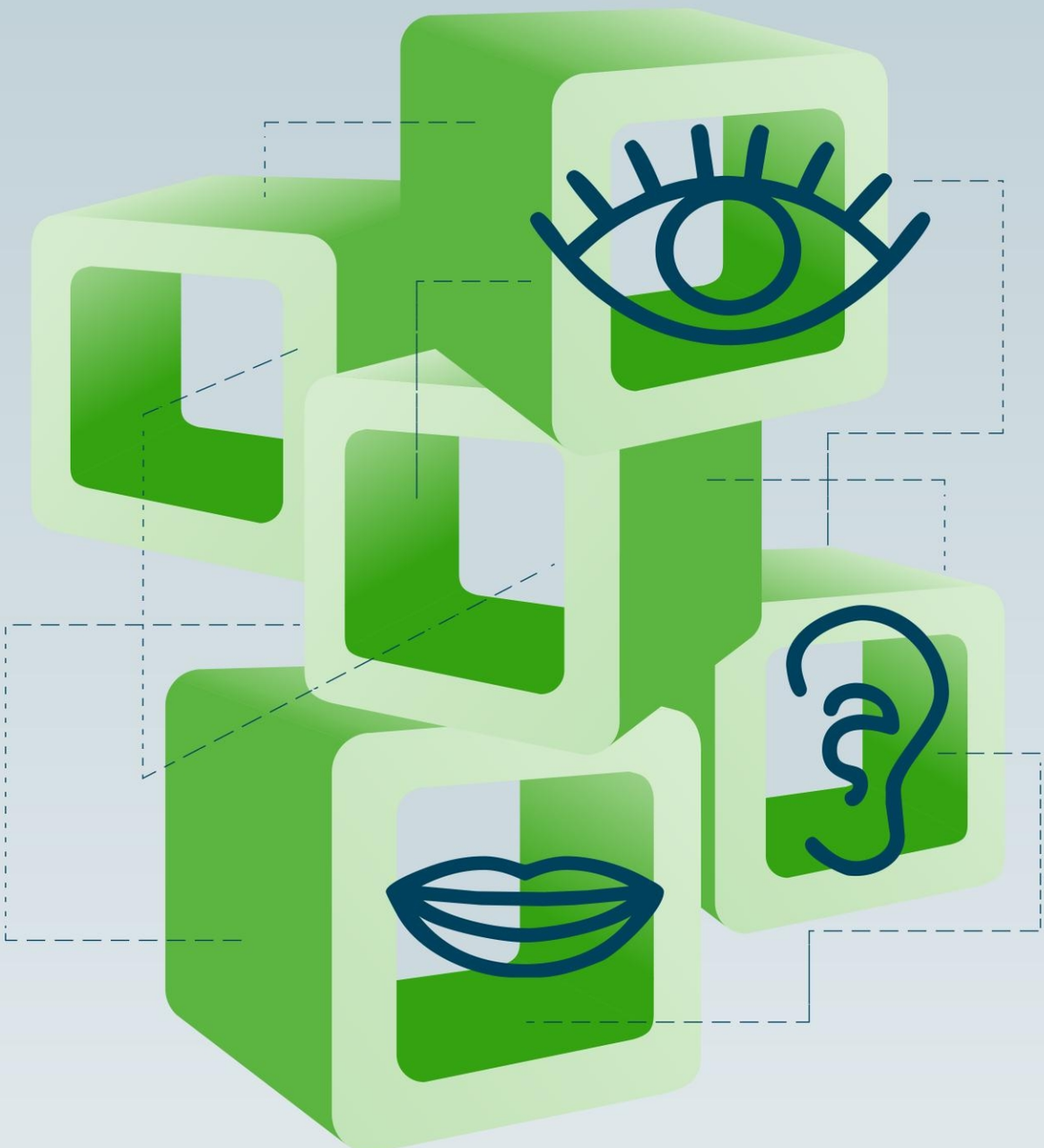
醫院管理局
HOSPITAL AUTHORITY

HOSPITAL AUTHORITY ANNUAL PLAN

2004–2005



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HOSPITAL AUTHORITY

ANNUAL PLAN 2004 – 2005

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Executive Summary

DRIVERS FOR 2004/05 HA ANNUAL PLAN

The Severe Acute Respiratory Syndrome (SARS) epidemic in 2003 was of such enormity that healthcare systems around the world had not encountered for many decades. Its impact on the healthcare system in Hong Kong and society at large was multi-dimensional, immense, and lasting. The HA and its 53,000 strong staff force fought courageously to control the epidemic, and paid a high price while doing so. Yet our exemplary performance brought worldwide recognition and admiration. Learning from the experience, there were many areas identified where improvement were called for. Indeed, the two extensive reviews conducted, one by the Government commissioned SARS Expert Committee, and the other by the HA's own Review Panel on SARS, had put forward more than 90 recommendations to be followed up. The work of the still ongoing Legislative Council Select Committee on SARS might also point to other areas where attention should be focused. All in all, a large portion of the thinking and contents of the HA 2004/05 Annual Plan necessarily related to the SARS experience and the subsequent improvement work.

2. Meanwhile, HA continued to face the external challenges of rising healthcare demand from an ageing population, budgetary difficulties of the public purse, and new innovations in medical technology. Internally, the organization was going through a transitional phase of managerial reorganization towards geographically based service provision and resource allocation delivered by clusters of hospitals and clinics. Hence, the key drivers for change leading up to the 2004/05 Annual Plan can be summarized as follows:

(a) SARS and reviews on the crisis;
(b) Social, political, and economic changes;
(c) Technology challenges and service demand; and
(d) Internal organization changes and human resources issues

FUNDING FOR 2004/05

3. The recurrent budget from the Government to HA for 2004/05, net of income, is HK$27,801M. The budget has included the following:

(a) 1% increase in funding to partly meet the population growth;
(b) Full year provision for running the 59 General Outpatient Clinics taken over from the Department of Health in July 2003 and the provision of Chinese Medicine outpatient services;
(c) Funding provided for strengthening infectious disease control and supporting the activities of the Centre for Health Protection;
(d) Provision for enhancing medical support to elderly care homes; and
(e) 3.05% deduction, at HK$917M, for efficiency savings.

4. In addition, the Government will provide $204.7M for the extension of 2,420 jobs for one year to enhance hospital care services and implement minor capital works for HA.

5. The Government will also provide an additional fund of HK$300M for information technology, equipment and vehicles, and a further HK$200M for capital improvement works.

6. The income budget of HA for 2004/05 is HK$1,230M, including HK$58M and HK$42M from the new charges on accident and emergency services and drugs respectively.

7. Largely because of the 3.05% deduction as mentioned in 3(e) above, despite stringent measures for efficiency savings, the operating deficit for 2004/05 is estimated to be about $601M. It will be covered by HA's revenue reserves.

MAJOR DIRECTIONS FOR 2004/05 HA ANNUAL PLANNING

8. The five major directions for the 2003/04 HA Annual Plan were revisited. Taking into account the key drivers for change and the emphasis in relation to post-SARS improvements, the following five strategic directions have been adopted for the 2004/05 HA Annual Plan:

(a) Improving population health
(b) Enhancing organizational performance
(c) Enhancing healthcare system sustainability
(d) Improving on quality and clinical governance
(e) Building human resources capability

2004/05 HA ANNUAL PLAN PROGRAMMES

(I) Improving Population Health

9. The importance of cross sector collaborative efforts to protect population health against communicable disease epidemics is recognized by all parties after SARS. The HA will play an important role in the newly established **Centre for Health Protection** that reports to the Director of Health, particularly in the areas of disease surveillance and infection control. Meanwhile, there will be increased vigilance to detect re-emergence of the SARS virus or other infectious diseases, through a system of **surveillance on sickness** and respiratory symptoms / pneumonia among healthcare workers and elderly home residents. HA will also establish relevant information technology systems and applications in the newly taken over General Outpatient Clinics to **capture patient data at primary care** level for disease surveillance and early detection of unusual patterns.

10. A series of health protection programmes will be launched, including **influenza vaccination programme** in the winter months, a territory-wide personal health campaign "Better Health for a Better Hong Kong", and programmes targeted at important non-communicable diseases. The latter include promotion of **fall prevention** and **hypertension control**, as well as self-teaching packages on cardiac diseases, diabetes, chronic renal failure, chronic respiratory diseases, and stroke.

11. Major emphasis will be placed on strengthening care in the community especially in elderly homes, and decreasing dependence on hospital care. While improving the health of the residents, this will also lessen the pressure on hospital beds that have already been reduced for better infection control and make way for construction of isolation facilities after SARS. The **Visiting Medical Officer scheme** for elderly homes will be enhanced through increasing the frequency of visits and improving training for the doctors concerned. **Swapping of infirmary patients** with welfare institutions run by non-Government agencies, according to medical dependency, will be explored. The pilot **community allied health services schemes** in collaboration with community partners will be extended following initial success. Meanwhile, a pilot public private partnership programme for **community drug compliance and counseling service** will be launched in collaboration with the pharmacy professional bodies.

12. On psychiatric services, pilot initiatives of previous years have achieved promising outcomes, and will be taken forward. The **EASY programme** (Early Assessment service for young persons with pSYchosis) will be extended to cover not only young persons but also others showing initial signs of psychosis, for early intensive intervention. Likewise, the **EXITERS project** (EXtended care patients Intensive Treatment, Early diversion and Rehabilitation Stepping stone) will be taken forward with conversion of vacant quarters to community-type accommodation for rehabilitated psychiatric patients discharged under the scheme. Lastly, an education programme for community practitioners to recognize elderly depression will be launched as part of the **elderly suicide prevention programme**.

13. To support the strategic change towards community-oriented care, the emphasis of HA's professional training programmes will need to change as well. **Community-based training** modules in women's health, child health, and mental health will be added to the Family Medicine training programme. Likewise, clinic attachment opportunities will be provided for Ambulatory Care Physician trainees of Internal Medicine in primary care clinics of the HA.

(II) Enhancing Organizational Performance

14. Taking the lessons from SARS, **comprehensive contingency plans and strategies** towards infectious disease outbreaks have been formulated within the HA, and in collaboration with the Department of Health, the Health, Welfare and Food Bureau, and other Government departments. Further refinement and regular drills will be conducted to improve such plans upon implementation.

15. The respective roles of various parties during crisis mode will be further delineated. An Emergency Executive Committee structure has been established by the HA Board for emergency situations, and a special **working group on governance** will explore in-depth the understanding and practice of the governance concept in the HA context and vis-à-vis the role of Government.

16. Taking forward the organizational reform, a **comprehensive review on the top executive structure**, remuneration packages, training and development will be conducted under the guidance of the HA Board. Secondly, gaps identified in the top executive team, including human resources and public affairs capabilities, will be filled through appropriate recruitment of expertise and enhanced training. Thirdly, the future directions for **cluster development**, including the long-term managerial structures at the cluster level, and strategies to achieve a population-based service model will be further pursued.

17. In terms of preparedness for future infectious disease outbreaks, works on 14 acute hospitals to construct **1,415 isolation beds** and enhance ventilation and air filtering will be completed. Stockpiling of **emergency supplies** of personal protective equipments and relevant drugs to combat major epidemics will be maintained. Proposals to build **infectious disease blocks** in 3 acute hospitals will be taken forward for the necessary policy and funding approval processes, beginning with Princess Margaret Hospital. Meanwhile, environmental survey conducted during the SARS epidemic hastened the process of approval for the **Prince of Wales Hospital re-development** project.

18. For continued infrastructure strengthening, major information technology initiatives will be launched. The Government will commission the HA to start developing an ambitious **Infectious Disease Information System** (IDIS) that spans across the public and private sectors. Once completed, this will not only provide a backbone for infectious disease surveillance and management, but also pave the way for non-communicable diseases and ultimately development of the Hong Kong Health Information Infrastructure. Internally, HA will embark on the first phase of a comprehensive **Enterprise Resource Planning** (ERP) system, starting with replacement of the outdated payroll system. In parallel, a project definition study will be conducted looking at process re-engineering opportunities particularly among human resources, finance and business support interfaces, to map out the future master plan for the ERP.

19. The HA will continue to innovate on more cost-effective approaches to fulfill its mission and objectives. Having identified catering as a non-core business of the organization, a pilot **public private partnership project on food services** will be launched to cover two hospital clusters, roughly one third of the total meals in all the hospitals. In procurement and supplies, much savings had been achieved with the total solution concept implemented last year. For the coming year, emphasis will be put on further opportunities in **bulk contracting of medical equipments and consumables**, computerized inventory management, computerized facilities maintenance, and **systematic medical equipment planning** using an objective ECRI (Emergency Care Research Institute) database.

(III) Enhancing Healthcare System Sustainability

20. The HA has recorded yearly budgetary deficits since 2001/02 despite stringent savings measures and initiatives such as the Voluntary Early Retirement (VER) Scheme. With the Government announcing further budgetary cuts in the coming

years, a multi-prong approach is needed to address the sustainability issue, while still catering to the organizational mission of providing comprehensive healthcare and to ensure that no one is denied adequate care because of lack of means.

21. To protect those with urgent medical needs, the HA has to accord high priority to emergency care, cancer cases, and those with chronic diseases. **Fees and charges** introduced last year for emergency department usage did reduce utilization by non-urgent patients, while the impact of drug charges introduced at specialist outpatient department will require **further review**. The waiver policy has been effective in protecting the poor, and will be further streamlined using information technology applications.

