942 for acute, convalescent and rehabilitation care, 627 for infirmary care and 610 for the mentally ill.

### ■ FUTURE CHALLENGES & MAJOR INITIATIVES

11.4 Pamela Youde Nethersole Eastern Hospital has been in operation for over 12 years and a number of major and minor pieces of equipment as well as facilities are approaching the end of their life. Together with other ageing equipment and facilities in other cluster hospitals, the Cluster is facing operational and financial difficulties in replacing equipment and maintaining facilities in the coming years.

11.5 The threat of an influenza pandemic has posed severe challenges to our public healthcare system. Infection control is critical in contingency preparation. The Cluster will accord priorities to upgrade its facilities, to maintain the personal protection equipment standard and stock level, as well as to strengthen its infection control team.

- 11.6 The psychiatric service of the Cluster has been facing long-standing issues such as ward congestion, low nurse to bed ratio, and poor ward layouts with limited cohorting facilities. These issues have affected staff morale and increased the risk of infectious disease outbreak.
- 11.7 Given the ever-increasing service demand and escalating cost of clinical support services such as purchase of drugs, radiological investigations and pathology tests, the Cluster has encountered increasing difficulties in balancing its budget. Significant increases in electricity tariff on Hong Kong Island have aggravated the financial pressure. Meanwhile, staff morale is affected by relative shortages in manpower, increasing workload, public expectations, unclear career prospects, and rising turnover rate.
- 11.8 In accordance with the five major strategic corporate directions, the Hong Kong East Cluster has planned to implement the following major initiatives in 2006/07 to meet future challenges:
- The Cluster will establish a new and integrated community service model to improve community health. The infrastructure and governance of the community health resources will be systematically developed and implemented to create a comprehensive service with suitable partners. There has been a positive response to the implementation of the High Risk Elderly Database and Telephone Nursing Consultation Service and these will be further extended to needy patients of non-geriatric specialties.
  - To improve community health, rehabilitation services management is an indispensable component. The Cluster will strengthen its acute rehabilitation services, commence comprehensive back programme for injury-on-duty cases, and launch maintenance rehabilitation programmes for stroke and cardiac patients. A new Cancer Patient Resource Centre will be commissioned at Pamela Youde Nethersole Eastern Hospital in collaboration with Non-government Organisations.
  - Taking the opportunity of the transfer of 164 psychiatric beds to Kowloon East and Kowloon Central Clusters in 2006, the Cluster will improve its psychiatric services through restructuring of its multi-disciplinary rehabilitation programmes.
  - To facilitate monitoring of service and resources utilisation, information management in clinical services, including drug expenditure, pathology service utilisation and space utilisation, will be enhanced. The Private Automatic Branch Exchange and short-range pager systems in Pamela Youde Nethersole Eastern Hospital will also be replaced with an Integrated Telecommunication System to keep pace with technology advancement and service enhancement.
  - Faced with the ever-increasing demand for specialist outpatient services, Diabetic Nurse Clinics will be set up in six general outpatient clinics to enhance follow-up and complication screening service for Diabetics patients.
  - The commissioning of Tang Shiu Kin Hospital Community Ambulatory Care Centre signifies a new era in the development of the Cluster's ambulatory and community services. With its strategic



location and ambulatory-oriented design and facilities, an Integrated Palliative Day Care Centre and Integrated Ambulatory Care Centre will be set up in collaboration with Non-government Organisations. The family medicine specialist clinic service will be extended to the Department of Medicine to receive direct referral from general private practitioners.

- The monitoring and accountability of all projects on alternative source of income and private public interface will be strengthened with the implementation of revenue generation programmes to enhance sustainability of our heavily subsidised services. A Cluster Training Centre will be set up to enhance training activities in the Cluster, while exploring the development of fees charging training programmes and further collaborations with the private sector.
- The Cluster will strengthen its preparation for influenza pandemic through enhancing its infection control measures, creating staff awareness and stepping up surveillance. The Violet Peel Polyclinic will be relocated from Southorn Centre to the Tang Shiu Kin Hospital Community Ambulatory Care Centre to facilitate the upgrading of its infection control facilities and environmental setup, as well as to serve as a designated clinic for avian influenza.
- As part of the risk management programme, fall prevention for inpatients and training on the safe intra-hospital transport of critically ill patients will be enhanced. A Cluster Clinical Audit Committee will be set up to establish policies and to direct clinical audits at both the Cluster and hospital levels.
- The Cluster will continue measures to boost staff morale and enhance staff capability. Various programmes will be launched to recognise achievements of staff members, enhance their leadership and management competencies, strengthen the communication and feedback mechanism, and facilitate efficient and effective management of poor performance. To achieve better organisation governance, the human resources management structure will be standardised in accordance with corporate directions and key performance indicators will be set for regular reporting of sick leave, annual leave, and injury-on-duty incidents.

## TARGETS

### ***Improving Population Health***

- *Establish an enhanced community service model by establishing seven liaison committees with community partners to steer and align the community service development on elderly services, family and child health, psychiatry, oncology, chronic diseases, disabled and community health promotion* 4Q06
- *Build up Community e-Resources repository and website to enhance collaboration and share information among hospital staff, community partners and patients* 1Q07



- *Extend the “High Risk Elderly Database” and Telephone Nursing Consultation Service (TNCS) to non-geriatric specialties, including Orthopaedics and Oncology, and serve an additional 300 “high risk” patients annually* 4Q06
- *Enhance rehabilitation services management through (i) strengthening acute rehabilitation services in Department of Accident and Emergency by providing on-site rehabilitation therapy service; (ii) commencing comprehensive back programme for injury-on-duty cases with Department of Orthopaedics and Traumatology by Joint Clinic of doctors and therapists and integrated rehabilitation programmes; and (iii) improving maintenance rehabilitation programmes for stroke and cardiac patients by conducting audit and implementing quality improvements* 3Q06
- *Commission a new Cancer Patient Resource Centre at Pamela Youde Nethersole Eastern Hospital in collaboration with Non-government Organisations to expand the existing service* 1Q07
- *Enhance infection control through (i) promulgating hand hygiene towards reduction of Hospital-Acquired Infections (HAI) and (ii) surveillance of ventilator associated pneumonia in Adult Intensive Care Unit* 3Q06
- *Relocate Violet Peel Polyclinic (VPPC) from Southorn Centre to Tang Shiu Kin Hospital Community Ambulatory Care Centre (TSKH CACC) to enable upgrade of infection control practice and environmental setup, as well as to serve as a Designated Clinic for Avian Influenza* 3Q06

#### **Enhancing Organisational Performance**

- *Improve psychiatric service through (i) relocation of 164 inpatient beds to Kowloon Central and Kowloon East Clusters and (ii) restructuring multi-disciplinary rehabilitation programmes* 3Q06
- *Enhance information management in clinical services to facilitate monitoring of service and resources utilisation through (i) enhancing Hong Kong East Cluster Clinical Management Reporting System to enable management and doctors to access information of drug utilisation and expenditures at departmental and hospital levels and (ii) setting up a Pathology Information Committee to develop performance and service utilisation indicators as well as specialty costing analysis* 2Q06
- *Develop an information system on space utilisation to facilitate maintenance and monitoring of facilities utilisation* 2Q06



- Enhance follow-up and complication screening services for Diabetics patients through setting up of Diabetics Nurse Clinic in 6 General Outpatient Clinics in Hong Kong East Cluster to cover 50% of Diabetics patients in General Outpatient Clinics 4Q06

- Replace the PABX system in Pamela Youde Nethersole Eastern Hospital 1Q07

#### **Enhancing Healthcare System Sustainability**

- Commission Tang Shiu Kin Hospital Community Ambulatory Care Centre (TSKH CACC) including the setting up of (i) Integrated Palliative Day Care Centre and (ii) Integrated Ambulatory Care Centre in collaboration with Non-government Organisations (NGOs) 3Q06

- Enhance training activities in the cluster towards the development of fees charging training programmes and public-private interface (PPI) by (i) setting up a Cluster Training Centre and (ii) relocating and expanding the Minimal Access Surgery Training Centre (MASTC) currently in Pamela Youde Nethersole Eastern Hospital to the Cluster Training Centre 4Q06

- Implement revenue generation programmes including (i) review and rationalisation of charges for cross-cluster services; (ii) devising charging schedule for renting out of facilities; and (iii) establishing private service at Department of Oncology 1Q07

- Extend Family Medicine Specialist Clinic (FMSC) service by diverting referrals from general practitioners to FMSC 4Q06

- Enhance the monitoring and accountability of all Alternative Source of Income (ASOI) and public-private interface (PPI) projects through standardising guidelines and streamlining workflow on their application, clearance, approval and contractual agreement 2Q06

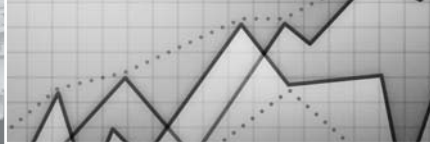
#### **Improving Service Quality and Clinical Governance**

- Collaborate with Centre for Health Protection in launching Antibiotic Stewardship Programme 3Q06

- Conduct training on the guidelines for safe intra-hospital transport of critically ill patient including 'train-the-trainer' programmes for every clinical department 4Q06

- Enhance in-patient fall prevention through (i) reviewing related care standards and (ii) provision of training to at least 90% of nurses and Health Care Assistants 3Q06