22. A **priority system for specialist outpatient services** has been introduced, where category 1 and 2 conditions have been defined by various clinical specialties with waiting time targets stipulated. Further work will be undertaken to refine the prioritization criteria, and particularly to **enhance doctor screening** of all referral letters so that no urgent conditions are missed. In parallel, following the initial success in some hospitals of the private care referral service for non-urgent conditions, HA will enhance its work in the public-private interface. More **private sector information** will be made available to public patients including service packages offered, price and service information, and through such channels as specific web sites and convenient liaison points.

23. Within the HA, the takeover of all General Outpatient Clinics from the Department of Health has opened up new opportunities for service rationalization. Hospital clusters will gradually **download stable chronic patients** from the specialist outpatient clinics to general clinics, merge service outlets where appropriate, and **pilot contracting out** certain clinics to private providers with appropriate community or Family Medicine training.

24. Following implementation of a new population-based funding model from the Government to the HA since 2000/01, a **population-based internal resource allocation** methodology has been tried out since last year. The methodology has proved successful in reducing unhealthy competition among hospitals for activities, and promoting initiatives to lessen reliance on hospital beds. Taking into account last year's experience, the model will be further refined and evaluated. Meanwhile, resources will be increasingly channeled from the areas of population contraction in the old urban areas to those of maximal population growth, particularly the New Territories West cluster.

25. Faced with the stringent financial situation, the HA will continue to exercise cautious control on manpower and other spending. Territory-wide and cluster based **service rationalization** to reduce duplication, **change of service mode** from hospital-based to ambulatory and community-based care, and **consolidation of institutions** where appropriate will all contribute to the necessary savings while maintaining the quality of care. With the initial success of the last round of VER, more innovative ways of managing a reducing budget including **targeted VER** will be devised. In parallel, the HA will continue with the second stage of a **subsidized**

medical insurance schemes study to explore the feasibility of alternatives to bridge the public-private gap, that will hopefully address the long term sustainability issue in the healthcare system.

(IV) Improving on Quality and Clinical Governance

26. Tremendous energy had been devoted by the HA in the understanding and treatment of SARS last year. Much still remains unknown and further effort in research and follow up of SARS survivors is required. Hong Kong is leading the world in this aspect, and HA will continue to play the important role of both coordinating the work of different hospitals in such work, as well as collaborating with major research institutions to contribute to the generation of useful knowledge.

27. In the coming year, HA will follow through the **comprehensive follow up programme for SARS patients**, including functional and psychological aspects, as well as magnetic resonance imaging screening to detect avascular necrosis found in some patients. A **SARS patient group** has also been formed to empower these patients in their knowledge of the disease and promote self-help.

28. In knowledge management, HA will organize the SARS database and supervise commissioned research under the **Research Fund for Control of Infectious Disease**. On clinical management, treatment protocols for SARS and its complications will be updated and laboratory networking arrangements with the Department of Health and the universities will be established. Further **enhancement of infection control** practices and levels of performance will result following extensive training of all healthcare workers, additional recruitment of infection control personnel in hospitals, improvement in facilities and equipment, as well as revamped processes of surveillance and outbreak control.

29. In other areas of clinical governance, HA will roll out the Advanced Incident Reporting System and strengthen the concept and practice of **risk management** in hospitals. Appropriate clinical audit on surgical procedures will be conducted. A system of technology assessment on non-standard procedures will be put in place, and a HA-wide standard **drug formulary** will be developed with appropriate guidelines for clinicians. To ensure proper **governance of research activities**, a HA Code of Practice for investigators, and a central registry on clinical research involving HA patients will be established.

30. Facing competing demands in healthcare including the challenges of an ageing population and the threat of infectious diseases, HA has started using epidemiological concepts such as the burden of diseases to determine service priorities. Of particular note is the importance of cardiac diseases, for which the waiting list for cardiac surgery is increasing. In the coming year, additional resources will be allocated to **increase the number of cardiac surgery** by 200 cases a year. Standards for **stroke care** will also be defined across the clinical specialties involved. Lastly, the early experience of running 3 **Chinese Medicine** clinics will be reviewed, and the experience of collaboration between Chinese and

western medicine in the SARS period will be taken forward to revise the HA guidelines on such interface.

(V) Building Human Resources Capability

31. The SARS crisis had raised awareness on the urgent need to build up infectious disease management and infection control expertise in the organization. With additional funding from the Government, an **Infectious Disease Control Training Centre** has been set up to organize infection control training to healthcare professionals in all disciplines, and coordinate high level epidemiology, risk communication and outbreak management training for clinicians and managers to combat future epidemics. There will be **strengthening of infection control personnel** in hospitals including additional infection control nurses, infection control coordinators in all clinical units, and additional senior clinical positions. The HA is also commissioned by the Government to man the **Infection Control Branch** of the newly established Center for Health Protection, and contribute expertise to its two other branches - the Epidemiology and Surveillance Branch, and the Public Health Branch. In parallel, additional posts will be created in **Intensive Care Units** (ICU), and nursing reserve will be built up through rotational training to ICUs, to prepare for the surge capacity during epidemics.

32. Taking the lessons from SARS, expertise will be recruited to fill the vacancies of **senior positions in human resources and public affairs** in the top executive team in HA Head Office to spearhead the necessary strengthening in these two key areas. **Training for middle managers** in hospitals will be conducted particularly on leadership, communication, and managing staff performance. Plans have also been devised, with extensive frontline staff participation, on the **policy of staff deployment** during contingency situations.

33. While HA and indeed the whole of Hong Kong community have been most indebted to our dedicated healthcare workers during the SARS epidemic, greater attention should be given to alleviate them of work stress and occupational risks. In the coming year, HA will establish a core **professional team on occupational safety and health** in the Head Office, and bring in external expertise. The pilot **return-to-work programme** that had been successful in reducing sickness days in New Territories West will be rolled out to all clusters. Activities of the HA "Oasis" in rendering **psychological support** to staff will be boosted through the establishment of satellite centers in hospital clusters. Plans for more direct and effective **staff communication in crisis time** through 24-hour hotline, daily staff newspapers, distribution of corporate messages through email, web pages and internal audio-visual channels are ready for activation any time. Meanwhile, two-way communication between management and staff will be enhanced through the appointment of **Staff Ambassadors** in hospitals, and regular dialogue with staff groups and unions.

34. Despite the resource constraints, HA will continue recruiting professional staff for training and service provision, particularly for the need for enhanced infection control and intensive care personnel. About **300 new doctors, 400 nurses and 50**

allied health staff will be recruited in the coming year into various training and service programmes. Suitable contract doctors who have successfully completed their specialist training will be re-employed in newly created **Resident Specialist** positions to address service needs. Likewise, a number of doctors who have completed the four-year training programme in **Family Medicine** will be employed to boost manpower in the General Outpatient Clinics. There will also be enhancement in the specialist and general training programmes in collaboration with the Hong Kong Academy of Medicine and taking into account feedback from trainees. During the year, **more than 200 promotion posts** will be created to improve career prospects of particularly the frontline medical and nursing staff. In addition, some **2,420 jobs for support workers** in wards and minor capital works will be supported using a one-off Government funding.

CONCLUSION

35. The SARS crisis in 2003 and the great challenge of budgetary cuts have posed the greatest difficulties to the HA in its entire history. Yet new opportunities for change are also opened up amidst the challenges. The Hong Kong community has awakened to the importance of public health, cross-sector collaboration to deal with major crises, and capacity building in the public healthcare sector with adequate margin to cater for the unexpected. New platforms for collaboration with the Department of Health have emerged. A renewed emphasis on population-based and community-oriented care has been encouraged through structural changes like the takeover of primary care clinics; new programmes like the Visiting Medical Officer scheme for elderly homes; enhanced workforce capabilities resulting from Family Medicine and community module specialist training; and a new model for resource allocation that moves away from the bed linkage.

36. Internally, HA is also better positioned to carry forward reforms that have been initiated. SARS had forced the operation of the system with fewer beds available, as well as approval of long-awaited hospital renovations and improvements. Organizational re-configuration according to the five mega-cluster model has moved ahead. Solid actions are in the pipeline for the much needed enhancements in executive functions and staff communication. What remained unanswered would be the long term sustainability issue particularly over the continued budgetary deficit situation of the HA. While service prioritization becomes inevitable, and HA is also exploring the possibility of using health insurance as a tool to bridge the public-private gap, ultimately it is a societal decision on the level of investment in healthcare that would best meet the needs of the population.

1 Introduction

SIMPLE FACTS AND STATISTICS ABOUT HA

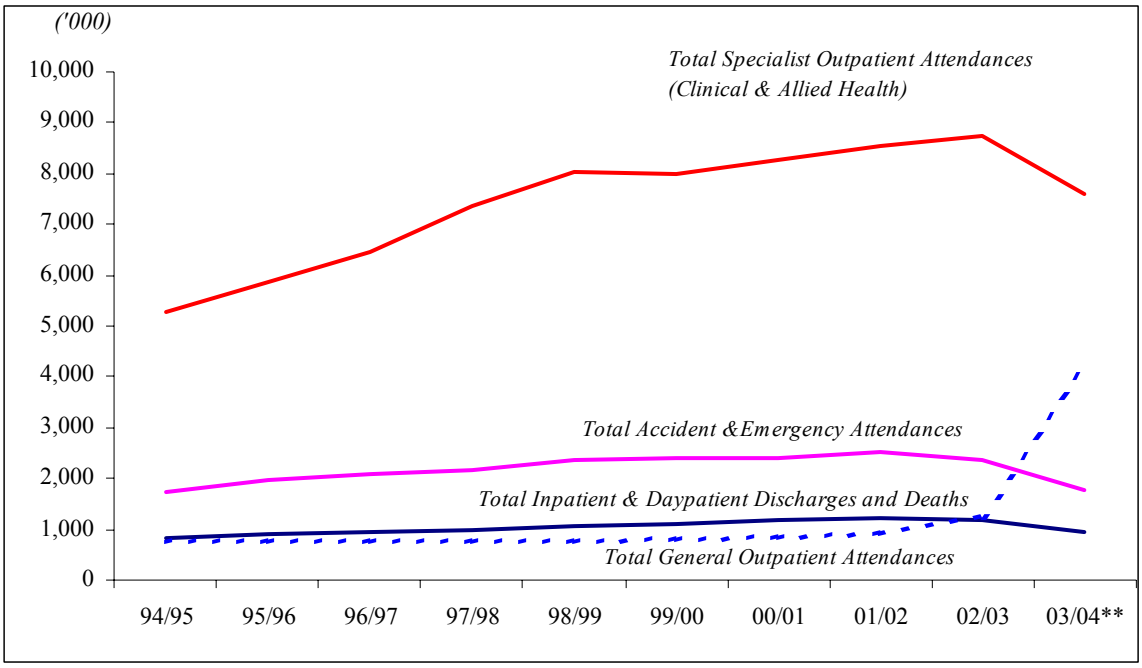
1.1 HA is responsible for delivering a comprehensive range of preventive, curative and rehabilitative medical services to the people of Hong Kong through its network of healthcare facilities. With the takeover of 59 general outpatient clinics from the Department of Health in July, 2003, its network was enlarged. As at 31 December, 2003, it managed 43 public hospitals / institutions (Appendix 1) and a host of ambulatory care facilities (Appendix 2) including 46 specialist outpatient clinics and 74 general outpatient clinics. It also managed 29,188 hospital beds, representing around 4.2 public hospital beds per 1,000 population. For 2004/05, its recurrent expenditure budget from the Government, net of income, is HK$27,801M.

1.2 The SARS epidemic brought about a notable reduction in the whole range of HA activities in 2003/04 except for general outpatient service. Decreases were recorded in total inpatient and day patient discharges and deaths, and total specialist outpatient clinics attendance, which were increasing over the past few years. The total number of accident and emergency attendance also decreased. Although there had been gradual build-up of activities after the SARS period, the volume of activities still fell short of the pre-SARS level.

1.3 The suspension of a significant number of beds to facilitate the enhancement of isolation facilities to augment the organization's preparedness for future outbreaks of infectious disease was one of the major contributing factors to the reduction of inpatient activities. It is expected that the reduction of inpatient activities from the pre-SARS level will continue in the years ahead.

1.4 As for general outpatient attendances, the substantial increase is mainly attributed to the management transfer of the general outpatient clinics from the Department of Health to HA.

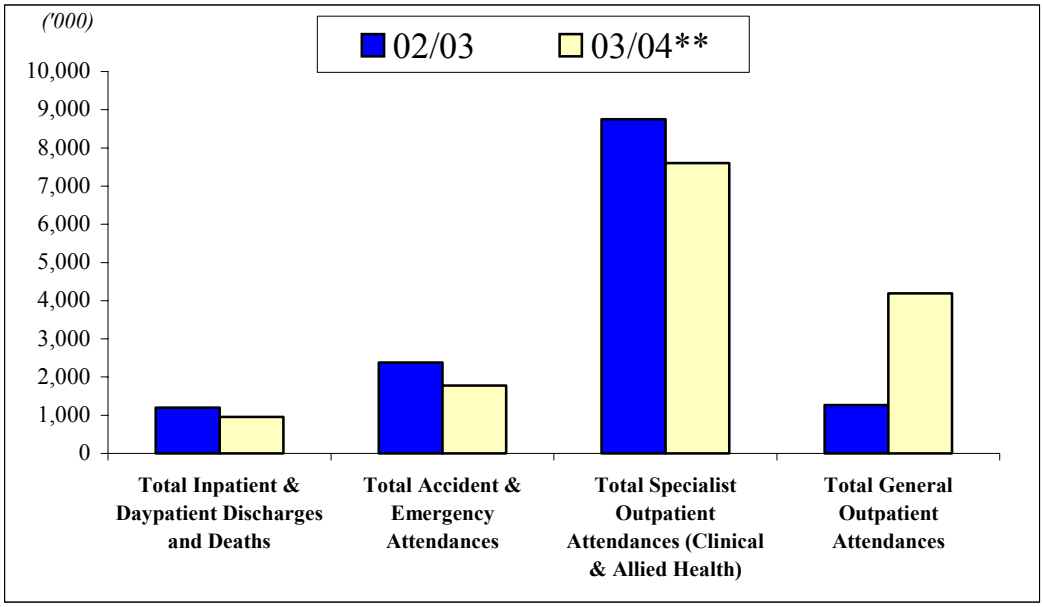
Statistics from 94/95 to 03/04



** *Projected figure*

1.5 In 2003/04, there were around 954,750 inpatient and day patient discharges and deaths, 1,780,810 accident and emergency attendances, 7,599,670 specialist outpatient attendances and 4,192,080 general outpatient attendances. A comparison of HA's activities between 2002/03 and 2003/04 is shown below:

Comparison between 02/03 and 03/04



** *Projected figure*

1.6 As at 31 December, 2003, HA had a staff strength of 52,697 full-time equivalents. The majority of them (68.48%) were involved in direct patient care with breakdown as follows:

	Staff Strength (Full-time equivalents)	
Direct Patient Care (68.48%)	**as at 31.12.2003**	**% of total staff**
Medical	4,958	9.41
Nursing	19,448	36.91
Allied Health	4,913	9.32
Clinical Support Staff	6,767	12.84
Subtotal	**36,086**	**68.48**
Indirect Patient Care (31.52%)		
Other Professionals/Management	991	1.88
Non-clinical Supporting staff	15,620	29.64
Subtotal	**16,611**	**31.52**
Total	**52,697**	**100**

EVOLUTION OF HA'S ANNUAL PLANNING PROCESS

1.7 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 organization using the budget allocated from the Government. In each Annual Plan, the status of achievement of the previous year's targets is accounted for, including reasons for deviations. There is also description of the general strategic directions the organization is moving towards, accompanied by detailed programme initiatives.

1.8 The Annual Planning Process provides the organization with a structured mechanism to turn corporate vision and mission (Appendix 3) into directions, strategies, goals and operational targets. It serves as an important management process aligning all service units in HA towards the same objectives and key strategic areas that flow from the organization's mission / vision, after analysis of the environmental factors and opportunities available at the time. Throughout the year, priority areas of work for the next year are identified through an elaborate system of executive and management meetings. In one dimension, there are the Cluster Planning Meetings where the cluster and hospital issues are discussed. In

another dimension, plans are made in the Coordinating Committees and Service Management Meetings of individual specialties, and functional Policy Groups of Head Office. Throughout the process, the HA Board provides guidance through its planning meetings, and the work of the 8 Functional Committees. Policy direction is also obtained from interaction between the executives and the Board with the Government through multiple channels. Input from the community is obtained through the work of the Hospital Governing Committees, Regional Advisory Committees, as well as interaction with other agencies, patient groups and other members of the community.

1.9 The past year was dominated by the unexpected SARS crisis. Throughout the post-SARS period, hospitals and Head Office have been intensely involved in the three review processes: the Government's SARS Expert Committee, the HA's Review Panel on the SARS Outbreak, as well as the Legislative Council Select Committee on SARS. At the same time, HA is heavily involved in the re-building phase in preparation for another possible attack of SARS. As a result, there has been little time to repeat a more detailed process of planning as in previous years. Nevertheless, the SARS reviews have put forward a number of recommendations that cover a substantial part of the work that needs to be tackled in the coming year. Besides, the on-going efforts on cluster evolution, professional training, and service development by virtue of the work of the established mechanisms have provided impetus and contents for the new programme initiatives for the next year's Annual Plan.

2 Review on Progress

2.1 The 2003/04 Annual Plan described a total of 238 targets. Of these 215 (90.34%) were achieved according to schedule and 230 (96.64%) were achieved within the year. Details of individual targets not achieved by year end are shown below:

DEFERRED TARGETS

- ***Commence the planning of central endoscopy centre and gastrointestinal services, central chemotherapy centre and cluster sleep laboratory in Hong Kong West Cluster***
  Due to the SARS outbreak, the previously assigned space for these projects have been used for cohort wards. The chemotherapy and sleep laboratory centres are rescheduled for completion by 3Q04 but the combined endoscopy centre project will be deferred until alternative space can be identified.

- ***Pilot a Public Private Partnership project on centralized food service***
  Upon further review of the initiative, the HA supported a new phased approach in implementing food services under Public Private Partnership. A request for Public Private Partnership proposal will be issued in June 2004, aiming at implementation in 1Q05.

- ***Centralize central sterile supplies delivery service in Kowloon West Cluster***
  A new cluster central sterile supplies delivery service is being commissioned in Lai King Building but the target has to be deferred to 4Q04 as the builder's work involved was more complicated than anticipated.

- ***Remodel the provision of hospice care services in New Territories East Cluster***
  Three possible operational models are under exploration with the Hospital Governing Committee. More detailed discussion is anticipated and the target will have to be postponed to the next financial year.

PARTIALLY ACHIEVED TARGETS

- ***Set up a central registry for liver transplant and consolidate liver transplant services into one transplant centre***
  The central registry has been in operation since 28 July, 2003 and has been running smoothly. Briefing to patients waiting for transplants in the Prince of Wales Hospital on the current progress of centralizing liver transplant services in the Queen Mary Hospital was arranged. At the request of the patient group, HA will review the time frame on the centralization. In the meantime, patients originally on the Prince of Wales Hospital waiting list would be referred to the Queen Mary Hospital for assessment by the transplant team.

- ***Rationalize after-hour emergency operating theatre service in Our Lady of Maryknoll Hospital and Caritas Medical Centre***
  Merging of the Anaesthetic team between Our Lady of Maryknoll Hospital and Caritas Medical Centre was achieved in 1Q04. Rationalization of the after-hour emergency operating theatre service was achieved for Our Lady of Maryknoll

Hospital but not for the Caritas Medical Centre because trauma diversion from the Caritas Medical Centre could not be achieved.

- ***Expand Family Medicine training and promote the family doctor service model in Hong Kong West Cluster***
  The first stage of building up a general practitioner and primary healthcare network was achieved. Promotion is being done at Specialist Outpatient Department and General Outpatient Department levels, and will be intensified in 4Q04 after the computerization of all general outpatient clinics and the uniformed introduction of patient-held records. This initiative will be combined with the planned public-private initiative programme for 04/05.

SHELVED TARGET

- ***Revamp domestic service delivery model in Hong Kong East Cluster hospitals to achieve manpower savings and efficiency gains***
  Because of the SARS epidemic, instead of decreasing manpower allocated to domestic service, more manpower was deployed for facilities cleansing to enhance infection control in all cluster hospitals

3 Planning Environment

3.1 The SARS epidemic in 2003 had a tremendous impact on the healthcare system and the society in Hong Kong, and there are still a number of remaining issues to tackle. Enhancement of the system is required to prepare for possible outbreaks in the future. Meanwhile, HA continued to face the external challenges of rising healthcare demand from an ageing population, budgetary deficits, and new innovations in medical technology. Internally, the organization is going through a transitional phase of managerial reorganization towards geographically based service provision and resource allocation. These changing internal and external environment forms the key drivers for the HA 2004/05 Annual Plan.

DIVERS FOR CHANGE

3.2 The following key drivers for change have been identified for the 2004/05 HA Annual Plan:

(a) SARS and the reviews on the crisis;
(b) Social, political, and economic changes
(c) Technology challenges and service demand; and
(d) Internal organization changes and human resources issues

SARS and the reviews on crisis

3.3 The SARS epidemic in 2003 was of such enormity that healthcare systems around the world had not encountered for many decades. Learning from the experience, there were many areas identified where improvement were called for. The two extensive reviews conducted, one by the Government commissioned SARS expert Committee, and the other by the HA's own Review Panel on SARS, had put forward more than 90 recommendations to be followed. HA is commissioned to collaborate with the Department of Health to establish the Centre for Health Protection. At the governance level, there is issue regarding the delineation of roles of the HA Board, HA executives, and the Government during crisis situations.

3.4 Comprehensive medical and psychological care of SARS survivors will be continued. Various improvement measures are required for HA to combat possible outbreaks of infectious disease in the future. These include strengthening of infection control training of our staff, improvement of physical facilities, enhancement of surveillance system, and formulation and drills of contingency plans.

Social, political, and economic changes

3.5 The Government continues to face huge budget deficits in the coming financial year and will continue to curb public spending. This will inevitably affect the funding to HA, which has already been reduced significantly in the past few years. A multi-facet approach is needed to address the sustainability issue, while at the same time cater the mission of the organization that no one will be denied for adequate medical care because of lack of means. A closer examination of future strategies

including prioritization of services, migration to community and ambulatory care, and revision of fees and charges are necessary.

Technology Challenges and Service Demand

3.6 New medical technologies in diagnosis and treatment are developing very rapidly, yet the scientific evidences on their efficacy and safety is often limited. HA strongly supports medical innovation that have genuine benefits to our patients. At the same time we need to carefully evaluate all novel medical technologies to ensure their efficacy and safety before utilization in HA.

3.7 Similar to most developed countries, the population of Hong Kong is ageing very rapidly. It is anticipated that those aged 65 or above, who constituted about 11.7% of the population in 2003, will rise to about 24.3% in 2031. This has translated into a significant increase in demand of medical services. The prevalence of chronic diseases like stroke and heart diseases which require long term care will continue to rise. In 2001, the five major killers in Hong Kong were malignant neoplasms, heart disease, cerebrovascular disease, pneumonia, and chronic lower respiratory diseases. They collectively accounted for 73% of the total deaths in Hong Kong and discharged patients with such principle diagnosis took up about 22.6% of the patient days in public hospitals. Therefore, HA will put extra emphasis on elderly care and diseases with significant burden to society.

Internal Organization Changes and Human Resources issues

3.8 HA has overcome many adversities and hardships during the last SARS outbreak. Our competent, dedicated staff have won the acclaim and admiration of the whole of Hong Kong community. Our cluster management structure has proved invaluable in ensuring mutual support among hospitals through sharing of workload and expertise. On the other hand, there are a number of imperfections in our system that require improvement. Firstly, we need to enhance our internal communication. It has also transpired that years of trimming at the HA Head Office for productivity gain has resulted in a top executive structure which is too thin to shoulder overwhelming demand during crisis time. Both the middle management level and HA senior executives will need to be strengthened in the coming year. On top of these, there are other pressing human resources issues such as training and career prospect of staff, and mounting workload. In the coming years, we will need to formulate strategies to address these issues.

4 Budget Allocation

GOVERNMENT FUNDING

4.1 The 2004/05 recurrent budget for HA from the Government, net of income, is HK$27,801M. The budget includes the following:

(a) 1% increase in funding to partly meet the population growth;

(b) Full year provision for running the 59 general outpatient clinics transferred from the Department of Health in July, 2003, and the Chinese Medicine clinics;

(c) Funding for strengthening infectious disease control and recruiting staff to support activities of the Centre for Health Protection at hospital setting;

(d) Provision for enhancing medical support to elderly care homes; and

(e) 3.05% deduction, at HK$917M, for efficiency savings.

4.2 In addition, the Government will provide $204.7M in a separate vote for the extension of 2420 jobs for one year to enhance hospital care services and implement minor capital works in HA.

4.3 The Government will also provide an additional fund of HK$300M for the development of information technology, and, the purchase and replacement of equipment and vehicles; and, a further HK$200M for capital improvement works.

4.4 The income budget of HA for 2004/05 is HK$1,230M, including HK$58M and HK$42M from the charges on accident and emergency services and drugs respectively. As per agreement with the Government on the fees and charges revision last year, HA can keep 50% of the income from new fees, and, for 2003/04 and 2004/05, additional income from existing fees.

HA's OVERALL FINANCIAL POSITION FOR 2004/2005

4.5 This year's finance reflects the Government's efforts to balance the budget over the next five years. As advised by the Health, Welfare and Food Bureau (HWFB), in addition to the 1.8% efficiency savings made in 2003/04, HA is required to deliver further savings of 3.05% in 2004/05.

4.6 HA has been recording operating deficits since 2001/2002 despite actions to cut costs through rigorous saving programmes. The deficit situation is expected to continue in 2004/05, aggravated by the need to implement the new hospital operation mode for handling infectious diseases in the aftermath of SARS. The operating deficit for 2004/05, estimated to be about $601M, will be financed by revenue reserves accumulated from the previous years.

4.7 The main contributing factors for the projected deficit in 2004/05 are:

(a) The reduction of subvention from Government. The Government has reduced the population-based funding to 1% instead of the population growth of 2.2%.

(b) Government has imposed a further 3.05% deduction amounting to $917M from the HA budget as part of the Government's Efficiency Savings Initiative.

(c) HA has been participating in the Government's initiatives to create 1,000 jobs to strengthen care services. The one-off funding arrangements for this initiative will cease in 2004/05 while HA will retain the headcounts.

(d) Staff turnover is low under the current economic environment. The savings generated from the low staff turnover are not sufficient to cover the "creep" for staff moving to higher points of pay scales, which is not separately funded by the Government. To encourage staff turnover, HA and Government have implemented the Voluntary Early Retirement Scheme (HA VER) and the second Voluntary Early Retirement Scheme (CSVR II) respectively in 2003/04 to generate savings in future years. The one-off ex-gratia payment for these schemes is disbursed over the financial years 2003/04 and 2004/05.