- Set up Cluster Clinical Audit Committee to (i) formulate and steer direction and policy of clinical audit and (ii) identify cluster-based clinical audit programmes 3Q06



***Building Human Resources Capability***

- *Enhance local and HA-wide staff recognition scheme* 3Q06
- *Conduct programmes to enhance leadership and general management competencies of current and future managers at all levels* 1Q07
- *Enhance internal communication and feedback mechanisms* 4Q06
- *Enhance policies and mechanisms for the efficient and effective management of poor performing staff* 4Q06
- *Standardise the human resources management structure in accordance with corporate direction* 2Q06
- *Set up Key Performance Indicators (KPIs) for regular reporting to management on sick leave, injury on duty and annual leave* 1Q07



## 12 . HONG KONG WEST CLUSTER

### ■ GENERAL BACKGROUND

12.1 The Hong Kong West Cluster serves the population of the Central, Western and Southern districts. The estimated population of these districts is 0.53 million. The Cluster comprises seven hospitals and six satellite institutions. Apart from providing a comprehensive range of healthcare services to cater for the needs of the residents in its catchment area, the Cluster is well known for its tertiary and quaternary services which serve the whole population of Hong Kong. The seven hospitals are:

- **Queen Mary Hospital** — A regional acute hospital and the teaching hospital for Li Ka Shing Faculty of Medicine of The University of Hong Kong. It is also a tertiary and quaternary referral centre for advanced technology services such as bone marrow transplant and liver transplant.
- **Tsan Yuk Hospital** — With its obstetric and newborn inpatient services relocated to Queen Mary Hospital in late 2001, the hospital is currently operating as a community family health centre.
- **Duchess of Kent Children's Hospital** — 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** — 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 reorganisation of Nam Long Hospital in December 2003, Grantham Hospital has commenced provision of palliative medical service to cancer patients.
- **Fung Yiu King Hospital** — An extended care hospital specialising 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.
- **MacLehose Medical Rehabilitation Centre** — Opened in 1984 by the Hong Kong Society for Rehabilitation, the centre now provides comprehensive rehabilitation services.
- **Tung Wah Hospital** — 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 Queen Mary Hospital and the Cluster.

12.2 The satellite institutions in the Cluster include David Trench Rehabilitation Centre and the General Outpatient Clinics in Sai Ying Pun, Aberdeen, Ap Lei Chau and Kennedy Town, Tung Wah and the Central District Health Centre.

12.3 As at 31 December 2005, 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

- 12.4 The 2006/07 Hong Kong West Cluster Annual Plan is formulated in conformance with the five corporate directions set by the Hospital Authority and the four priority areas advocated by the Secretary for Health, Welfare and Food.
- 12.5 To rise to the challenge of increasing public demand for more and quality service, the Cluster will focus on the development of an integrated service delivery approach by way of programme-based service planning, service rationalisation and service realignment. Concerted effort will continue to be directed to achieving a balanced budget via enhanced productivity programmes and alternative revenue generating opportunities.
- 12.6 As in the past year, the Cluster will continue to place emphasis on “care for the carer” as a means to addressing staff sentiments and improving staff morale. Measures will be introduced to reduce workplace violence, to improve complaint management as well as to enhance occupational safety and health, the work environment and hospital facilities.
- 12.7 Facing the challenges of providing an integrated and high-quality healthcare service amidst escalating demand and limited resources, the Hong Kong West Cluster has planned to implement the following major initiatives in 2006/07 to achieve its mission:
- Improve patient service quality and safety by conducting audit on management of patients with acute myocardial infarction to review care outcomes; by enhancing the safe use of infusion pumps to minimise infusion incidents; and by further promoting hand hygiene and other infection control practice to prevent healthcare associated infections.
  - Enhance organisational performance in diagnostic and treatment services by installing a Positron Emission Tomography (PET) imaging system, a second Magnetic Resonance Imaging (MRI) system and a new integrated Brachytherapy equipment in Queen Mary Hospital.
  - Streamline and rationalise service delivery by the setting up of a Lithotripsy-cum-Urodiagnostic Centre and a Combined Endoscopy Centre in Queen Mary Hospital to improve care for renal patients and patients requiring endoscopic examination/interventional procedures respectively.
  - Plan for the development of integrated care delivery model, including the formulation of multidisciplinary clinical care protocols to optimise care for patients with cancer, stroke and heart diseases in the Cluster.
  - Improve staff morale by enhancing staff training and career development, by improving workplace environment, working condition and occupational safety & health, and by introducing more recognition schemes to cultivate a caring culture in the organisation.



## TARGETS

### **Improving Population Health**

- *Promote disease prevention and health awareness through participation in community health festival / activities* 4Q06
- *Formulate initiatives in support of World Health Organisation's pledge in the Global Patient Safety Challenge to modify healthcare workers' behaviour in hand hygiene practice in Hong Kong West Cluster for prevention of healthcare associated infections in all healthcare settings* 4Q06
- *Set up Combat Influenza-like Illness Team (CILIT) to better manage and control ILI outbreak in the Residential Care Homes for the Elderly (RCHes)* 1Q07
- *Commence electronic patient record (ePR) for Visiting Medical Officer (VMO) in Recognition Scheme in Residential Care Homes for the Elderly (RCHes) to enhance patient information sharing* 1Q07
- *Continue to roll out the Recognition Scheme in Residential Care Homes for the Elderly (RCHes) to enhance community-based care for the elderly* 1Q07

### **Enhancing Organisational Performance**

- *Install Positron Emission Tomography (PET) imaging system and 2nd Magnetic Resonance Imaging (MRI) system to enhance organisational performance* 2Q06
- *Install new integrated Brachytherapy equipment to enhance service for cancer patients* 2Q06
- *Set up Combined Endoscopy Centre to facilitate multi-disciplinary team approach in patient management* 3Q06
- *Complete renovation work at 1/F, Sai Ying Pun Jockey Club General Out-patient Clinic to improve fire safety and enhance patient service quality* 3Q06
- *Set up Lithotripsy and Urodiagnostic Centre to enhance service for renal patients* 4Q06



### **Enhancing Healthcare System Sustainability**

- *Implement Octopus payment for Specialist Outpatient Department drug charges to reduce queuing time* 2Q06
- *Provide one-stop service for Chemotherapy Day Centre patients to improve service quality* 4Q06
- *Implement Non-Emergency Ambulance Transfer Service (NEATS) Transport Support System (NTSS) and integrate the Hong Kong East and Hong Kong West NEATS Services* 1Q07

### **Improving Service Quality and Clinical Governance**

- *Replace Cathode Ray Tube (CRT) monitors with Liquid Crystal Display (LCD) monitors to optimise use of e-PR image distribution* 2Q06
- *Conduct training on the guidelines for safe intra-hospital transport of critically ill patients* 3Q06
- *Review Advanced Incident Reporting System Version II (AIRS II) data for improvement of reporting mechanism* 1Q07

### **Building Human Resources Capability**

- *Implement fit testing of respirators for protection of laboratory staff against chemical exposure* 2Q06
- *Revise cluster Occupational Safety and Health guidelines and develop relevant posters and education programmes to promote a safety culture* 2Q06
- *Roll out Critical Incident Support Team and "Oasis at workplace" in cluster hospitals* 3Q06
- *Implement cluster-based recognition scheme for outstanding staff and teams and HA retirees* 3Q06
- *Continue to roll out programmes to prevent, support and protect frontline healthcare workers from workplace violence* 4Q06



## 13 . KOWLOON EAST CLUSTER

### ■ GENERAL BACKGROUND

- 13.1 The Kowloon East Cluster serves the population of the Kwun Tong and Tseung Kwan O districts. The estimated population of these districts is 0.96 million. There are three hospitals in the Cluster:
- **United Christian Hospital** — The major acute hospital providing secondary service for the Kwun Tong region and tertiary service for the whole Kowloon East Cluster.
  - **Tseung Kwan O Hospital** — An acute hospital providing secondary service for Tseung Kwan O region.
  - **Haven of Hope Hospital** — A sub-acute hospital providing extended care and rehabilitation services in the Cluster.
- 13.2 Apart from the above, the Cluster also manages eight general outpatient clinics, as well as Yung Fung Shee Memorial Centre which provides outpatient and day patient services.
- 13.3 As at 31 December 2005, there were in the Cluster a total of 2,165 beds, with 2,019 for acute, convalescent and rehabilitation care, 116 for infirmary care, and 30 for the mentally ill. 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

- 13.4 The greatest challenge to the Cluster is to make the best use of the resources available to provide cost-effective healthcare services, with the ultimate objective of improving the health of the local population. There are four pressing local issues facing the Cluster:
- Expanding and ageing population
  - Low bed to population ratio
  - Inadequate convalescence support to medical patients
  - Replacement of medical equipment for United Christian Hospital, which was commissioned in 1995
- 13.5 The flexible Cluster management structure implemented in October 2001 provides an opportunity for the Cluster to meet these challenges. For 2006/07, the Cluster will focus on improving the accessibility, sustainability and effectiveness of its services through the development of community care programme, implementation of revenue generation and cost-saving programmes, risk and quality management, service reprioritisation, as well as the enhancement of public-private interface, and community partnership. To build up a good team of staff to implement its various initiatives, open communication will be maintained with staff members at all levels and performance management capability of line managers will be strengthened.

### 13.6 Major initiatives of the Cluster in 2006/07 include:

- Improving population health by rolling out more community-based health awareness and disease prevention programmes, establishing additional family medicine clinic and diabetes mellitus nurse clinics, and extending the volunteer network.
- Enhancing organisational performance by formulating master development plan for United Christian Hospital, improving asset management and internal transportation efficiency, strengthening the cluster management structure, enhancing rehabilitation and convalescence support and psychiatric services, and augmenting the gate-keeping function of Accident & Emergency Departments.
- Enhancing healthcare system sustainability by implementing revenue generation programmes such as renting out surplus quarters, provision of services to the elderly home run by parent organisation, and conducting drugs and utilities consumption review.
- Improving service quality and clinical governance by enhancing infection control measures and contingency planning for infectious disease outbreak, strengthening pre-hospital emergency support and patient identification in blood transfusion, and promoting evidence-based Chinese medicine practice.
- Building human resources capability by improving the staff communication system, preventing workplace violence, promoting occupational safety, organising core competency training courses, facilitating nurses training, enhancing performance management, and restructuring the cluster human resources function.

## TARGETS

### ***Improving Population Health***

- |  |             |
|--|-------------|
| • <i>Extend the volunteer network in the community to support at risk post-discharged patients at Tseung Kwan O Region of Kowloon East Cluster</i>   | <i>3Q06</i> |
| • <i>Participate in the Healthy City Projects of Sai Kung and Kwun Tong regions for initiating and rolling out community-based health awareness and disease prevention programmes</i>                      | <i>1Q07</i> |
| • <i>Conduct screening programme in General Outpatient Clinics for early detection of Chronic Obstructive Airways Disease (COAD) cases in the community</i>  | <i>1Q07</i> |
| • <i>Establish Diabetic Mellitus (DM) Nurse Clinics in Lam Tin General Outpatient Clinic and Tseung Kwan O Jockey Club General Outpatient Clinic to strengthen support to DM patients in the community</i> | <i>4Q06</i> |
| • <i>Establish one additional Family Medicine Specialist Clinic in Kowloon East Cluster General Outpatient Clinics to improve health status of the community</i>   | <i>4Q06</i> |



- *Enhance the gate-keeping function of Accident and Emergency Department through collaboration with community nurses and Ambulatory Geriatric Service* 1Q07
- *Enhance the provision of hand-washing facilities in public and external areas and implement hand-hygiene campaign and audit to raise both public and staff awareness on hand-hygiene and infection control* 1Q07
- *Conduct drills on contingency responses to infectious disease and civil disaster to test the effectiveness of planned actions for improvement* 4Q06

#### **Enhancing Organisational Performance**

- *Conduct space utilisation review in United Christian Hospital to identify gaps of facilities provision and formulate long term master development plan* 4Q06
- *Improve asset management basing on the future Enterprise Resource Planning (ERP) model and system with particular focus on utilisation review and equipment replacement strategy* 4Q06
- *Complete the construction works for the Block S Additional Lift Project of United Christian Hospital to improve internal transportation efficiency and enhance patient support service* 1Q07
- *Replace physiological monitoring system of Coronary Care Unit, Intensive Care Unit and Operating Rooms of United Christian Hospital to maintain quality of service to acute patients* 1Q07
- *Restructure and rationalise the Cluster management structure by the Cluster Chief Executive taking the functions of Hospital Chief Executive, Haven of Hope Hospital* 2Q06
- *Enhance rehabilitation and convalescence support for Kowloon East Cluster patients by opening 18 rehabilitation beds in Tseung Kwan O Hospital* 3Q06
- *Improve psychiatry service for patients in Kowloon East Cluster through the addition of 50 psychiatry beds relocated from Pamela Youde Nethersole Eastern Hospital of Hong Kong East Cluster* 3Q06

#### **Enhancing Healthcare System Sustainability**

- *Surrender the vacant Block J of United Christian Hospital to the ex-parent Board for operating an Elderly Home to save recurrent maintenance and repairs charges and generate revenue by the provision of supporting services by the hospital to the Elderly Home* 1Q07
- *Implement revenue generation programmes through renting of surplus quarters at United Christian Hospital to Non-government Organisations and staff and implementation of advertising project at Tseung Kwan O Hospital* 1Q07

- *Conduct drugs and utilities consumption review for optimisation of resources utilisation* 4Q06

#### **Improving Service Quality and Clinical Governance**

- *Establish the pre-hospital primary trauma diversion programme for Tseung Kwan O region to tie in with the ambulance training and service protocol for improving emergency life support* 4Q06
- *Establish a Chinese Medicine Clinic in Kwun Tong district in collaboration with Non-government Organisation and university for promoting evidence-based Chinese Medicine practice* 3Q06
- *Conduct training on the guidelines for safe intra-hospital transport of critically ill patient* 4Q06
- *Implement barcode system for patient identification in blood transfusion* 1Q07

#### **Building Human Resources Capability**

- *Review and improve the reporting system, training and various supports for staff in handling workplace violence* 3Q06
- *Enhance open communication, identify staff concerns and implement measures and systems to address issues for improving staff morale* 4Q06
- *Enhance the work safety culture in Kowloon East Cluster and sustain Occupational Safety and Health through training and audit programmes* 4Q06
- *Organise core competency training courses on due diligence and risk management for non-clinical staff for enhancing skills in resources utilisation and risk management* 4Q06
- *Facilitate Enrolled Nurses to undertake Registered Nurse Conversion Programme to enhance quality of nursing service and boost staff morale* 4Q06
- *Enhance performance management by conducting sharing with frontline managers and partnering with department heads in managing under-performed staff* 3Q06
- *Facilitate Human Resources management decision by compiling regular Human Resources management reports* 4Q06
- *Restructure the Cluster Human Resources Department to improve/streamline workflow to provide better support to departments* 4Q06



## 14 . KOWLOON CENTRAL CLUSTER

### ■ GENERAL BACKGROUND

14.1 The Kowloon Central Cluster 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** — A major acute hospital providing 24-hour comprehensive services.
- **Kowloon Hospital** — An extended care hospital providing rehabilitation and psychiatric services.
- **Hong Kong Buddhist Hospital** — A community hospital with general and extended care services.
- **Hong Kong Eye Hospital** — 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.

14.2 In addition, the Cluster is supported by six general outpatient clinics.

14.3 As at 31 December 2005, there were in the cluster a total of 3,433 beds with 3,002 for acute, convalescent and rehabilitation care, 118 for infirmary care, and 313 for the mentally ill.

### ■ FUTURE CHALLENGES & MAJOR INITIATIVES

14.4 During the past year, the Kowloon Central Cluster has implemented many initiatives to enhance infection control measures, to build up surge capacity for contingencies, and to strengthen the gate-keeping function of Accident & Emergency Department. At the same time, high vigilance has been maintained for a possible outbreak of avian influenza or other emerging infectious diseases.

14.5 For the 2006/07 financial year, the major challenge for the Cluster is to manage the rising demand and expectation for public health care services while available resources are constrained. Technological advancements have brought about new diagnostic and treatment options which are often costly. There is also an increasing demand for specialist care overloading the specialist outpatient clinics. Where resources are limited, enhancing efficiency, maximising resource utilisation and rationalisation of services are the key strategic focuses. By re-prioritising services, further enhancing the Accident & Emergency Department's gate keeping function, rationalising specialist outpatient clinic services by referring patients to general outpatient clinics for follow up where specialist care is no longer required, it is hoped that the best efficient use of resources will meet the increasing needs of the local community.

14.6 Another significant challenge is the relocation of 180 gazetted psychiatric beds from Pamela Youde Nethersole Eastern Hospital and Kwai Chung Hospital to Kowloon Hospital. The entire relocation programme has been thoroughly planned over a number of years. This will provide good continuity



of psychiatric care and enhanced access of the services. However, commissioning and improving services at times of financial constraint require extra efforts in managing the resources. The continued threat of infectious disease outbreaks like avian influenza also poses tremendous pressure on the resource utilisation.

- 14.7 To help ease the budget constraints, new sources of revenues will be sought and opportunities for partnership with the private sector will continue to be explored. In addition to the public-private partnership project on catering services, other public-private initiatives will be explored to enhance patients' choice of appropriate services to meet their needs.
- 14.8 To further manage healthcare demands, the Cluster will introduce programmes for the chronically ill patients with multidisciplinary collaboration aiming at improving the quality of care, promoting healthy life style in high risk patients and to induce savings in the long-run by quality management and careful monitoring of the high risks factors. Chinese medicine services will be developed by adopting the evidence-based approach and in collaboration with Western medicine.
- 14.9 Quality must be maintained in healthcare services at all times. Through a series of new risk management initiatives, different mechanisms and programmes will be in place to enhance patient safety. Similarly, the Cluster will also endeavour to provide a safe, harmonious and happy working environment for staff to work in.
- 14.10 To face future challenges in developing a patient-centred, community-focused and quality healthcare service to meet community expectations, the Kowloon Central Cluster has formulated a wide range of new initiatives for implementation in the coming year according to the HA's five corporate directions. The major initiatives are highlighted as follows:
- To improve population health, the existing psychiatric services will be strengthened through relocation of gazetted psychiatric beds, re-provisioning of outpatient services and setting up Early Assessment Service for Young People with Psychosis (EASY) service. Programmes targeted for the chronically ill patients will be piloted. Support for patients recently discharged from medical wards and Accident and Emergency Department will be strengthened. The gate-keeping function of Accident and Emergency Department will be streamlined and infection control will be improved through promoting hand hygiene.
  - To enhance organisational performance, the Patient Services Management Systems (PSMS) and Generic Clinical Request System will be implemented. Multidisciplinary management for newly diagnosed lung cancer patients will be established in the Cluster. The Nursing School for Enrolled Nurses will be reopened for two years to meet the demand from the Social Welfare Department.
  - To enhance the sustainability of the healthcare system in the Cluster, another internal medicine triage clinic at Central Kowloon Health Centre will be set up and the coverage of the existing triage clinics will be extended. Warfarin Clinic will be established at a general outpatient clinic. A public-private partnership project on food services will be implemented and the feasibility of public-private interface initiatives in the Hong Kong Eye Hospital will be further investigated.