(e) Despite the projected deficit, HA plans to recruit new clinical and supporting staff in order to meet the manpower requirements arising from strengthened infection control measures, partial replacement of vacancies due to voluntary early retirement schemes, as well as training of new graduates.

(f) Based on the latest income projection, there will be a projected fee income surplus of $165M, offset by a shortfall in the non-income budget due to the prevailing low interest rate environment. The projected income surplus will contribute to reducing the deficit in 2004/05.

4.8 The unfavourable budgetary situation is expected to continue for a few more years given the Government's indication to further reduce funding in the region of 11% from 2004/05 to 2008/09. To address the long-term projected deficits, HA will explore further means to widen revenue, reduce operating costs, and work out a sustainable healthcare financing plan that will involve the private sector.

RESOURCES ALLOCATION

4.9 A new population-based internal resource allocation system has been implemented for 2003/04 to replace the historical allocation method. This new model of allocating resources to the hospital clusters promotes equity as funding is based on service needs of cluster resident population.

4.10 Under the population-based funding, resources are allocated to clusters according to the population and age profile of their residents. Each cluster is responsible for assuring that service needs of its resident population are met and delivered with the allocated funding. Centralized services, education, teaching and research are funded separately, based on agreed budget.

4.11 The cluster allocation is adjusted for services utilized by residents outside their home cluster. Depending on the nature of cross cluster services utilized, different adjustment rates will apply. This is to ensure that expensive (quaternary and tertiary) services that are provided only in a number of designated centres will be adequately funded, and, to encourage patients requiring only secondary care services be referred back to home clusters.

4.12 Population-based funding provides hospital clusters incentives for improving the allocative efficiency of limited resources amongst competing services, favouring the development of ambulatory and community care, service rationalization, continuous improvement in technical efficiency, and refer-back of patients to the private sector.

5 Major Directions for Annual Plan 2004/05

5.1 The five major directions for the 2003/04 HA Annual Plan were revisited and adapted into the following 5 strategic direction for the 2004/05 HA Annual Plan to keep in line with the key environmental issues and drivers for change described in Chapter 3:

(a) Improving population health
(b) Enhancing organizational performance
(c) Enhancing healthcare system sustainability
(d) Improving on quality and clinical governance
(e) Building human resources capability

6 Improving Population Health

6.1 Health is a complex interplay among various constituents, many of these factors fall outside the dimension of HA. In order to undertake a comprehensive approach to improve population health, HA will work in close partnership with different parties in different areas. Cross sector collaborative efforts will ensure coordinated planning, development, and implementation of related policies, programmes and services. Continued efforts will be made to promote community and ambulatory care. The public will also be engaged in this initiative through the launching of population-oriented health programmes. In addition, surveillance for infectious diseases will be strengthened so that early signs of clustering of cases in hospital wards, old aged homes and among healthcare workers can be detected for early actions.

DEVELOP NEW COLLABORATIVE PLATFORM IN THE PUBLIC SECTOR

6.2 HA will collaborate with the Government, non-Government organizations and the welfare sector with the view to improve the overall health status of the population. On the Government side, HA will collaborate with the Health, Welfare and Food Bureau and the Department of Health to establish the Centre for Health Protection as recommended by the SARS Expert Committee. The Centre will commence operation in mid-2004 and is expected to reach full operation in 2005.

6.3 In the coming year, HA aims to further enhance community-based care through collaboration with non-Government Organizations and the welfare sector. In line with the policy direction of the Government to implement 'Ageing in Place', infirmed persons who do not require hospital-based medical care will be cared for in non-hospital settings. A pilot project to place a batch of medically stable infirmary patients to be under the care management of a non-Government organization of the welfare sector is being planned. Similar approach is also adopted for psychiatric service. In line with the international trend, there will be a shift in focus from institutional rehabilitation to community-based rehabilitation for patients with mental illness. HA has reduced the number of beds in two major psychiatric hospitals and developed new community psychiatric services in the past several years. The ultimate goal is to provide more community-based treatment for psychiatric patients. In 2001, HA piloted a project of transforming the Lai Chi Kok Hospital into a long stay care home for patients with chronic mental illness. This project has entered into its final phase and it is planned that the long stay care home will be closed in the coming year by transferring all the residents to a new community residential facility operated by a non-Government organization.

Target:

- *Collaborate with the Department of Health in establishing the Centre for Health Protection, and to be responsible for the operation of its Infection Control Branch* — *2Q04*

- *Pilot the feasibility of transferring residential care of stable infirmed patients and those on the Central Infirmary Waiting List to non-hospital settings run by Non-Government Organizations* — *4 Q 04*

- *Complete the decommissioning of Lai Chi Kok Hospital HACare Home by transferring all the residents to a new long stay care home operated by Caritas Hong Kong* — *4 Q 04*

DEVELOP POPULATION ORIENTED HEALTH PROTECTION PROGRAMME

6.4 The world trend for healthcare service delivery is for more integrated services across the continuum of care, with greater emphasis on health promotion, illness prevention, and early intervention. Therefore, resources will be invested upstream. The community will be engaged in various interactive programmes of disease prevention and health promotion to raise their awareness to health and encourage healthy behaviour among the general public. Programmes for primary and secondary prevention for major disease burden will be conducted to improve health outcomes. The influenza vaccination programme will be continued in 2004/05 for staff, long stay patients, and elderly with chronic diseases. This will help to prevent influenza outbreak both in institutions and in the community.

Target:

- *Organize influenza vaccination programme in the winter months to reduce disease burden especially among elderly and those with chronic diseases.* — *4 Q 04*

- *Implement and evaluate 5 patient teaching packages (Cardiac, Diabetes, Renal, Respiratory, and Stroke) in general outpatient clinics and related inpatient areas with the aim to reduce complications and enhance health outcomes.* — *4 Q 04*

- *Continue with the "Better Health for a Better Hong Kong " territory-wide campaign targeting at prevention of common infectious diseases through personal hygiene and maintenance of health through healthy living* — *4 Q 04*

- *Promote the fall prevention programme and hypertension control programme to the community, including health communication programmes and training programmes at the HA Health InfoWorld* — *1 Q 05*

STRENGTHEN SURVEILLANCE FOR INFECTOUS DISEASES

6.5 A high level of vigilance for detection of re-emergence of SARS or outbreak of other infectious diseases will be continued. As stipulated in the HA Response Plan for Infectious Disease Outbreak, HA is committed to enhanced surveillance programmes targeted at early detection of abnormal disease patterns so that corresponding intervention can be triggered at the earliest possible stage. Mechanism will be set up for surveillance of sickness among healthcare workers in HA hospitals and also surveillance of abnormal disease pattern in old aged homes and other residential institutions.

Target:

- *Continue surveillance programmes for clustering of cases with respiratory symptoms / pneumonia among HA staff and residents of old aged homes* — *2 Q04*

REDUCE RELIANCE ON HOSPITAL CARE BY STRENGTHENING COMMUNITY HEALTHCARE DELIVERY

6.6 A multi-pronged approach will be adopted to strengthen community healthcare delivery and reduce reliance on hospital care:

Improve Community-oriented Care for Psychiatric Patients

6.7 Community-oriented care has the advantage that psychiatric patients can be integrated back to the society earlier. This will be achieved through strengthening the education and knowledge of general practitioners and healthcare professionals in the community on elderly depression and suicide, and continuing the elderly suicide prevention programme and the early discharge programme for long stay patients. HA's focus in the longer term is to provide in-hospital psychiatric services for patients with psychiatric problems that cannot be dealt with in community settings, whereas stable psychiatric patients will be discharged back to the community for continued care and rehabilitation.

Target:

- *Educate general practitioners and other healthcare professionals in the community on elderly depression and suicide and complete an evaluation on the elderly suicide prevention programme* — *4 Q04*

- *Review the early assessment service for young persons with psychosis (E.A.S.Y) programme and explore the feasibility to extend the programme to all patients with first episode psychosis* — *1 Q05*

- *Complete the renovation works of vacant staff quarters in Castle Peak Hospital and Kwai Chung Hospital to support accommodation for the discharge of 125 chronic long stay psychiatric patients as part of the Extended care patients Intensive Treatment, Early diversion and Rehabilitation Stepping-stone (EXITERS) project* — *1 Q05*

- *Review all patients on the waiting list for psychiatric long stay care home in preparation for new homes to be operated by non-Government organization in 05/06* — *1 Q05*

Enhance Medical Care in Elderly Homes

6.8 Major emphasis will be placed on strengthening care in the elderly homes. While improving the health of the residents, this will also lessen the pressure on hospital beds. In order to enhance medical care to the residents in the elderly homes, private practitioners are recruited as Visiting Medical Officers (VMOs) to provide regular on-site consultations to manage chronic diseases and subacute episodic illnesses among the elderly. This initiative aims to reduce hospital admissions of these elderly home residents. HA will provide training, professional and other technical support through close collaboration between VMOs and the Community Geriatric Assessment Teams. Besides, nursing as well as allied health services will be strengthened to improve the care for the elderly living in the community.

Target:

- *Recruit private practitioners as Visiting Medical Officers to provide weekly on-site medical consultation to old aged homes in managing chronic diseases and episodic illnesses of residents to reduce hospital admissions* — *4Q04*

- *Implement Family Medicine and Community Nursing Service integrated model to manage episodic problems for elderly in the community* — *1Q05*

- *Develop and conduct 'swallowing management programme' for carers in elderly homes to enhance quality of care* — *4Q04*

Reduce Service Demands for Conditions with Significant Burden of Disease

6.9 HA has started using epidemiological concepts such as the burden of diseases to determine service priorities. In the coming year, we will concentrate on two major conditions, namely falls and hypertension. The incidence of fall-related injuries in elderly is far higher than injuries from other causes. Falls often lead to moderate to severe injuries that reduce mobility and independence, and increase the risk of premature death. Hypertension is a major risk factor contributing to coronary heart

disease, stroke, heart failure, peripheral vascular disease and renal failure which are the major killers in the territory. Falls prevention and hypertension control programmes will be conducted to improve health of the elderly.

Target:

- *Launch community-based fall prevention programme in districts with support from HA on assessment and intervention of high risk elders* — *1 Q05*
- *Develop the infrastructure for the implementation of a disease management programme on hypertension at primary and secondary care levels* — *1 Q05*

Strengthen Pluralistic Primary Care

6.10 The primary care network of HA has enlarged considerably since we took over 59 general outpatient clinics from the Department of Health in 2003. This allows the Authority to develop pluralistic primary care services which aim to achieve holistic and high quality community-based care. To support the strategic change towards community-oriented care, professional training in this area will need to be strengthened as well. Community-based training modules in women's health, child health, and mental health will be developed. Effort will be made to widen the exposure of Ambulatory Care Physician trainees in community care. The pilot community allied health services schemes in collaboration with community partners will be extended following initial success.

Target:

- *Develop additional 6-month non-Family Medicine (FM) community-based training modules for FM trainees including woman's health, child health, mental health* — *3Q04*
- *Provide sessional attachment for Ambulatory Care Physician (ACP) trainees of Internal Medicine in community clinics to widen their exposure in primary care, promote shared care, and enhance their ability in establishing their own community practice* — *1Q05*
- *Establish the information technology infrastructure and implement the necessary information systems in more than 20 general outpatient clinics to cater for Family Medicine training* — *1Q05*
- *Strengthen the allied health services (Physiotherapy, Occupational therapy, Dietetic) provision in the community through the community partnership project* — *4Q04*

- *Extend the HA centrally co-ordinated training programmes to allied health practitioners of non HA sectors to enhance their professional capabilities* — *1Q05*

- *Collaborate with professional societies to develop and establish the logistics and clinical training programmes for community pharmacists for participation into the Public Private Partnership Programme for Pharmacy Service on Drug Compliance and Counselling Service* — *3Q04*

7 Enhancing Organizational Performance

7.1 The HA's organization structure has continued to evolve since its establishment in order to cater for the rapidly changing environment. The cluster management structure implemented three years ago has proved to be effective and efficient especially during crisis time. Taking the lessons from SARS, HA will continue to enhance its ability in the coming year to prepare for future outbreaks of infectious disease. Apart from preparedness for outbreaks, effort will also be put to improve functional support services in order to further enhance performance of the organization.

DELINEATE ROLES AND RESPONSIBILITIES WITH GOVERNMENT AND GOVERNANCE

7.2 A number of the recommendations made by the two SARS review reports relate to HA's overall governance. These recommendations highlight the need for a clear delineation of roles of the HA Board, HA executives, and the Government especially during crisis mode. Besides, the HA Board will examine its own governance processes to establish a closer monitoring regime during defined crisis situations as well as in peace time.

Target:

- *Delineate the roles of the HA Board, HA executives and the Government during crisis situations through discussion between HA and the Government* — *2Q04*
- *Establish a new structure representing the HA Board for discharging governance function during defined crisis situations* — *2Q04*

ENHANCE MANAGEMENT STRUCTURE AND PERFORMANCE

7.3 After several years of experimentation and evolution, the cluster management concept has been firmly established, and proved to be effective and efficient during the last SARS outbreak. In line with the original time table and taking the experience in SARS, a review of progress and development will be conducted to map out the way forward. Strategies to achieve a population-based service model will be further pursued that go hand-in-hand with the geographically based cluster concept and the new population-based internal resource allocation system.