- To improve service quality and clinical governance, corporate-wide patient safety and risk management programmes will be implemented, direct admission from elderly homes to Hong Kong Buddhist Hospital will be arranged and further development of Chinese Medicine services will be made by adopting a collaborative and evidence-based approach.
- Building human resources capability is another priority in the Kowloon Cluster. A leadership development programme will be commissioned for better succession planning. The performance management system will be strengthened to motivate excellent performers and manage substandard performers. To build a happy and harmonious workplace, the psychological well being of staff will be enhanced through the implementation of Critical Incident Support Team (CIST) and Oasis at workplace. Staff safety programme i.e. Respiratory Protection Programme against Chemical Hazards will also be introduced in the 2006/07 Cluster Plan.

## TARGETS

### ***Improving Population Health***

- |  |      |
|--|------|
| • <i>Provide a comprehensive psychiatric service with good continuity of care to the population of Kowloon East and Kowloon Central Clusters by (i) relocating 180 gazetted beds from Kwai Chung Hospital and Pamela Youde Nethersole Eastern Hospital to Kowloon Hospital and (ii) re-provisioning of part of Yaumatei Psychiatric Centre (YMTPC) service to Kowloon Hospital</i> | 3Q06 |
| • <i>Improve the mental health of the youth population in Kowloon Central Cluster by setting up Early Assessment Service for Young People with Psychosis (EASY) service in Kowloon Hospital</i>  | 3Q06 |
| • <i>Complete 3 pilot occupational life style re-design programmes to out-patients with chronic illness and evaluate the effectiveness of the pilot programmes to determine long term service model for these patients</i>   | 1Q07 |
| • <i>Pilot a community-based secondary stroke prevention programme in Kowloon Central Cluster to reduce stroke recurrence rate by active control of risk factors, monitoring of drug compliance and promotion of healthy life style in high risk patients</i>  | 3Q06 |
| • <i>Provide regular Community Geriatric Assessment Team (CGATs) / Community Nursing Service (CNS/CGAT) support to Accident and Emergency Department to enhance the gate-keeping function of Accident and Emergency Department</i>   | 2Q06 |

- *Enhance collaboration and communication between Community Geriatric Assessment Team (CGATs) and Community Nursing Service within Kowloon Central Cluster to strengthen support to patients recently discharged from medical wards and Accident and Emergency Department to Residential Care Homes for the Elderly (RCHEs) and enhance the management of infectious disease outbreak in RCHEs* 1Q07

- *Enhance hand hygiene compliance in the Intensive Care Unit using the Six Sigma Methodology* 4Q06

#### **Enhancing Organisational Performance**

- *Develop and implement Patient Service Management System (PSMS) in cluster hospitals/clinics/institutions to enhance efficiency and effectiveness in the management of patient complaints, appreciations, requests for assistance and enquiries* 2Q06

- *Implement Generic Clinical Request System for radiology examinations and interventional radiology requests within the cluster* 3Q06

- *Establish multidisciplinary management for newly diagnosed lung cancer patients by enhancing communication and streamlining logistics for Surgery, Chemotherapy, Radiotherapy and Symptomatic treatment* 2Q06

- *Re-open the Nursing School for Enrolled Nurses for two years in order to meet the demand for nurses from the Social Welfare Department* 2Q06

#### **Enhancing Healthcare System Sustainability**

- *Set up another internal medicine triage clinic at Central Kowloon Health Centre and extend the coverage of the triage clinics at Yaumatei General Outpatient Clinic and Central Kowloon Health Centre to cater for all referrals from General Outpatient Clinics within Kowloon Central Cluster* 3Q06

- *Explore the feasibility of Public Private Interface initiatives in Hong Kong Eye Hospital* 1Q07

- *Establish Warfarin Clinics in Yaumatei General Outpatient Clinic to download stable chronically ill patients from Specialist Outpatient Clinic to General Outpatient Clinic with support from Family Medicine / Ambulatory Care Physician (ACP) / speciality nurses* 4Q06

- *Implement Public Private Partnership project on food services in Queen Elizabeth Hospital and conversion of Queen Elizabeth Hospital Kitchen* 3Q06



### **Improving Service Quality and Clinical Governance**

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- *Implement corporate-wide patient safety programmes including training on the guidelines for safe intra-hospital transport of critically ill patient* 1Q07
- *Complete implementation of Advanced Incident Reporting System (AIRS) to all levels of professional staff in all Kowloon Central Cluster hospitals / clinics / institutions* 4Q06
- *Introduce and implement the Tracer Methodology to monitor clinical risks and enhance patient and staff safety* 4Q06
- *Collaborate with a tertiary institution to set up a Chinese Medicine Clinic in Queen Elizabeth Hospital and to promote evidence-based Chinese Medicine practice* 2Q06
- *Implement direct admission from Old Aged Home to Hong Kong Buddhist Hospital* 2Q06

### **Building Human Resources Capability**

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- *Commission leadership development programmes for succession planning* 4Q06
- *Enhance psychological well being of staff through implementing Critical Incident Support Team (CIST) and "Oasis at workplace"* 1Q07
- *Implement Respiratory Protection Programme against chemical hazards for staff working in the Laboratory and other hospital areas with chemical hazards* 3Q06
- *Strengthen the Performance Management System with a support mechanism to appreciate excellent performers and manage substandard performers* 1Q07



## 15 . KOWLOON WEST CLUSTER

### ■ GENERAL BACKGROUND

15.1 The Kowloon West Cluster 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 1.9 million. There are seven hospitals in the Cluster providing a full spectrum of health services ranging from primary, secondary, tertiary, to extended care, including mental health. The seven hospitals in the Cluster are:

- **Princess Margaret Hospital** — A major regional hospital providing a comprehensive range of acute services.
- **Kwong Wah Hospital** — A major regional hospital providing a comprehensive range of acute services.
- **Caritas Medical Centre** — A general hospital providing acute, extended and community care services.
- **Yan Chai Hospital** — A community hospital providing general and rehabilitation services.
- **Kwai Chung Hospital** — A psychiatric hospital.
- **Our Lady of Maryknoll Hospital** — A community hospital providing general services.
- **Tung Wah Group of Hospitals Wong Tai Sin Hospital** — An extended care hospital providing rehabilitation and tuberculosis and chest services.

15.2 As at 31 December 2005, there were in the Cluster a total of 7,156 beds, with 5,146 for acute, convalescent and rehabilitation care, 438 for infirmary care, 1,372 for the mentally ill and 200 for the mentally handicapped.

### ■ FUTURE CHALLENGES & MAJOR INITIATIVES

15.3 2006/07 will be another very busy year for the Cluster with the opening of the Authority's 6th Oncology Centre at Princess Margaret Hospital. This has been a long awaited project to meet the service deficiency in cancer care for the Kowloon West population. The new Oncology Block also houses the new Accident & Emergency Department. It is fitted with state-of-the-art trauma resuscitation facilities to cater for the important role of the hospital as the Cluster Trauma Centre.

15.4 Construction works for the Infectious Diseases Centre at Princess Margaret Hospital is on schedule and will be completed by end 2006, with plans for operation in early 2007. Upon completion, it will provide Hong Kong with unique isolation facilities to meet the challenges from emerging infectious diseases.

15.5 The rationalisation of mental health services in line with clustering of hospital services will involve a large-scale exercise at Kwai Chung Hospital to down-size the inpatient beds and the relocation of a psychiatric outpatient clinic back to Kwai Chung area.



- 15.6 Financially, the big challenge to the Cluster is to balance the budget while the above new major initiatives are implemented. Much effort will be made to ensure that high quality service can be maintained with available resources. Further Cluster service rationalisation will be actively explored to ensure efficiency and effectiveness. This will entail much discussion and consultation with both our internal and external stakeholders. Efforts will also be made to enhance the Cluster's community service development through collaboration with community partners.
- 15.7 With the looming threat of an avian influenza outbreak, the Cluster has been well prepared to meet the challenge. Princess Margaret Hospital will be the first designated hospital to accept these patients in case of an outbreak. Active staff preparation in infection control training and other arrangements are being conducted in each of the seven cluster hospitals.
- 15.8 In line with corporate strategic directions, the Kowloon West Cluster will implement the following major initiatives in 2006/07 to meet the health needs of its population:
- Managing infectious diseases by completing the Infectious Diseases Centre at Princess Margaret Hospital, building up a team of infectious diseases specialists to prepare for any infectious disease outbreak, launching a Healthy City project to promote awareness of infectious disease threats among local residents, and organising infection control training programmes for care workers in the community.
  - Enhancing oncology service by commissioning the new Oncology Centre at Princess Margaret Hospital to provide a comprehensive range of services for cancer patients, including inpatient, outpatient, day chemotherapy, radiotherapy, and psychosocial support, and improving the palliative services at Caritas Medical Centre and Our Lady of Maryknoll Hospital.
  - Strengthening partnership with parent bodies of Schedule 2 hospitals, Non-government Organisations and the private sector to widen scope of services and provide patients with more choices.
  - Establishing a new Chinese Medicine Clinic at the Ha Kwai Chung General Out-patient Clinic site to develop evidence-based practices with emphasis on cancer care.
  - Setting up an Occupational Medicine Care Clinic at Princess Margaret Hospital to enhance clinical and psychosocial support to staff members suffering from injuries on duty to facilitate their early return to work.

## TARGETS

### **Improving Population Health**

- *Establish a Cancer Patient Resources Centre in collaboration with a Non-government Organisation to support the new Oncology Centre* 3Q06
- *Launch a Healthy City initiative to promote awareness of infectious disease and enhance infection control through implementation of Healthy School, Estate and Old Aged Home projects at 10 schools, 5 estates and 30 elderly homes as well as organisation of 10 training programmes for care workers* 3Q06
- *Collaborate with Social Welfare Department by training two social workers to take up the role of primary mental health workers, and enable them to set up a local network with local schools and Non-government Organisations by providing 20 talks, attending 30 case conferences and taking up 20 mild cases* 2Q06
- *Implement the Comprehensive Child Development Service in Shamshuipo district aiming to provide post-natal depression assessment for 400 new cases and relevant follow-up sessions* 4Q06
- *Establish three nurse clinics in general outpatient clinics to strengthen care for Diabetes Mellitus patients* 1Q07
- *Strengthen Medical Social Service support to Accident and Emergency Departments in Kwong Wah Hospital and Caritas Medical Centre with the provision of 4 Assistant Social Work Officers in order to improve crisis intervention management and facilitate early discharge and appropriate referrals to Community Nurse Service, Community Geriatrics Assessment Team and Non-government Organisations, and enhance Accident and Emergency Department's gate keeping function* 3Q06

### **Enhancing Organisational Performance**

- *Commission the building and operation of the Infectious Disease Centre at Princess Margaret Hospital* 4Q06
- *Reduce 100 psychiatric beds and 20 beds in Development Disabilities Unit in line with the rationalisation of the psychiatric and paediatric services* 1Q07
- *Replace PABX systems of Princess Margaret Hospital and Kwai Chung Hospital* 1Q07



### **Enhancing Healthcare System Sustainability**

- Rationalise paediatric service by exploring development of cluster community paediatric service 4Q06
- Explore operation of the evening clinic at Our Lady of Maryknoll Hospital by the Our Lady of Maryknoll Board 3Q06
- Expand the private Ophthalmology service at Our Lady of Maryknoll Hospital to cover 200 cataract operations per year 2Q06
- Explore alternative models of operation in one of the General Outpatient Clinics 1Q07

### **Improving Service Quality and Clinical Governance**

- Implement corporate-wide patient safety programmes including training on the guidelines for safe intra-hospital transport of critically ill patient and phased implementation of barcode system for patient identification in blood transfusion 1Q07
- Implement full operation of Clinical Oncology service 1Q07
- Enhance cluster palliative care support and service through a multidisciplinary approach involving Palliative Care Team, Oncologist, Pain Specialist, Clinical Psychologist, Physiotherapist, Occupational Therapist, Medical Social Worker, Dietitian, Traditional Chinese Medicine team, and voluntary service coordinators 3Q06
- Set up a Chinese Medicine clinic at Ha Kwai Chung Clinic in collaboration with Non-government Organisation and academic institution 1Q07

### **Building Human Resources Capability**

- Set up a cluster human resources management structure and integrate the human resources services of Kowloon West Cluster hospitals 3Q06
- Enhance the psychological wellness of staff by organising three training programmes or health talks and collaborating with Oasis in launching relevant corporate programmes 1Q07
- Implement Occupational Medicine Care Service to strengthen clinical and psychosocial support to injury-on-duty staff, and establish a mechanism to build interface between the Occupational Medicine Care Team and the Occupational Safety and Health Teams and enhance monitoring and reporting of occupational safety and health status of staff 2Q06
- Improve information delivery and communication through enhancement of cluster and hospital websites 2Q06





## 16 . NEW TERRITORIES EAST CLUSTER

### ■ GENERAL BACKGROUND

16.1 The New Territories East Cluster serves the population of Shatin, Tai Po and North districts. 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** — A major acute hospital that is also the teaching hospital for the Chinese University of Hong Kong's medical school.
- **Shatin Hospital** — An extended care hospital providing convalescent and rehabilitation as well as psychiatric inpatient care.
- **Cheshire Home, Shatin** — An extended care hospital providing infirmary care for patients from the central infirmary waiting list and the severely disabled.
- **Bradbury Hospice** — This provides inpatient and community outreach hospice services.
- **Alice Ho Miu Ling Nethersole Hospital** — An acute general hospital in Tai Po.
- **North District Hospital** — An acute general hospital in Fanling.
- **Tai Po Hospital** — An extended care hospital providing convalescent and rehabilitation as well as psychiatric inpatient care.

16.2 As at 31 December 2005, there were in the Cluster a total of 4,616 beds, with 3,471 for acute, convalescent and rehabilitation care, 517 for infirmary care, and 628 for the mentally ill.

### ■ FUTURE CHALLENGES & MAJOR INITIATIVES

16.3 In 2006/07, the Cluster will continue to face major challenges arising from budgetary constraints, increased staff turnover and growing service demand for public hospital services. The morale of staff remains a major area of concern, as the Cluster will need to respond to the increased demand from residents living across the border, the flourishing number of private old aged homes in North District, and pregnant women from Mainland China travelling to Hong Kong for maternity services. The Cluster's annual plan initiatives are formulated along corporate directions to address these challenges. Specific emphasis will be put on the following areas:

- Enhancing the provision of psychiatric services to take over the management of psychiatric outpatients previously followed up at Yauatei Psychiatric Centre;
- Enhancing ambulatory and community care, as well as improving the exchange of patient information among carers and providers in the community to reduce the burden on inpatient care;
- Strengthening partnership with the Chinese University of Hong Kong and the local private healthcare providers to enhance service quality and system sustainability;
- Promoting patient safety and reducing risks in the provision of clinical care and delivery of patient services; and

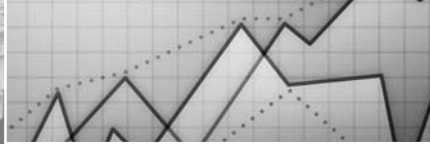


- Promoting staff morale, fostering a happy and harmonious work environment, and enhancing career development of staff members and various aspects of human resources management.
- 16.4 The Cluster will intensify efforts in managing its private services to generate additional revenues and to promote sustainability of the system. Prince of Wales Hospital has established a joint Medical Centre with the Chinese University of Hong Kong since the first quarter of 2006 to centralise and streamline the private specialist outpatient services in the Cluster. Obstetric and Gynaecology service will be enhanced to meet the rising demand from Mainland mothers, which is expected to take up about 40% of the total number of deliveries in Prince of Wales Hospital.
- 16.5 On clinical services, the project to expand the chemotherapy day centre at Prince of Wales Hospital is targeted to complete in March 2006. This service will be enhanced in the expanded Ambulatory Cancer Care Centre to meet the needs of an increasing number of cancer patients to reduce the demand on inpatient beds. The Cluster has also planned to increase the number of urgent consultation for acute psychiatric patients at the Accident & Emergency Departments so as to relieve the burden on acute psychiatric inpatient beds. The Cluster Poison Treatment Centre has been set up in Prince of Wales Hospital to further the development of clinical toxicology service. Haemodialysis service will also be improved to meet service demand.
- 16.6 Building human resources capability, the Cluster will continue to improve communication with frontline staff. The focus in 2006/07 is to strengthen the engagement of staff members in the various decision-making processes. Feedback from staff members will be collected through the e-survey system set up by the Cluster Information Technology team. Strenuous efforts will be made to train and develop the middle managers with responsibility of managing the frontline units to improve their leadership skills. In addition, various programmes will be organised for clinical staff to enhance their preparedness and resilience in crisis and emergency situations. The Cluster will also embark on an ambitious scheme to help individual nursing staff and hospital administrators develop their career development plans.