Target:

- *Review the progress and direction of hospital cluster development in the light of experience so far and with reference to recommendations made in the two external reviews on SARS* — *3Q04*

7.4 After years of very significant trimming, the management structure has become too thin to shoulder any overwhelming demand during crisis time. Therefore, the structure of HA top executives will need to be reviewed and strengthened, under the guidance of the HA Board. Tailored and in-depth senior executive training programmes will be launched to equip the senior executives with competencies to meet the current and future needs of HA. Attention will be given for gaps identified during the SARS crisis, such as human resources and public affairs capabilities.

Target:

- *Conduct comprehensive review on the HA top executive team structure, remuneration and training strategy* — *1Q05*

ENHANCE PREPAREDNESS FOR FUTURE OUTBREAK OF INFECTIOUS DISEASE

7.5 More than 90 recommendations were put forward by the Government commissioned SARS Expert Committee and the HA Review Panel which aim to enhance the current HA structure and function and to strengthen our ability to combat future infectious disease outbreaks. Tremendous efforts have been spent immediately after the crisis to implement these recommendations and a number of improvement programmes have already been completed. HA will continue the implement of improvement programmes in the coming year.

Target:

- *Formulate comprehensive strategies and implement improvement programmes to enhance preparedness for future infectious disease outbreaks in accordance with recommendations of the two external reviews on SARS, and report progress to HA Board, Secretary for Health, Welfare & Food and the Legislative Council* — *1Q05*

ENHANCE CAPABILITY IN CRISIS MANAGEMENT

7.6 HA is committed to respond effectively to any major disasters which affect lives and health, or threaten the normal delivery of services. Comprehensive contingency plans and strategies towards major disasters including the return of SARS have been formulated at the corporate, cluster, hospital, and departmental levels. Further refinement and regular drills will be conducted to improve such plans upon implementation.

Target:

- *Formulate and revamp the HA response to major disasters through a coordinated tiered response involving the clusters and HA Head Office with sufficient versatility to overcome major risks that threaten patient service delivery in hospitals* — *1Q05*
- *Organize forums and regular drills (including 1 territory-wide drills per year) for staff to familiarize themselves with the operation of contingency plan at corporate and hospital / departmental level.* — *4Q04*
- *Formulate a contingency plan for mobilizing Intensive Care Unit beds and manpower in response to crisis situations* — *2Q04*
- *Formulate a plan to maintain urgent surgical services including emergencies and treatment for urgent conditions such as cancer in case of major epidemics* — *3Q04*

ENHANCE CAPABILITY IN COMMUNICATION

7.7 Communication is an area of shortcoming identified by the two SARS review reports. An overall communication strategy is being developed so that the public communications function of HA can be strengthened through a multi-level diversified approach.

Target:

- *Review overall external communication strategy in partnership with external stakeholders including the mass media* — *4Q04*
- *Conduct training sessions for HA and hospital senior executives to act as HA and hospital spokesmen to facilitate accurate and effective dissemination of information* — *4Q04*
- *Enhance responsiveness to the needs of external parties through proactive dissemination of corporate information and building of relations and understanding with the media* — *4Q04*

ENHANCE FACILITIES AND LOGISTICS FOR FUTURE OUTBREAK OF INFECTIOUS DISEASE

7.8 Regarding preparedness for future infectious disease outbreaks, construction of 1,415 isolation beds in 14 acute hospitals will be completed. Other improvements in facilities will also be completed in the coming year, such as enhancement of hospital

ventilation systems, laboratories, and autopsy rooms. In longer term, proposals to build additional infectious disease blocks in major acute hospitals will be formulated for submission to the Government for funding approval. Meanwhile, environmental survey conducted during the SARS epidemic hastened the process of approval for the Prince of Wales Hospital re-development project.

Target:

- *Establish standards for isolation facilities and carry out conversion works in 14 acute hospitals for 1,415 isolation beds including 71 intensive care beds* — *3Q04*
- *Survey existing ventilation systems in all hospitals included in the contingency plan for infectious disease outbreaks and carry out improvement works as necessary* — *4Q04*
- *Install proper facilities for gowning and de-gowning purpose in 14 hospitals involved in the treatment of SARS* — *2Q04*
- *Procure 43 biological safety cabinets for installation at various laboratories and mortuaries of pathology departments to enhance laboratory safety* — *4Q04*
- *Carry out study on the improvement works in various autopsy rooms to enhance the occupational safety and health of staff* — *4Q04*
- *Prepare detailed proposals for additional infectious disease blocks in major acute hospitals in the form of schedules of accommodation for submission to Government for approval* — *2Q04*
- *Review and revise capital works proposals including the rebuilding of Prince of Wales Hospital for submission to Government for consideration under the Resource Allocation Exercise* — *3Q04*
- *Stock up supplies of personal protective equipment equivalent to three times the peak monthly consumption in the last SARS epidemic and stock up adequate supplies of relevant drugs for treatment of SARS and influenza* — *2Q04*

IMPROVE FUNCTIONAL SUPPORT SERVICE

7.9 Major projects will be carried out in the business support services area. Besides, information systems will continue to be enhanced to improve organizational performance and effectiveness.

Implement Centralization of Procurement and Distribution of Supplies

7.10 Central procurement of supplies and equipment has already been established for effective mobilization of resources during the last SARS crisis. HA will continue to ensure adequate supplies of personal protective equipment to meet the increased requirements for infection control and ensure appropriate distribution to frontline staff.

Target:

- *Enhance Inventory Control System (ICS) to improve inventory management for mission critical items during normal and crisis situations* — *3 Q04*

Review Utilization of and User Feedback on Healthcare Technology Information Database

7.11 To facilitate HA in planning for medical equipment replacement and / or related technology upgrading, an independent knowledge-based technology database will be acquired from the Emergency Care Research Institute (ECRI). Utilization of and user feedback on the database will be reviewed to facilitate improvement in medical equipment management.

Target:

- *Subscribe to the Emergency Care Research Institute (ECRI) healthcare technology database and conduct review on the utilisation and users' feedback* — *4 Q04*

Further Develop the Scope and Approach Towards Building an Enterprise Resource Planning System

7.12 Enterprise Resource Planning (ERP) is a concept as well as a technology to improve organization effectiveness and efficiency through integrated systems and shared information among different departmental units. In 2003/04, HA has conducted a study on the feasibility of an ERP system, and the results were encouraging. In 2004/05, HA will embark on the first phase of ERP, starting with replacement of the outdated payroll system. In parallel, a project definition study will be conducted looking at process re-engineering opportunities particularly among human resources, finance, and business support interfaces, to map out the future master plan for the ERP.

Target:

- *Further develop the scope and approach towards building an Enterprise Resource Planning System (ERPS) for HA covering finance, business support and human resources functions* — *1 Q 05*

- *Start Phase 1 of Enterprise Resource Planning (ERP) project – replacement of existing Payroll System* *1Q05*

Introduce Private Partnership Initiative in Food Production and Augment Coverage of the Central Food Production Units

7.13 Having identified catering as a non-core business of the organization, a pilot public private partnership project on food services will be launched to cover two hospital clusters, which approximately equals to one third of the total meals in all the HA hospitals. The results will be evaluated and further roll out to other hospitals will be considered after the pilot project.

Target:

- *Arrange tender for the public-private partnership contract for New Territories West cluster and Kowloon Central cluster, and enhance Dietetics and Catering Management System (DCMS) for re-organization of hospitals as receptors of central food service* *1Q05*

Enhance Planning and Procurement for Medical Equipment

7.14 In procurement and supplies, much savings had been achieved with the total solution concept implemented last year. For the coming year, emphasis will be put on further opportunities in bulk contracting of medical equipment. Apart from enhancing its strategic planning process for the management and procurement of major medical equipment, HA will review the bulk procurement arrangement for advanced technology medical equipment.

Target:

- *Review the outcomes of bulk procurement of linear accelerators, anaesthetic machines, and radiation therapy treatment planning computers* *4Q04*

Continue to Enhance Information System to Improve Organizational Performance and Effectiveness

7.15 The importance of reliability and capability of information technology system on our productivity and efficiency is well recognized. During the SARS crisis, HA's information system provides tremendous assistance for rapid exchange and dissemination of information both internally and externally. For continued infrastructure strengthening, major information technology initiatives will be launched. New systems will be introduced and existing systems will be upgraded, both in clinical and non-clinical areas.

7 Enhancing Organizational Performance

Target:

- *Roll out Computerized Maintenance Management System to remaining hospitals* — *1 Q 05*

- *Enhance the functionality of Clinical Management System Phase II by developing and implementing the following:* — *1 Q 05*
  - *Generic Clinical Request (GCR) module*
  - *Generic Result Reporting (GRR) module*
  - *Medication Decision Support (MDS) module*
  - *Clinical Data Framework (CDF) module*
  - *Rehabilitation Outcome (RO) module*

- *Enhance the content of the clinical data repository and data warehouse by extracting and transforming data from clinical systems, including the remaining Specialty Clinical Systems (CIS), and remaining Clinical Management System (CMS) data to support the electronic Patient Record (ePR) and Clinical Data Analysis & Reporting System (CDARS)* — *1 Q 05*

- *Enhance the functionality of Clinical Data Analysis & Reporting System (CDARS) to support the Radiology Information System (RIS), Operating Theatre Record Sub-Systems (OTRS) and Accident & Emergency Information System (AEIS) data* — *1 Q 05*

- *Implement clustering of clinical supporting services (including extension of Laboratory Information System (LIS) and Radiology Information System (RIS) to appropriate non-acute hospitals)* — *1 Q 05*

- *Develop the Operating Theatre Management System phase I to enhance the management of the operating theatres in terms of booking, utilization and planning of theatre resources* — *1 Q 05*

- *Plan and commence the upgrade of corporate information systems and equipment in the 6 new hospital extension blocks* — *1 Q 05*

- *Establish the infrastructure ready for the pilot of radiological image distribution through Clinical Management System / electronic Patient Record in 2 to 3 hospitals* — *1 Q 05*

- *Complete the Medical Records Tracing System (MRTS) V3 implementation at 3 additional clusters and 14 hospitals* — *1 Q 05*

- *Implement Resources Planning and Modeling Systems (RPMS) phase 2b to facilitate financial projection* — *1 Q 05*

- *Continue enhancement of midrange (Unix) computing environment for mission critical clinical systems in terms of service availability, management and security* — *1Q05*

- *Complete implementation of the HA Network Strategy Phase 1 and Phase 2 upgrade for the remaining HA institutions* — *1Q05*

8 Enhancing Healthcare System Sustainability

8.1 The present healthcare system of Hong Kong is under great strain because of limitation in resources, rising community expectations, and increase in cost due to an ageing population and expensive new medical technologies. Hence the long term sustainability of the public healthcare system is a big question to be tackled. The HA has recorded yearly budgetary deficits since 2001/02 despite stringent savings measures. Since the Government will continue to curb public spending in order to balance the budget in 2008/09, a multi-prong approach is needed to address the sustainability issue, while still catering to the organizational mission of providing comprehensive healthcare and to ensure that no one is denied adequate care because of lack of means.

ENHANCE PUBLIC-PRIVATE INTERFACE IN THE PROVISION OF CARE

8.2 To ensure sustainability of the current public healthcare system, one of HA's key strategies is to facilitate free flow of patients between the public and the private sector. There will be a wide range of initiatives to further elevate public-private collaboration, including development of various collaborative service models and reinforcement of information linkage between the two sectors. More private sector information will be made available to public patients. Regular dialogues between the two sectors will ensure ideas and proposals for enhancing cooperation.

Target:

- *Explore with the Private Hospital Association and other private service providers the availability of service packages to allow HA patients a greater choice of service* — *2Q04*
- *Set up public-private interface (PPI) Website in HA home page facilitating information flow between HA and private sector and enhance the dissemination of private service information to HA's patients* — *2Q04*
- *Work with the Private Hospitals Association and doctors' groups to develop a specific communications protocol for the dissemination of HA information on new diseases, infection control and public health measures* — *2Q04*
- *Establish two-tier communication, with specific HA and cluster contact persons in place, to provide a convenient liaison point on all public private interface (PPI) issues* — *2Q04*
- *Develop a General Outpatient Clinic (GOPC) based model of public private interface* — *1Q05*

PRIORITIZE PUBLIC SERVICE PROVISION AND THE ASSOCIATED TRAINING

8.3 With the need to pay greater attention to public health and infectious disease control, there will be consequential implication on the provision of other medical services. After years of productivity gain, HA has little surge capacity to cater for major disasters. Resource constraints in the face of rapid escalating demand also mean overcrowded wards in hospitals and tight manpower at various levels including the frontline, managerial and support services. In light of this, further refinement of prioritization criteria is necessary for us to concentrate our attention and resources on those services that meet our core objectives of providing effective interventions on major health risks for the population. Patients with malignant and life-threatening diseases will continue to be accorded high priority, whilst those with non-urgent conditions may have to wait longer. Enhancement of doctor screening of all referral letters will ensure that no urgent conditions are missed. In parallel, effort will be spent to reduce patients' length of stay and therefore lessen pressure on hospital bed requirements.

Target:

- *Formulate strategies to manage length of stay in surgical services* — *1Q05*
- *Audit the psychiatric specialist out-patient triage system for prioritization of service utilization based on clinical needs* — *4Q04*
- *Review Allied Health service needs to achieve service prioritization* — *1Q05*

FORMULATE STRATEGIES TO COPE WITH FUNDING CONSTRAINTS

8.4 Additional funding has been sought from Government to meet the additional expenditure for strengthening infection control and HA will continue to negotiate with the Government for additional funding to prepare for the possible return of SARS or other outbreaks of infectious diseases. On the other hand, to address the budget cut by the Government, HA Head Office will continue to work with clusters to explore further opportunities for efficiency savings. Apart from reorganizing services and shifting service model towards community-based care for better cost-effectiveness, central control will continue to be exercised in the human resources area since personal emolument accounts for over 80% of HA's expenditure. Replacement, recruitment and promotion of staff will be carefully managed so that staff costs can be contained without compromising the service quality.

Target:

- *Work out financial impact of SARS and infectious disease preparedness on the organization and continue negotiation with the Government for financial support* — *4Q04*
- *Reorganize general outpatient service to improve efficiency through integration of primary and specialty outpatient services and rationalizing mobile services* — *4Q04*
- *Draw up realistic corporate-wide and cluster-based plans to achieve productivity / efficiency savings* — *3Q04*
- *Implement the stipulated pay adjustment exercise according to Government schedule* — *2Q04*

IMPLEMENT APPROPRIATE FEES AND CHARGES POLICY TO TARGET SUBSIDY

8.5 In order that no body will be deprived of adequate medical care because of the lack of means, healthcare must be made a shared responsibility amongst HA, the patients and the other service providers. Public subsidies should be targeted at those without means and those with catastrophic or chronic illnesses since the limited available resources will not be able to meet the insatiable service demands. The introduction of accident and emergency charge in November 2002 was a start to inculcate among the public a sense of responsibility for sharing the healthcare cost and to reduce utilization by non-urgent patients. This was followed by the general revision of charges for public healthcare services in 2003. Post-implementation review will be conducted to assess the impact of the fee revision exercise on the utilization of public healthcare services. Parallel to the restructuring of public fees, the existing fee waiving system will be enhanced to ensure that the charges will not impact disproportionately on the low-income groups and the frequent users of services. Transparent eligibility criteria and streamlined application processes will be implemented to make the waiving system more accessible to patients.

Target:

- *Formulate analysis for discussion with the Government regarding the fees and charges policy on target subsidy based on the findings of the post implementation review* — *4Q04*
- *Streamline the medical fee waiving procedure through standardization of waving practices and implementation of e-waiving system* — *4Q04*

CONTRIBUTE EXPERTISE TOWARDS LONG TERM HEALTHCARE FINANCING SOLUTION

8.6 The long term sustainability of the public healthcare system is a common issue worldwide, and cannot be resolved without a revamped system in healthcare financing. With the shortage of public funds and the influx of patients who may have means to seek treatment in the private sector, there is an urgent need to bring about a better balance between the public and private sectors in service utilization which is currently heavily skewed towards the public sector. HA will continue to explore options for medical insurance. Indeed, following the conclusion of the feasibility study in phase I of the development of a business model framework for the proposed subsidized medical benefit scheme, further model refinement and development work will be performed through actuarial analysis on medical cost and utilization data, and consumer market research in phases 2 and 3. The financial viability of the overall business model will be assessed in phase 4 of the development.

Target:

- *Complete the actuarial and market studies on the development of a subsidized medical insurance scheme and assess the financial feasibility of the overall model* — *1Q05*

9 Improving Quality and Clinical Governance

9.1 Although services will need to be prioritized, clinical quality for the provided services will need to be upheld. HA is committed to continuous quality improvement and this is achieved through strong emphasis on clinical governance whereby an environment is created for quality clinical care. Clear standards of service and treatment are set, mechanism for ensuring delivery of high quality care through professional self-regulation and extended life learning is in place, effective system to monitor progress and assess performance is also established. HA will continue to improve its care quality at all levels of service provision through the enhancement of clinical governance.

PROVIDE COMPREHENSIVE FOLLOW-UP SERVICE TO RECOVERED SARS PATIENTS

9.2 Comprehensive follow-up service will be provided for all recovered SARS patients in designated specialist clinics. This includes screening for complications and the subsequent necessary treatment. As HA recognizes the importance of providing continuous medical and psychological support to the recovered SARS patients, a SARS patient group has been established to encourage mutual support and exchange of information among recovered SARS patients. HA Head Office will also coordinate exchange of information and data among clinical experts of different hospitals and specialties with a view to harmonizing treatment approaches and options on existing recovered SARS patients with complications, and in preparation for the possible resurgence of SARS.

Target:

- *Conduct comprehensive screening programme for post-SARS patients, including magnetic resonance imaging (MRI) screening at 6 months for avascular necrosis for patients above age 10* — *1Q05*
- *Establish the SARS patient group and organize activities to disseminate useful information and mutual support* — *2Q04*
- *Organize a series of empowerment workshops to facilitate rehabilitation and psycho-social support for recovered SARS patients* — *4Q04*
- *Update the clinical management protocol for SARS based on expert consensus and World Health Organization (WHO) recommendations, and facilitate consensus on management of avascular necrosis, adrenal suppression, pain, osteoporosis and use of traditional Chinese medicine for post-SARS patients* — *3Q04*
- *Review and align infection control nursing practices among clusters* — *3Q04*

ENHANCE CLINICAL MANAGEMENT AND DATA MANAGEMENT FOR FUTURE OUTBREAK OF INFECTIOUS DISEASE

9.3 On clinical management, HA will continue central coordination on and facilitate the conduct of research on epidemiology, virology, disease behaviour, prevention, and clinical treatment of SARS. Besides building on the success in laboratory diagnosis of SARS between HA and the Department of Health during the last SARS epidemic, the two organizations are working closely with the two universities to come up with a standardized protocol for laboratory diagnosis of SARS should this be required in future. To improve management of the disease, 16 general outpatient clinics will be designated as Fever Clinics in case SARS or other severe respiratory disease epidemic returns. The primary goal of the Fever Clinics is initial screening of patients with fever or other suspicious symptoms during epidemics. On the side of patient care, tele-communication facilities will be installed to provide support for patients under isolation.

9.4 Concerning data management, HA will harness the experience gained to develop a more permanent information system that serves HA, the Department of Health and the private sector in infectious disease surveillance and reporting. Indeed, one important achievement of HA which was recognized internationally during the SARS epidemic was the e-SARS reporting system. This e-SARS system provided valuable on-line information to HA and the Department of Health for clinical management, contact tracing, as well as for the purpose of strategic decision making during the crisis. Since the initial development of the eSARS version 1.0, the Head Office has been working with the infection control staff as well as the appropriate frontline clinicians to upgrade the programme to eSARS version 2.0 to further facilitate communication with the Department of Health and other relevant parties.

Target:

- *Organize the SARS database and for publication of a monograph on SARS, and supervise commissioned research funded by the Research Fund for Control of Infectious Disease* — *1Q05*
- *Implement the laboratory networking arrangement with Department of Health and universities for diagnostic test for SARS CoV* — *2Q04*
- *Designate 14 Fever Clinics from among the general outpatient clinics as part of HA's SARS Contingency Plan and secure chest x-ray support from Department of Health's TB & Chest Service* — *2Q04*
- *Install tele-communication facilities (Video-Phone) in isolation wards of major hospitals* — *2Q04*

- *Develop eSARS & Contact Tracing System (CTS) (Version 2.0) to empower HA and the Department of Health for possible outbreaks of SARS or similar epidemics in the future* — *2Q04*

DEVELOP CHINESE MEDICINE SERVICE

9.5 HA has started the development of Chinese Medicine service with a view to develop evidence-based practice through clinical research. The provision of Chinese Medicine service in the public sector is a new endeavour in HA. In the first phase of the Chinese Medicine service development, three Chinese Medicine clinics and a Toxicology Reference Laboratory were set up to provide outpatient service and consultation on drug toxicity respectively. A review will be conducted for the Chinese Medicine outpatient service to facilitate planning for future Chinese Medicine clinics.

9.6 In order to facilitate further development of Chinese Medicine service, a formal collaborative framework with a respected Chinese Medicine institution from the Mainland will be established. The collaboration is also part of the SARS contingency plan whereby the use of Chinese Medicine in the prevention and treatment of SARS and its complications will be further explored. In line with these developments, efforts will be made to develop better interface between western and Chinese medicines and appropriate guidelines will be drafted to guide the course of Chinese Medicine service development.

Target:

- *Conduct a review of the operations of the first 3 Chinese Medicine clinics set up in HA and draw up plans for subsequent development of the Chinese Medicine clinic service* — *4Q04*
- *Establish a formal collaborative framework with Guangdong Provincial Traditional Chinese Medicine Hospital for enhanced mutual support* — *2Q04*
- *Revise the HA guidelines on interface of Chinese Medicine with Western Medicine taking into account the SARS experience* — *4Q04*

INTRODUCE THE USE OF NEW COST-EFFECTIVE DRUGS AND TECHNOLOGIES

9.7 Medical technology has advanced very rapidly. Yet the scientific evidence of the beneficial and adverse effects of many of these new technology and drug is often very limited. To ensure high quality of medical service and safety to our patients, introduction of new technologies in HA will continue to undergo detailed assessment and evaluation. In order to better utilize public resources, priority will be given to those measures which are based on solid scientific evidence.

Target:

- *Ensure clinical governance in the introduction of new and non-standard technologies in the HA with a system of proper evaluation and prioritization* — *1Q05*
- *Develop and implement HA standard drug formulary and treatment guidelines for anti-psychotic drugs* — *2Q04*

STRENGTHEN KNOWLEDGE AND RISK MANAGEMENT IN CLINICAL CARE

9.8 On knowledge management, HA will further develop its electronic Knowledge Gateway (eKG). To ensure convenient and timely access, eKG will be migrated to the internet to enhance accessibility. While the HA Convention of last year had to be cancelled because of SARS, it will be revived this year to promote continuous professional development and sharing of knowledge. For the coming HA Convention in May 2004, a special additional SARS Forum will be organized to promote sharing of experience on the prevention and management of SARS with international healthcare professionals. On risk management, HA will roll out the Advanced Incident Reporting System to 18 hospitals to provide users a web-based system for reporting adverse incidents to hospital management via the hospital intranet. The system allows the hospital management to effectively monitor and improve the practice of risk management, as well as ensure timely response to incidents.

9.9 HA will also contribute to enhance the standard of clinical research in public hospitals. As the provider of 94% of the inpatient services in the territory, HA serves as the major provider of clinical research site in Hong Kong . Therefore, a sound research ethics framework to support clinical research activities and at the same time protecting the rights and interests of patients is very important. HA will work closely with the academic institutions to achieve the aforementioned goals. For the year ahead, HA plans to set up a central register for clinical research involving HA patients, establish the code of practice for investigators, and strengthen monitoring measures such as auditing the performance of the Cluster Research Ethics Committees.

Target:

- *Migrate eKG to the internet to enhance access by healthcare professionals* — *1Q05*
- *Organize a Hong Kong SARS Forum together with the Annual HA Convention under the theme of 'Changing for Sustainability' on 8-11 May 2004* — *2Q04*

- *Complete development of Advanced Incident Reporting System version 2 and start implementation in 18 hospitals* — *1Q05*
- *Develop a central registry on clinical research involving HA patients* — *4Q04*
- *Establish HA Code of Practice for clinical research investigators* — *3Q04*
- *Audit Cluster Research Ethics Committee performance* — *1Q05*

CONTINUE QUALITY IMPROVEMENT IN SERVICE PROGRAMMES

9.10 Apart from improving service networks, HA will strengthen clinical governance through developing protocols and guidelines. This will form the basis to standardize care pattern and to assist healthcare professionals in selecting effective and appropriate interventions for specific clinical conditions, hence promote evidence-based practice. In the 2004/05 HA Annual Plan, in addition to those protocols / guidelines already in place or are being developed, HA will implement a unified protocol for bone banking and a HA-wide protocol programme for day orthopaedic surgery. To close the quality improvement loop, clinical audits will be conducted regularly. For 2004/05, review and audit will be conducted for specific surgical procedures.

9.11 HA has started using epidemiological concepts such as the burden of diseases to determine service priorities. Improvement initiatives will be rolled out for major procedures and diseases such as cardiac catheterisation, cardiac surgery, and stroke. Pre-hospital care for trauma cases will also be enhanced since trauma is a major cause of death and disability in Hong Kong. A pilot project on pre-hospital diversion in the New Territories has been launched in collaboration with the Fire Services Department with a view to achieve pre-hospital diversion of patients to the most appropriate hospital within the 'golden one hour'. Besides, HA will continue to partner with an overseas blood service provider for the provision of Nucleic Acid Test (NAT) for all donated blood units for the presence of Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV) to ensure blood safety.

Target:

- *Implement a unified protocol for banking of bones removed therapeutically involving living persons* — *2Q04*
- *Train up staff to implement an HA-wide protocol driven programme to shorten duration of stay and variation in practice in day orthopaedic surgery* — *1Q05*
- *Conduct a review on the practice of laparoscopic surgery* — *2Q04*

• *Conduct an audit on Whipple's operation*	*4 Q 04*
• *Conduct an audit exercise on biological safety of clinical laboratories in HA hospitals*	*1 Q 05*
• *Enhance control of cardiac catheterisation laboratory devices in HA through formal linkage of technology assessment to procurement*	*2 Q 04*
• *Develop minimal data set for cardiac catheterisation procedures*	*3 Q 04*
• *Strengthen cardiac surgery services to increase cardiac operations from 1,000 to 1,200 per year*	*4 Q 04*
• *Reduce the waiting list for cardiac surgery in Grantham Hospital with rationalization of the catchment areas for the 3 cardiac surgery centres and unified risk stratification criteria for patients on waiting list*	*1 Q 05*
• *Consolidate acute stroke service development by achieving agreed standards between Coordinating Committees for Medicine, Accident & Emergency service and Radiology to develop a Stroke Commission web-page for information dissemination*	*3 Q 04*
• *Test out the feasibility of prospective data capturing for risk adjusted surgical outcome measure by piloting on emergency colectomy*	*1 Q 05*
• *Implement pre-hospital diversion of trauma patients in New Territories East cluster and conduct a review on the pilot*	*3 Q 04*
• *Renew service contract with ARCBS for implementing Nucleic Acids Testing tests for screening of Hepatitis C Virus (HIV) and Human Immunodeficiency Virus (HCV) of all donor blood units*	*2 Q 04*

10 Building Human Resources Capability

10.1 The ever increasing service demand, tight financial situation together with the low staff turnover have generated a number of human resources issues during the past few years such as training and career prospect of staff and mounting workload. In addition, the SARS crisis had raised awareness on the urgent need to build up infectious disease management and infection control expertise in the organization. Balancing the constraints in budget and the need for good quality staff for effective service delivery in the new operation environment, HA will continue to revamp its human resources practice with reference to the overall priorities and objectives of the organization, while continuing to provide rewarding and challenging employment to its staff. Emphasis will also be put on strengthening of staff communication and occupational safety and health.