## TARGETS

### ***Improving Population Health***

- *Strengthen the cluster psychiatric service by (i) providing urgent psychiatric consultation at the Accident and Emergency Departments to relieve burden on acute psychiatric inpatient care; (ii) improving the service quality and clinical governance; and (iii) taking over of the patient load from Yaumatei Psychiatric Clinic* 2Q06
- *Introduce the Patient Hand Held Record System in Family Medicine Clinics to enhance quality of care through public-private communication* 2Q06
- *Enhance the Community Geriatric Assessment Team support to the old aged homes on prevention of pressure sores* 3Q06



- *Promote patient self-care by equipping nurses with educational video clips for patient education at the Cluster nursing informatics website* 3Q06

- *Implement electronic nursing discharge summary to all discharged patients in New Territories East Cluster to improve the continuum of care* 1Q07

#### **Enhancing Organisational Performance**

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- *Set up referral system and gatekeeping clinic for specialist outpatient triage for medical patients in General Outpatient Clinics and Family Medicine Clinics* 2Q06

- *Set up in-house domestic service teams in high-risk areas to ensure operational efficiency and quality of services* 2Q06

- *Roll out the Hospital Governing Committee website to all hospitals in the cluster to enhance hospital governance* 3Q06

- *Enhance post discharge support to Diabetes Mellitus patients and reduce their length of stay in hospitals through community outreach service team* 1Q07

#### **Enhancing Healthcare System Sustainability**

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- *Streamline the provision of care for patients seeking private tertiary/specialist care in the Chinese University of Hong Kong – Prince of Wales Hospital Medical Centre* 2Q06

- *Expand the chemotherapy day service in the Ambulatory Cancer Care Centre in Prince of Wales Hospital* 2Q06

- *Control drug expenditure through rationalising drug use and implementation of refill prescriptions* 1Q07

#### **Improving Service Quality and Clinical Governance**

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- *Enhance the clinical toxicology service and set up the Poison Treatment Centre in Prince of Wales Hospital* 2Q06

- *Develop Alice Ho Miu Ling Nethersole Hospital as the training centre for Escort Medicine, hazardous materials (HAZMAT) response, and enhance the safety of patient transfer among cluster hospitals* 4Q06



- *Improve patient safety by (i) conducting training on safe intra-hospital transport of critically-ill patients; (ii) replacing high-risk infusion pumps; and (iii) adopting barcode scanning system to ensure patient identification correctness* 1Q07
- *Enhance haemodialysis service to cope with increasing demand* 1Q07
- *Acquire certification of Integrated Management System (IMS) which comprises International Standards Organisation (ISO) 9001, 14000, 22000 and Occupational Safety and Health Assessment Series (OSHAS) 18000 in the cluster catering service to ensure quality standard in the provision of food services for the patients* 1Q07
- *Roll out the Diabetes Mellitus Shared Care Information System to Alice Ho Miu Ling Nethersole Hospital and North District Hospital* 3Q06

#### **Building Human Resources Capability**

- *Establish the pilot Occupational Medicine care team to provide care and support to staff with injury on duty and to facilitate their early return to work* 2Q06
- *Improve career development of staff by (i) launching a development-linked career programme to all nursing and hospital administration staff and (ii) mapping out a career path for the supporting staff with reference to patient care skills* 3Q06
- *Roll out training courses to enhance management and leadership capability of senior staff* 3Q06
- *Restructure the Cluster human resources department to foster linkages with the hospitals and clinical departments to enable more efficient responses to human resources matters* 3Q06
- *Organise training programmes to enhance staff resilience to crisis and psychological management during major emergencies and disasters* 4Q06
- *Strengthen internal communication and staff participation through (i) introducing e-surveys to collect staff feedback on prevailing issues; (ii) revamping the staff suggestion scheme; and (iii) creating opportunities for staff to actively participate in decision making processes* 4Q06
- *Enhance performance management by (i) developing the capability of frontline managers to manage performance; (ii) developing new initiatives to recognise good performers; and (iii) enhancing individual case management* 1Q07
- *Improve the monitoring of key human resources performance indicators for proactively identifying and resolving human resources issues* 1Q07



## 17. NEW TERRITORIES WEST CLUSTER

### ■ GENERAL BACKGROUND

17.1 The New Territories West Cluster 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** — The only acute general hospital in the Cluster which provides a comprehensive range of acute, ambulatory and community services.
- **Pok Oi Hospital** — 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 Tuen Mun Hospital. The construction works of the new Pok Oi Hospital is targeted for completion in late 2006.
- **Castle Peak Hospital** — A psychiatric hospital that provides a full range of psychiatric services for patients living in all areas of Hong Kong.
- **Siu Lam Hospital** — This is a specialised facility to accommodate severely mentally disabled adult patients.

17.2 As at 31 December 2005, 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

17.3 Construction works of the new Pok Oi Hospital and Rehabilitation Block at Tuen Mun Hospital have been targeted for completion in late 2006 and mid-2007 respectively. Cost-efficient service models have been worked out in collaboration with the stakeholders to commission these new facilities to meet the health needs of the local population.

17.4 With commissioning of a new long-term care institution in the Cluster, some 800 patients will be relocated to the Cluster from other parts of Hong Kong, leading to a rapid increase in demand for outpatient psychiatric services. This, together with the escalating costs for new psychiatric drugs and adjustments in the funding allocation for general psychiatric patients have created a new challenge for the Cluster in the coming year.

17.5 The Butterfly Bay Laundry, put under the management of Tuen Mun Hospital since 2000, has been providing laundry services mainly to Kowloon West and Kowloon Central Clusters. Increases in crude oil price and greater service demand after the SARS outbreak have contributed to the escalating expenditure of the Laundry in recent years. Service scope, cost-efficiency, long-term funding model, and capital improvement needs of the Laundry will be reviewed to ensure sustainability of its services.



17.6 Facing the above challenges and in keeping with the five corporate strategic directions, the New Territories West Cluster has planned to implement the following major initiatives in 2006/07:

- Improving population health by increasing the number of doctor-consultation clinic sessions in Tin Shui Wai area to handle an additional 5,000 general outpatient attendances per year, and providing new clinic sessions at the regional Maternal Child Health Centres and Peri-natal Psychiatric Outpatient Clinic for the assessment and treatment of Post-natal Depression cases.
- Enhancing organisational performance by completing the capital works of the new Pok Oi Hospital and the Rehabilitation Block at Tuen Mun Hospital.
- Enhancing healthcare system sustainability by reviewing the operation and funding model of the Butterfly Bay Laundry and the provision of psychiatric services in the Cluster, rolling out the public-private partnership project in catering services, obtaining better tariff rates from utility companies, and streamlining the cluster administration, finance and human resources functions.
- Improving services quality and clinical governance by performing an additional 200 cataract operations per year to shorten the waiting time, and setting up a Diabetes Centre at the new Pok Oi Hospital to improve education and complication screening for diabetic mellitus patients. Commissioning a new Chinese medicine service at Yan Oi General Outpatient Clinic, enhancing the outpatient haemodialysis service at Tuen Mun Hospital, providing new psychiatric drugs to patients, and intensifying training on safe intra-hospital transport of critically-ill patients.
- Building human resources capability by commencing teaching and clinical practicum for the Degree Course in Psychiatric Nursing jointly organised with Open University of Hong Kong. Reviewing the remuneration package for selected grades of supporting staff and setting up a multidisciplinary occupational medicine care team to help injury-on-duty employees return to work as early as possible.

## TARGETS

### ***Improving Population Health***

- |  |             |
|--|-------------|
| • <i>Establish a doctor consultation clinic session in Tin Shui Wai area to handle an additional 5,000 general out-patient attendances per year</i>  | <i>3Q06</i> |
| • <i>Promote psychological wellness in the community by organising public education programmes in collaboration with New Territories West Private Practitioner Network</i>   | <i>4Q06</i> |
| • <i>Implement the psychiatric component of Comprehensive Child Development Service in New Territories West Cluster by providing at least 280 clinic sessions at regional Maternal Child Health Centres and Peri-natal Psychiatric Outpatient Clinic for the assessment and/or treatment of cases suspected to be suffering from Post-natal Depression</i> | <i>1Q07</i> |



### **Enhancing Organisational Performance**

- Commence service at the new Pok Oi Hospital by the re-provision of existing rehabilitation beds in the new building and demolishing the old buildings 4Q06
- Commence renovation and improvement works in the Diagnostic Radiology Department at Tuen Mun Hospital to improve patient flow and work efficiency as well as to enhance infection control 3Q06
- Replace the afterloading equipment by a new integrated afterloading brachytherapy system and install a new portal imaging system at the Department of Clinical Oncology to enhance the service to cancer patients in terms of treatment precision and delivery 1Q07
- Complete the building works and infrastructure of the Rehabilitation Block at Tuen Mun Hospital 1Q07

### **Enhancing Healthcare System Sustainability**

- Review the operation and funding model of the Butterfly Bay Laundry with a view to increasing the efficiency and controlling the expenditure of the laundry service 1Q07
- Review the service provision of the cluster psychiatric services with reference to the new resources allocation model 1Q07
- Complete the roll-out of the public-private partnership project in catering to provide meals to all cluster hospitals 2Q06
- Enhance energy conservation and environmental protection measures by beginning the replacement of eight lifts in Tuen Mun Hospital in two phases, upgrading a bulk tariff account of Castle Peak Hospital to large power tariff account and participating in the Green Hospital Award Competition 1Q07
- Enhance the cost effectiveness of linen services by implementing central sluicing of heavily soiled linen to comply with the requirement of infection control in Tuen Mun Hospital and central laundering of towel cleansing and other small linen items in constant short supply 1Q07
- Reorganise functions of the Cluster administration, finance and human resources divisions to streamline the management and improve cost efficiency 4Q06
- Enhance the management of patients suffering from per-rectal bleeding by developing a referral and management protocol with local private practitioners 1Q07





### **Improving Service Quality and Clinical Governance**

- *Improve access of patients to cataract treatment by performing an additional 200 cataract extraction operations per year through assistance of private donations* 1Q07
- *Establish a Cluster Diabetes Centre at the new Pok Oi Hospital to handle 100 clinical attendances per week and provide 110 attendances per week for Diabetic Mellitus education and complications screening* 4Q06
- *Set up a Chinese medicine clinic at Yan Oi General Out-Patient Clinic in collaboration with Non-government Organisation and academic institution* 3Q06
- *Improve care of psychiatric patients by providing new psychiatric drugs to patients* 4Q06
- *Improve patient access to Computed Tomography examination by providing an additional two patient-sessions per week after the installation of a new Computed Tomography simulator* 1Q07
- *Commence training on guidelines on safe intra-hospital transport of critically-ill patients* 4Q06
- *Launch a campaign to promote proper use of antibiotics in the community in collaboration with Non-government Organisations and New Territories West Private Practitioner Network* 2Q06

### **Building Human Resources Capability**

- *Commence teaching and clinical practicum of the Degree Course in Psychiatric Nursing in Castle Peak Hospital in collaboration with Open University of Hong Kong to enhance supply of psychiatric nursing staff* 2Q06
- *Enhance nursing specialisation and career development by implementing nursing core team and general team training in all specialties in the cluster hospitals* 1Q07
- *Establish a multidisciplinary Occupational Medicine care team in New Territories West Cluster to take care and provide support for 140 number of staff cases who suffer from injury on duty and facilitate their early return to work* 2Q06
- *Review the remuneration package for selected grades of supporting staff to maintain a healthy turnover rate* 4Q06
- *Collaborate with a Non-government Organisation in the local community to enhance recruitment of supporting rank of staff* 1Q07



# APPENDIX 1

## LIST OF PUBLIC HOSPITALS AND INSTITUTIONS

### ■ HONG KONG EAST CLUSTER

- Cheshire Home, Chung Hom Kok (CCH)
- Pamela Youde Nethersole Eastern Hospital (PYNEH)
- Ruttonjee & Tang Shiu Kin Hospitals (RHTSK)
- St. John Hospital (SJH)
- Tung Wah Eastern Hospital (TWEH)
- Wong Chuk Hang Hospital (WCHH)

### ■ HONG KONG WEST CLUSTER

- Duchess of Kent Children's Hospital (DKCH)
- Fung Yiu King Hospital (FYKH)
- Grantham Hospital (GH)
- MacLehose Medical Rehabilitation Centre (MMRC)
- Queen Mary Hospital (QMH)
- Tsan Yuk Hospital (TYH)
- Tung Wah Hospital (TWH)

### ■ KOWLOON CENTRAL CLUSTER

- Hong Kong Buddhist Hospital (BH)
- Hong Kong Red Cross Blood Transfusion Service (BTS)
- Hong Kong Eye Hospital (HKEH)
- Kowloon Hospital (KH)
- Queen Elizabeth Hospital (QEH)
- Rehabaid Centre (RC)

### ■ KOWLOON EAST CLUSTER

- Haven of Hope Hospital (HHH)
- Tseung Kwan O Hospital (TKOH)
- United Christian Hospital (UCH)

### ■ KOWLOON WEST CLUSTER

- Caritas Medical Centre (CMC)
- Kwai Chung Hospital (KCH)
- Kwong Wah Hospital (KWH)
- Our Lady of Maryknoll Hospital (OLMH)
- Princess Margaret Hospital (PMH)
- Wong Tai Sin Hospital (WTSH)
- Yan Chai Hospital (YCH)

### ■ NEW TERRITORIES EAST CLUSTER

- Alice Ho Miu Ling Nethersole Hospital (AHNH)
- Bradbury Hospice (BBH)
- North District Hospital (NDH)
- Prince of Wales Hospital (PWH)
- Shatin Hospital (SH)
- Cheshire Home, Shatin (SCH)
- Tai Po Hospital (TPH)

### ■ NEW TERRITORIES WEST CLUSTER

- Castle Peak Hospital (CPH)
- Pok Oi Hospital (POH)
- Siu Lam Hospital (SLH)
- Tuen Mun Hospital (TMH)

#### Note:

- (1) Apart from the above, Lai Chi Kok Hospital was converted into a long stay care home for patients with chronic mental illness under the subvention of Social Welfare Department.
- (2) Nam Long Hospital was closed on 13 December 2003.
- (3) Management of Ruttonjee and Tang Shiu Kin Hospitals is combined.

## APPENDIX 2

### LIST OF AMBULATORY CARE FACILITIES

Cluster	Institution/Satellite Clinic	Day Patient	Accident & Emergency	Specialist Outpatient (including Allied Health, excluding Family Medicine Specialty Clinic)	General Outpatient *
Hong Kong East Cluster	Anne Black Health Centre				✓
	Chai Wan Health Centre				✓
	Cheshire Home (Chung Home Kok)			✓	
	North Lamma Clinic				✓
	Pamela Youde Nethersole Eastern Hospital	✓	✓	✓	
	Peng Chau Clinic				✓
	Ruttonjee & Tang Shiu Kin Hospitals	✓	✓	✓	
	Sai Wan Ho Health Centre				✓
	Shau Kei Wan Jockey Club 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				✓
<b>Subtotal</b>		<b>4</b>	<b>3</b>	<b>6</b>	<b>12</b>
Hong Kong West Cluster	Aberdeen Jockey Club 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 Jockey Club Clinic				✓
	MacLehose Medical Rehabilitation Centre			✓	
	Queen Mary Hospital	✓	✓	✓	
	Sai Ying Pun Jockey Club General Outpatient Clinic				✓
	Tsan Yuk Hospital	✓		✓	
	Tung Wah Hospital	✓		✓	✓
<b>Subtotal</b>		<b>5</b>	<b>1</b>	<b>8</b>	<b>6</b>

Cluster	Institution/Satellite Clinic	Day Patient	Accident & Emergency	Specialist Outpatient (including Allied Health, excluding Family Medicine Specialty Clinic)	General Outpatient *
Kowloon East Cluster	Haven of Hope Hospital	✓		✓	
	Kowloon Bay Health Centre				✓
	Kwun Tong Jockey Club Health Centre				✓
	Lam Tin Polyclinic				✓
	Mona Fong Clinic				✓
	Ngau Tau Kok Jockey Club Clinic				✓
	Shun Lee Government Clinic				✓
	Tseung Kwan O Hospital	✓	✓	✓	
	Tseung Kwan O Jockey Club General Outpatient Clinic				✓
	Tseung Kwan O (Po Ning Road) Health Centre				✓
	United Christian Hospital	✓	✓	✓	
	Yung Fung Shee Memorial Centre			✓	
	<b>Subtotal</b>		<b>3</b>	<b>2</b>	<b>4</b>
Kowloon Central Cluster	Central Kowloon Health Centre				✓
	Hong Kong Buddhist Hospital	✓		✓	✓
	Hong Kong Eye Hospital	✓		✓	
	Hung Hom Clinic				✓
	Kowloon Hospital	✓		✓	
	Lee Kee Memorial Dispensary				✓
	Queen Elizabeth Hospital	✓	✓	✓	
	Rehabaid Centre			✓	
	Shun Tak Fraternal Association Leung Kau Kui Clinic				✓
	Yaumatei Jockey Club Clinic				✓
	Yaumatei Specialist Clinic Extension			✓	
	<b>Subtotal</b>		<b>4</b>	<b>1</b>	<b>6</b>

APPENDIX 2  
LIST OF AMBULATORY CARE FACILITIES



Cluster	Institution/Satellite Clinic	Day Patient	Accident & Emergency	Specialist Outpatient (including Allied Health, excluding Family Medicine Specialty Clinic)	General Outpatient *	
Kowloon West Cluster	Caritas Medical Centre	✓	✓	✓	✓	
	Cheung Sha Wan General Outpatient Clinic				✓	
	East Kowloon General Outpatient Clinic				✓	
	East Kowloon Polyclinic			✓		
	Ha Kwai Chung Polyclinic and Special Education Services Centre			✓	✓	
	Kwai Chung Hospital	✓		✓		
	Kwong Wah Hospital	✓	✓	✓	✓	
	Lady Trench General Outpatient Clinic				✓	
	Li Po Chun General Outpatient Clinic				✓	
	Mrs Wu York Yu General Outpatient Clinic				✓	
	Mui Wo General Outpatient Clinic				✓	
	Nam Shan General Outpatient Clinic				✓	
	North Kwai Chung General Outpatient Clinic				✓	
	Our Lady of Maryknoll Hospital	✓		✓	✓	
	Princess Margaret Hospital	✓	✓	✓		
	Robert Black General Outpatient Clinic				✓	
	Shek Kip Mei General Outpatient Clinic				✓	
	South Kwai Chung Jockey Club General Outpatient Clinic				✓	
	Tai O Jockey Club General Outpatient Clinic				✓	
	Tsing Yi Cheung Hong General Outpatient Clinic				✓	
	Tsing Yi Town General Outpatient Clinic				✓	
	Tung Chung General Outpatient Clinic				✓	
	Wang Tau Hom Jockey Club General Outpatient Clinic				✓	
	West Kowloon General Outpatient Clinic				✓	
	Wong Tai Sin Hospital	✓		✓		
	Wu York Yu General Outpatient Clinic				✓	
	Yan Chai Hospital	✓	✓	✓	✓	
	Yaumatei Jockey Club Clinic			✓		
	<b>Subtotal</b>		<b>7</b>	<b>4</b>	<b>10</b>	<b>23</b>

Cluster	Institution/Satellite Clinic	Day Patient	Accident & Emergency	Specialist Outpatient (including Allied Health, excluding Family Medicine Specialty Clinic)	General Outpatient *
New Territories East Cluster	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 Jockey Club Clinic				✓
	Ta Kwu Ling Clinic				✓
	Tai Po Hospital	✓		✓	
	Tai Po Jockey Club Clinic				✓
	Wong Siu Ching Clinic				✓
Yuen Chau Kok Clinic				✓	
<b>Subtotal</b>		<b>6</b>	<b>3</b>	<b>7</b>	<b>11</b>
New Territories West Cluster	Castle Peak Hospital			✓	
	Kam Tin Clinic				✓
	Pok Oi Hospital	✓		✓	✓
	Tin Shui Wai Health Centre				✓
	Tuen Mun Clinic				✓
	Tuen Mun Eye Centre			✓	
	Tuen Mun Hospital	✓	✓	✓	
	Tuen Mun Wu Hong Clinic				✓
	Yan Oi General Outpatient Clinic			✓	✓
	Yuen Long Jockey Club Health Centre				✓
	Yuen Long Madam Yung Fung Shee Health Centre				✓
<b>Subtotal</b>		<b>2</b>	<b>1</b>	<b>5</b>	<b>8</b>
<b>Overall total</b>		<b>31</b>	<b>15</b>	<b>46</b>	<b>74</b>

\* General outpatient clinics in this list exclude mobile services.