ENHANCE HUMAN RESOURCES CAPAIBILITY TO IMPROVE ORGANIZATION PERFORMANCE PARTICULARLY DURING CRISIS

10.2 Enhancement of infectious disease management and infection control expertise will be achieved through the newly established Infectious Disease Control Training Centre. The centre will organize infection control training to healthcare professionals in all disciplines, and coordinate epidemiology, risk communication, and outbreak management training for clinicians and managers to combat future epidemics. Besides, detailed staff deployment plan during contingency situations will be formulated, To fortify the organization's capability in crisis and human resources management, training for middle managers will be enhanced. Focus will be placed on leadership, communication and managing performance particularly during crisis. At the same time, a structured staff training and development plan will be formulated for senior executives with a view to strengthen their management capability in leading the organization.

Target:

- *Develop a policy for redeployment of staff during crisis situations in consultation with frontline staff* — *2Q04*
- *Roll out staff rostering system to selected hospitals to facilitate staff deployment during crisis* — *4Q04*
- *Set up an Infectious Disease Control Training Center* — *1Q05*
  - *Facilitate the provision of training to Infection Control Nurses (ICNs), Infection Control Link Person, and HA healthcare workers to enhance knowledge and competency on infection control / infectious disease management*
  - *Coordinate training to build up expertise and develop infection control advisers within each specialty / discipline; and support specialties / disciplines to organize relevant infectious disease / infection control training*

- *Provide risk communication training for all levels of managers; and crisis management programme for senior executives and clinicians*
- *Augment the "Train-the-trainer" programme to ensure continuous instigation of an infection control alert and awareness culture to the frontline units*

- *Build up nursing reserve for Intensive Care Units (ICU) by the provision of Preparatory Intensive Care Nursing course with rotation to work in ICU for 160 nurses working in acute hospitals, and work towards 80% of specialty training for serving ICU nurses by the provision of full Intensive Care Nursing Course for 80-90 nurses working in ICU* — *1Q05*

- *Develop 50 Infection Control Co-ordinators (Allied Health) to take up the co-ordinating and leading roles for their respective professions on infection control matters, and enhance the infection control knowledge and competencies of 200 allied health staff in management of Intensive Care Units and acute services* — *4Q04*

- *Develop programmes targeted at strengthening middle management competencies in the areas of leadership, communication and managing performance* — *2Q04*

- *Formulate and implement a structured training and development plan for senior executives* — *2Q04*

IMPLEMENT MEASURES TO IMPROVE STAFF RELATION

10.3 Taking the lessons from SARS, HA will evaluate and establish more effective channels of communication with frontline staff which will include a phone help line to obtain staff feedback, re-launch of the staff suggestion scheme, and engagement of expertise in internal communication both at cluster and Head Office levels. Psychological support to staff will be strengthened and the 'Oasis' service will be expanded.

Target:

- *Introduce mechanisms for staff feedback and concerns in times of crises* — *2Q04*

- *Conduct survey to gauge staff mood* — *2Q04*

- *Re-launch the staff suggestion scheme at corporate and cluster levels* — *3Q04*

- *Appoint and train, as appropriate, internal communication expertise at cluster and Head Office levels* — *1Q05*

- *Pilot "Crisis intervention" training programmes for 200 managers and professional staff* — *4Q04*
- *Establish structured peer support system by setting up Critical Incident Support Teams (CIST) and providing on-going consultation / refresher courses to established CISTs in New Territories West, Kowloon West, and New Territories East clusters* — *4Q04*
- *Organize programmes on psychological wellness and develop related psycho educational materials on stress management* — *1Q05*
- *Facilitate the establishment of satellite "Oasis" in all clusters for psychological support of staff* — *1Q05*

ENHANCE OCCUPATIONAL SAFETY AND HEALTH

10.4 The importance of protection of our staff and provision of a safe and healthy work environment cannot be emphasized more. A comprehensive occupational safety and health service will be established through the setting up of a core professional team on occupational safety and health, the engagement of professional expertise and the reorganization of existing occupational safety and health functions.

Target:

- *Establish a core professional team on occupational safety & health in HA Head Office* — *2Q04*
- *Hire consultancy work on occupational safety & health with a view to conduct a diagnostic review of the existing situation in HA and to fast track necessary improvement* — *4Q04*

STRENGTHEN WORKFORCE

10.5 HA will continue to recruit medical, nursing and allied health professionals for training and service provision. At the support service level, HA will continue participating in Government's Initiatives for Wider Economic Participation whereby personal care and ward supporting staff will be employed to assist the doctors, nurses and other healthcare professionals in patient care. At the management level, to address the recommendations of the review reports, appropriate expertise will be recruited to strengthen the organization's capability in strategic human resources management and public affairs. To improve the overall staff performance, training will be enhanced for various grades of staff and specialist training for doctors will be consolidated to better meet service needs.

10 Building Human Resources Capability

Target:

• *Recruit 300 doctors into various Resident training programmes and 400 graduate nurses for training and for meeting service needs*	*1Q05*
• *Employ personal care and ward supporting staff under the Government's programme to assist the doctors, nurses and other healthcare professionals in patient care*	*1Q05*
• *Strengthen Human Resources management capabilities in Head Office and clusters through appropriate recruitment and training*	*2Q04*
• *Strengthen public affairs promotion through appropriate recruitment and consultancy projects to assist the work of the HA*	*2Q04*
• *Strengthen management structure and processes to capitalize on the training potentials of Institute of Healthcare and enhance collaboration with tertiary institutions*	*3Q04*
• *Provide training on new skills in contract management and negotiation for achieving value acquisition in procurement for project and supplies managers in HAHO and clusters*	*1Q05*
• *Pilot the HA channel in the New Territories West Cluster for educating healthcare issues*	*3Q04*
• *Implement competency-based Staff Development Review for Enrolled Nurses and conduct study on Advanced Practice Nurse competence for staff development review application*	*4Q04*
• *Pilot implementation of competency-based Staff Development Review for Physiotherapists, Occupational Therapists and Speech Therapists*	*4Q04*
• *Examine and evaluate the role and functions of Advanced Practice Nurse in general outpatient clinics in New Territories West and New Territories East*	*1Q05*

IMPROVE CAREER DEVELOPMENT FOR STAFF

10.6 To improve career development for medical staff and to meet the service needs, new Resident posts will be created for Family Medicine, Intensive Care, Infection Control, and Health Services Management. Suitable candidates appointed to these posts will be provided with further specialist training or clinical exposure in the respective specialties.

10 Building Human Resources Capability

Target:

- *Create Contract Service Resident posts in general outpatient clinics to provide a career pathway for Family Medicine (FM) trainees who have completed basic FM training to pursue further experience in the public system* — *3Q04*

- *Create Resident Specialist posts in various clinical specialties to address service needs while giving employment opportunities to Residents who have completed specialist training programmes* — *3Q04*

- *Organize cross-specialty training rotation in collaboration with the College of Physicians, Pathologists and Community Medicine, to train up a new generation of doctors with enhanced expertise and perspectives in infectious diseases management spanning across public health, laboratory work and clinical work* — *4Q04*

11 Hong Kong East Cluster

GENERAL BACKGROUND

11.1 The Hong Kong East Cluster takes care of the population of the eastern part of the Hong Kong Island as well as Cheung Chau. The estimated population of these districts is around 0.85M. There are six hospitals in the cluster providing comprehensive inpatient, ambulatory and community-based healthcare services:

- Pamela Youde Nethersole Eastern Hospital: An acute regional hospital providing full range of specialist services
- Ruttonjee & Tang Shiu Kin Hospitals: A community hospital providing accident and emergency and a selected range of secondary and tertiary services, especially Internal Medicine, Respiratory Medicine, Geriatrics, Surgery
- Tung Wah Eastern Hospital: A community hospital providing secondary and tertiary 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: It serves the general healthcare needs of the population of Cheung Chau

11.2 In addition, the Hong Kong Tuberculosis, Chest & Heart Diseases Association also supports healthcare activities of the cluster hospitals.

11.3 As at 31 December, 2003, there were a total of 3,314 beds, with 1,665 for acute care, 1,039 for convalescent, rehabilitation, infirmary and hospice care and 610 for the mentally ill.

FUTURE CHALLENGE AND MAJOR INITIATIVES

11.4 The SARS epidemic and the financial situation of HA have presented challenges as the cluster strives towards improving quality of care and the health of the community. The Cluster Management has reviewed the mission, vision and core value in the light of the operating environment. The cluster mission is to ensure appropriate provision of holistic care for the Hong Kong East population through an integrated and sustainable healthcare delivery model, in collaboration with other healthcare providers and the community." The Hong Kong East Cluster Team will continue to live out the Cluster's core value and vision of "United in caring for the Health of the Community".

11.5 For 04/05, in enhancing the Cluster's preparedness for SARS and other infectious disease outbreaks, the hardware of the Cluster's hospitals will be upgraded. Isolation facilities providing extra isolation beds will be set up through conversion of wards in Pamela Youde Nethersole Eastern Hospital and Ruttonjee & Tang Shiu Kin Hospitals. With regard to software, in addition to reinforcing infection control training and conducting major incident drills, staff deployment plans are drawn up

for future outbreaks. With the experience of the last SARS epidemic, internal communication especially over crisis situation will be strengthened.

11.6 Due to the need to achieve further savings amid tight budget situation, and the allocation of more hospital space and manpower to operate isolation facilities, the Cluster's challenge is to prioritize service demand and reduce dependence on inpatient service. The telephone triage consultation services manned by nurses as well as observational medicine have proved to be very effective in managing unnecessary admission. These services will be extended to cover additional patient groups. Ambulatory and community care will be strengthened. Collaboration with community carers such as non-Government organizations will be enhanced. Information technology will be deployed for better management of patients attending general outpatient clinics. Information technology will also be maximized to facilitate follow up of high risk patients and frequent hospital admitters to enhance appropriate care in the community.

11.7 Internal to the operation of the Cluster's hospitals, the evolution of mega-cluster for Hong Kong Island as a whole will post to staff challenges as well as opportunities. Greater collaboration is expected for various specialty services. More strategic use of beds is anticipated. Attempt will be made to develop a new infirmary care model to accommodate non-frail elderly to enhance cost effectiveness of the service. Further integration of clinical departments will be effected to concentrate expertise and improve efficiency. On the business support side, laundry, catering services, facilities management, procurement and medical record support will be strengthened.

11.8 The Cluster will complete follow up screening and treatment programmes for all its SARS patients. Appropriateness of its triage mechanism and hospital acquired infections will be a focus for the coming year. To inculcate a culture of risk management and medical incident reporting, the computer-based Advanced Incident Reporting System (AIRS) will be rolled out.

11.9 Adequate support to staff in facing the challenges ahead is essential. Frontline workforce which has been strained due to voluntary early retirement and staff turnover will be strengthened. Staff communication and collection of feedback will be enhanced. Training programmes and initiatives to help improve performance and occupational safety and health will be implemented.