## APPENDIX 3

### BACKGROUND INFORMATION ON HOSPITAL AUTHORITY

#### ■ ESTABLISHMENT OF HOSPITAL AUTHORITY

1. The Hospital Authority 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.
2. It is a statutory body that is independent of, but accountable to, the HKSAR Government through the Secretary for Health, Welfare and Food. 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

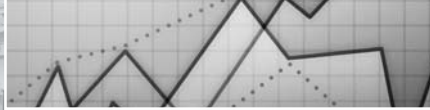
3. The Government's policy is to safeguard and promote the general health of the community as a whole and to ensure the provision of medical and health services for the people of Hong Kong so that no one should be prevented, through lack of means, from obtaining adequate medical attention. This includes 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

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.”





## ■ STRATEGIC DIRECTIONS

5. With the rapid changes in Hong Kong's social, economic and political environment, strategic directions are formulated every year through an extensive annual planning process taking into account the funding position, societal expectations, the Government's healthcare policy, and the challenges in the internal and external environment so that the corporate vision and mission can be turned into operational targets to meet community needs.

# APPENDIX 4

## STATISTICS OF THE CONTROLLING OFFICER'S REPORT

	Estimate for 2005/06	Target for 2006/07
<b>Targets</b>		
<b>Access to services</b>		
• <b>Inpatient services</b>		
no. of hospital beds		
general (acute and convalescent)	20,238	<b>20,165</b>
infirmary	2,151	<b>2,151</b>
mentally ill	4,714	<b>4,670</b>
mentally handicapped	700	<b>680</b>
total	27,803	<b>27,666</b>
• <b>Ambulatory &amp; outreach services</b>		
accident and emergency (A&E) services		
% of A&E patients with target waiting time		
triage I (critical cases – 0 minutes)	100%	<b>100%</b>
triage II (emergency cases < 15 minutes)	95%	<b>95%</b>
triage III (urgent cases < 30 minutes)	90%	<b>90%</b>
specialist outpatient services		
median waiting time for first appointment at specialist clinics		
first priority patients	2 weeks	<b>2 weeks</b>
second priority patients	8 weeks	<b>8 weeks</b>
rehabilitation & geriatric services		
no. of community nurses	390	<b>390</b>
no. of geriatric day places	567	<b>567</b>
psychiatric services		
no. of community psychiatric nurses	103	<b>103</b>
no. of psychiatric day places	719	<b>719</b>
<b>Indicators</b>		
<b>I) Delivery of services</b>		
• <b>Inpatient services</b>		
no. of discharges & deaths		
general (acute and convalescent)	839,700	<b>839,700</b>
infirmary	3,500	<b>3,500</b>
mentally ill	15,300	<b>15,300</b>
mentally handicapped	460	<b>400</b>
overall	858,960	<b>858,900</b>

	Estimate for 2005/06	Target for 2006/07
no. of patient days		
general (acute and convalescent)	5,331,000	<b>5,331,000</b>
infirmary	564,600	<b>564,600</b>
mentally ill	1,242,000	<b>1,242,000</b>
mentally handicapped	243,000	<b>243,000</b>
overall	7,380,600	<b>7,380,600</b>
bed occupancy rate		
general (acute and convalescent)	84%	<b>84%</b>
infirmary	86%	<b>86%</b>
mentally ill	79%	<b>79%</b>
mentally handicapped	94%	<b>94%</b>
overall	84%	<b>84%</b>
average length of stay (days) <sup>[Note 1]</sup>		
general (acute and convalescent)	6.4	<b>6.4</b>
infirmary	110	<b>110</b>
mentally ill	103	<b>103</b>
mentally handicapped	599	<b>599</b>
overall	9.0	<b>9.0</b>
<b>• Ambulatory &amp; outreach services</b>		
day inpatient		
no. of discharges & deaths	278,000	<b>278,000</b>
accident & emergency services		
no. of attendances	2,103,000	<b>2,103,000</b>
no. of attendances per 1000 population	289	<b>289</b>
no. of first attendances for		
triage I <sup>[Note 2]</sup>	16,700	<b>16,700</b>
triage II <sup>[Note 2]</sup>	35,100	<b>35,100</b>
triage III <sup>[Note 2]</sup>	546,000	<b>546,000</b>
outpatient services		
no. of specialist outpatient (clinical) new attendances	576,000	<b>576,000</b>
no. of specialist outpatient (clinical) follow-up attendances	5,521,000	<b>5,521,000</b>
total no. of specialist outpatient (clinical) attendances	6,097,000	<b>6,097,000</b>
no. of general outpatient attendances	5,300,000	<b>5,300,000</b>
rehabilitation & palliative care services		
no. of rehabilitation day and palliative care day attendances	62,000	<b>62,000</b>
no. of home visits by community nurses	805,000	<b>835,000</b>
no. of allied health (community) attendances	21,300	<b>21,300</b>
no. of allied health (outpatient) attendances	2,165,000	<b>2,165,000</b>



	Estimate for 2005/06	Target for 2006/07
geriatric services		
no. of outreach attendances	490,000	<b>490,000</b>
no. of geriatric elderly persons assessed for infirmary care service	1,550	<b>1,500</b>
no. of geriatric day attendances	130,000	<b>130,000</b>
no. of Visiting Medical Officer attendances	81,400	<b>81,400</b>
psychiatric services		
no. of psychiatric outreach attendances	85,000	<b>85,000</b>
no. of psychiatric day attendances	180,600	<b>180,600</b>
no. of psychogeriatric outreach attendances	46,300	<b>46,300</b>
<b>II) Quality of services</b>		
no. of hospital deaths per 1000 population <sup>[Note 3]</sup>	3.8	<b>3.8</b>
unplanned readmission rate within 28 days for general inpatients	9.7%	<b>9.7%</b>
<b>III) Cost of services</b>		
<b>cost distribution</b>		
cost distribution by services types (%)		
inpatient	63.2%	<b>63.2%</b>
ambulatory & outreach	36.8%	<b>36.8%</b>
cost by services per 1000 population (\$m)		
inpatient	2.6	<b>2.6</b>
ambulatory & outreach	1.5	<b>1.5</b>
cost of services for persons aged 65 or above		
share of cost of services (%)	45.8%	<b>45.7%</b>
cost of services per 1000 population (\$m)	15.7	<b>15.8</b>
<b>unit cost</b>		
inpatient services		
cost per inpatient discharged (\$)		
general (acute and convalescent)	19,450	<b>19,460</b>
Infirmary	166,560	<b>166,660</b>
mentally ill	116,760	<b>117,240</b>
mentally handicapped	534,150	<b>614,630</b>
cost per patient day (\$) <sup>[Note 2]</sup>		
general (acute and convalescent)	3,230	<b>3,230</b>
Infirmary	1,030	<b>1,030</b>
mentally ill	1,440	<b>1,440</b>
mentally handicapped	1,010	<b>1,010</b>

	Estimate for 2005/06	Target for 2006/07
ambulatory & outreach services		
cost per accident & emergency attendance (\$)	690	<b>690</b>
cost per specialist outpatient attendance (\$)	680	<b>680</b>
cost per outreach visit by community nurse (\$)	300	<b>290</b>
cost per psychiatric outreach attendance (\$)	1,020	<b>1,020</b>
cost per geriatric day attendance (\$)	1,350	<b>1,350</b>
<b>waivers</b> [Note 2, 4]		
% of Comprehensive Social Security Assistance (CSSA) waiver	25.0%	<b>25.0%</b>
% of non-CSSA waiver	6.2%	<b>6.2%</b>
<b>IV) Manpower (no. of full time equivalent staff as at 31<sup>st</sup> March)</b>		
medical		
doctor	4,550	<b>4,550</b>
no. of specialists	2,438	<b>2,658</b>
no. of trainees/non-specialists	2,112	<b>1,892</b>
intern	324	<b>324</b>
dentist	5	<b>5</b>
medical total	4,879	<b>4,879</b>
nursing		
qualified staff	19,043	<b>19,115</b>
trainee	213	<b>211</b>
nursing total	19,256	<b>19,326</b>
allied health	4,842	<b>4,842</b>
others	23,406	<b>23,406</b>
total	52,383	<b>52,453</b>

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

Note 2 New indicators.

Note 3 Refers to the standardised mortality rate covering all deaths in the Hospital Authority hospitals. This is derived by applying the age-specific mortality rate in the Hospital Authority in a particular year to a 'standard' population (which is the 2001 Hong Kong mid-year population).

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