Target:

Improving Population Health

- *Increase direct admission from Accident & Emergency Department to Day Wards of various specialties through development of common protocols and extension of service hours in the Day Facilities so as to reduce dependence on inpatient services.* *1Q05*

- *Develop a Community Care Network (CCN) and promote the utilization of community resources of discharged patients in collaboration with non-Government organizations* — *1 Q 05*

- *Develop a database for high risk patients and frequent admitters to support the delivery of community-based care* — *2 Q 04*

- *Review and improve community-oriented programmes in early detection of psychiatric illnesses. Enhance patient care through community education and shared care programmes.* — *1 Q 05*

- *Strengthen intensive treatment for psychiatric patients by using new generation of psychiatric drugs to facilitate the discharge of psychiatric patients back into the community.* — *1 Q 05*

- *Continue to enhance the Rehabilitation Stepping Stone (Exiters) project to increase the number of patients discharged into the community.* — *1 Q 05*

- *Complete the building and refurbishment work to remodel Tang Shiu Kin Hospital into an Ambulatory Day Care Centre to meet the community need.* — *1 Q 05*

- *Establish an IT infrastructure in the general outpatient clinics to facilitate the preparation of hand held medical records and enhance continuity of care for patients in the community.* — *1 Q 05*

- *Regroup Tai O & Mui Wo General Outpatient Clinics from Kowloon West Cluster to Hong Kong Clusters.* — *3 Q 04*

Enhancing Organizational Performance

- *Establish standards for isolation facilities and complete the conversion works for 129 isolation beds in acute general wards* — *2 Q 04*

- *Build up the surge capacity for intensive care and convert relevant clinical areas to have 11 additional intensive care beds.* — *2 Q 04*

- *Appoint 5 Cluster Chiefs of Service (COS) to strengthen the cluster management structure and increase the effectiveness of service delivery* — *2 Q 04*

- *Establish a Cluster Facilities Management Centre with a central team of maintenance staff to streamline fault calls and to enhance emergency building services support.* — *4 Q 04*

- *Integrate the radiology service in the Hong Kong East Cluster to maximise on the expertise of specialists, and to facilitate training and development of staff for further development of interventional radiology services.* — *2Q04*

- *Integrate the clinical pathology service in Hong Kong East Cluster under one cluster team with histopathology service to be provided at Pamela Youde Nethersole Eastern Hospital to support all cluster hospitals.* — *3Q04*

- *Replace Linear Accelerator System and associated facilities to improve radiotherapy efficiency.* — *1Q05*

Enhancing Healthcare System Sustainability

- *Develop a new infirmary care model to enhance the cost effectiveness of service in Wong Chuk Hang Hospital for non-medically frail infirmary patients.* — *4Q04*

Improving on Quality and Clinical Governance

- *Roll out the Advanced Incident Reporting System (AIRS) to enhance risk management* — *4Q04*

Building Human Resources Capability

- *Map out detailed staff deployment plan in preparation for another SARS epidemic or other major infectious disease outbreaks* — *2Q04*

- *Strengthen occupational safety & health management and risk prevention by establishing Cluster occupational safety & health Team and implementing staff health and wellness programs for minimizing injury on duty.* — *2Q04*

12 Hong Kong West Cluster

GENERAL BACKGROUND

12.1 The Hong Kong West Cluster was formed on 1 October 2002, taking charge of eight hospitals and five satellite institutions. The eight hospitals in the Cluster are:

- Queen Mary Hospital – A regional acute hospital and the teaching hospital for the 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 the Queen Mary Hospital in late 2001, the hospital is now transformed into a community family health centre.
- Duchess of Kent Children's Hospital – The hospital provides specialist services in paediatric orthopaedics, spinal surgery, paediatric neurology, developmental paediatrics and paediatric dental surgery, 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.
- Nam Long Hospital – The services of the hospital have been reorganized and relocated to the Grantham Hospital for the continued provision of Palliative Medical Service to cancer patients with effect from 15 December 2003.
- Fung Yiu King Hospital – An extended care hospital specializing in geriatric service. It provides rehabilitation and convalescence for medical and orthopaedic patients. It also provides community outreach service through its Community Geriatric Assessment Team.
- 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 for patients from the Queen Mary Hospital.

12.2 The six satellite institutions are David Trench Rehabilitation Centre and the general outpatient clinics in Sai Ying Pun, Aberdeen, Ap Lei Chau and Kennedy Town, and the Central District Health Centre. This new cluster structure addresses the overall health status providing the necessary healthcare services to the Hong Kong West community, in addition to the tertiary and quaternary services that serve the whole of Hong Kong.

12.3 As its priority target, the cluster serves the population of the Central, Western and Southern Districts of Hong Kong Island. The estimated population of these districts is about 0.54M.

12.4 As at 31 December 2003, there were a total of 3,410 beds, with 2,553 for acute care, 765 for convalescent, rehabilitation, infirmary and hospice and 92 for the mentally ill.

FUTURE CHALLENGE AND MAJOR INITIATIVES

To maximize human resources and facilities / equipment in the presence of financial adversity

12.5 The budgetary challenge has called for closer examination of the current utilization of resources, manpower and facilities / equipment. Consolidation and streamlining of clinical and non-clinical services with the same or similar function within hospital as well as among different hospitals within the cluster will be planned for to facilitate the development and sharing of expertise.

To satisfy the ever demanding general public and to demonstrate transparency & accountability in the use of resources allocated

12.6 With rising expectation of the community and reduced resources, the present level of public service may prove unsustainable in the long run. The level of service provision will have to be reviewed and services reprioritised. However, HA services will continue to aim at targeting the broadly defined safety nets:

(i) patients without affordable means for the private service in particular the elderly population and those receiving Comprehensive Social Security Assistance (CSSA);
(ii) patients with life and disability threatening acute conditions; and
(iii) high-risk patients requiring complex, high-expertise, high technology and high cost services e.g. organ transplantation, open-heart surgery or chemotherapy etc.

12.7 To enhance sustainability of the current system and to meet the public expectation on quality service, one of the key strategies is to offer alternative choices of private services to the public. As part of the on-going projects, collaboration with healthcare providers in the private market will continue to be explored. There will be initiatives to provide continuity care to patients between consultation at HA hospitals / clinics and private sector; to promote the concept of "family doctors"; and to provide HA patients more choices of private services on surgical procedures.

To maintain service standards and quality, particularly for services requiring complex, advanced technology and high cost

12.8 All along, Queen Mary Hospital is a tertiary and quaternary referral centre for advanced technology services such as assisted reproduction, coronary care, paediatric surgery and neonatal intensive care etc. It also provides unique service such as bone marrow transplant and clinical trials. Queen Mary Hospital will continue to be the cluster centre for high technology and high-expertise services, particularly for tertiary and quaternary services that might cater for the whole of Hong Kong. Specific area / space would be allocated to special service programmes together with the consolidation of the following services :

(i) Cluster Sleep Laboratory;
(ii) Central Chemotherapy Centre.

To establish a visible and long-lasting partnership with the University of Hong Kong to facilitate education, training, research and development

12.9 As both the University of Hong Kong and HA are mainly funded by government, there is growing need to build up a closer and more structured partnership for both to survive and thrive in the challenging years ahead. Such sustainable partnership will facilitate education and training, research and development, and innovations in healthcare technology and services. This year, the Hong Kong West Cluster and the University of Hong Kong will jointly plan for further service collaboration and development.

To maintain staff morale and motivation in the presence of reduced manpower and resources

12.10 Staff of HA have just gone through a highly stressful year of 2003; they were exhausted and need support and a caring work environment. Emphasis will be put on reinforcing "care for the carers" programs / activities that facilitate staff health and wellness and occupational safety and health.

Target:

Improving Population Health

- *Strengthen collaboration between Visiting Medical Officers and Community Geriatric Assessment Team in Old Aged Homes* — *4Q04*
- *Strengthen a community-based palliative / hospice care service for cancer patients* — *4Q04*
- *Improve quality of care to elderly in old aged homes by implementing the Quality Old Aged Homes Recognition Scheme* — *3Q04*

Enhancing Organizational Performance

- *Establish a central chemotherapy centre & cluster sleep laboratory* — *3Q04*
- *Devise effective internal communication network for clinical departments by appointing communication coordinators and communication ambassadors in departments* — *2Q04*

- *Streamline rehabilitation service with consolidation of specialization within the cluster* — *4Q04*
- *Establish standards for isolation facilities and complete the conversion works for 78 isolation beds in acute general wards* — *2Q04*
- *Build up surge capacity for intensive care and convert clinical areas to have 10 additional intensive care beds* — *2Q04*
- *Outsource portering, domestic service, security and carpark management in some cluster hospitals* — *2Q04*
- *Expand the "Link Nurse" concept to "Link Doctor Program" to enhance awareness of infection control amongst doctors throughout all cluster departments* — *2Q04*

Enhancing Healthcare System Sustainability

- *Compile a directory on the service packages from private hospitals* — *2Q04*
- *Enhance the access of information to medical services in private sector for patients with the installation of touch screen system* — *2Q04*
- *Develop a public-private interface shared care model with the aim of strengthening ambulatory and community-based care focusing on the stable patients in the specialist clinics* — *3Q04*
- *Establish a self-financing University of Hong Kong Lady Helen Woo Women's Diagnostic and Treatment Centre in Tsan Yuk Hospital* — *2Q04*

Improving on Quality & Clinical Governance

- *Set out the Code of Practice for private practitioners taking up honorary appointments in Hong Kong West Cluster hospitals* — *2Q04*
- *Formulate service plans with co-ordination by HAHO in addressing the waiting list of cardiac-surgery patients in Grantham Hospital and to initiate implementation* — *2Q04*
- *Improve efficiency and centralization on risk and quality management by merging the existing Risk Management Committee; Quality Executive Committee and Clinical Audit Subcommittee into one committee namely Quality & Risk Management Committee* — *2Q04*

Building Human Resources Capability

- *Establish appointment policy system and training programs for front-line supporting staff to enhance staff retention and service skills development* — *4Q04*
- *Conduct megacluster wide manpower planning, redeployment and development together with the Hong Kong East Cluster* — *4Q04*
- *Strengthen occupational safety & health management and risk prevention in injury-on-duty with the implementation of "Early Return to Work Programme"* — *4Q04*
- *Implement Staff Health & Wellness Program targeting at common staff health problems as part of the "Care for the Carer" initiative* — *4Q04*

13 Kowloon East Cluster

GENERAL BACKGROUND

13.1 The Kowloon East Cluster serves the population of Kwun Tong, Sai Kung and Tseung Kwan O. The estimated population of these districts is over 0.9M. There are three hospitals in the Cluster:

- United Christian Hospital and Tseung Kwan O Hospital: Both are acute hospitals
- Haven of Hope Hospital: It provides extended care and rehabilitation services

13.2 As at 31 December, 2003, there were a total of 2,266 beds in the Cluster, with 1,752 for acute care, 484 for convalescent, rehabilitation, infirmary and hospice care and 30 for 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 CHALLENGE AND MAJOR INITIATIVES

13.3 The greatest challenge to the Cluster is to make the best use of the resources available to provide cost-effective service, with the ultimate aim of improving the health of the local community. The cluster management structure, which started in October 2001 and emphasizes collaboration and allows flexibility, provides an opportunity for the Cluster to meet the challenge. A lot of rationalization and efficiency gains have been achieved in the past two years. Further effort would be made to improve population health and to enhance organizational performance in the coming year.

13.4 The other challenge is the possible resurgence of SARS. The Cluster performed very well during the last SARS crisis, with strong commitment from the staff. It would continue its efforts to meet future challenges by improving the ward environment, enhancing vigilance, and enhancing its professional standard.

13.5 It is essential to maintain good staff morale during crisis. Adequate communication channels and support will be provided.

Target:

Improving Population Health

- *Enhance assessment and documentation in community care with the use of portable IT device by Community Nursing Service* — *3Q04*

Enhancing Organizational Performance

- *Establish standards for isolation facilities and complete the conversion works for 158 isolation beds in acute general wards* — *2Q04*

- *Build up the surge capacity for intensive care and convert relevant clinical areas to have 8 additional intensive care beds* — *2 Q 04*
- *Complete the tendering process for the additional lift project in United Christian Hospital* — *4 Q 04*
- *Identify specific groups of patients at Accident & Emergency Department for consultation to Medical & Geriatric Department to reduce emergency admissions* — *4 Q 04*
- *Integrate Theatre Sterile Supplies Unit and Central Sterile Supplies Department in United Christian Hospital to improve cost effectiveness* — *2 Q 04*
- *Establish a cluster-based continence service* — *4 Q 04*
- *Establish a single cluster domestic service contract for all 3 cluster hospitals* — *3 Q 04*
- *Install a cardiac catheterization laboratory to improve the quality of cardiac service* — *1 Q 05*
- *Replace and upgrade the paediatric ultrasound scanner to enhance the care of the critically ill infants and children, and to serve and improve the care of pregnant women* — *1 Q 05*

Enhancing Healthcare System Sustainability

- *Pilot public-private network on ambulatory physiotherapy services for general outpatient referrals* — *1 Q 05*

Improving on Quality & Clinical Governance

- *Improve incident reporting mechanism by implementing Advanced Incident Reporting System version 2 in all 3 Kowloon East Cluster hospitals* — *1 Q 05*

Building HR Capability

- *Develop channels for staff communication with particular focus on the network of communication ambassadors, and set up critical incident support team* — *3 Q 04*
- *Strengthen occupational safety and health management and risk prevention in staff infections, manual handling and other priority areas identified on environmental screening* — *1 Q 05*

14 Kowloon Central Cluster

GENERAL BACKGROUND

14.1 The Kowloon Central Cluster serves the population of Yau Ma Tei, Tsim Sha Tsui, Kowloon City and neighbouring districts. 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
- Buddhist Hospital: A community hospital with some general and extended care services
- Hong Kong Eye Hospital: A specialized ophthalmic centre
- Hong Kong Red Cross Blood Transfusion Service: It provides blood and blood products to all hospitals in Hong Kong
- Rehabaid Centre: It provides specialized community-based rehabilitation services

14.2 As at 31 December, 2003, there were a total of 3,727 beds in the Cluster, with 2,148 for acute care, 1,266 for convalescent, rehabilitation, infirmary and hospice care, and 313 for mentally ill, an addition of 36 beds as compared with the same period last year.

FUTURE CHALLENGE AND MAJOR INITIATIVES

14.3 The SARS outbreak and the subsequent SARS expert review findings / recommendations have ushered in a new era and challenges for the planning and provision of hospital services in Hong Kong. Due emphasis will be placed on implementing the key recommendations of the SARS review reports, including the need to plan for surge capacity and preparedness for major infectious disease outbreaks in the cluster.

14.4 Following the introduction of population-based resource allocation and further reduction in the cluster budget for 2004/05, one of the key challenges for the Cluster is to maintain service quality and meet the healthcare needs of the cluster population. With the anticipated decrease in staff headcount and recurrent operating budget, the main focus of the cluster will continue to be directed at enhancing service rationalization and inter-hospital cooperation to improve efficiency and productivity. This will be achieved by further integration of all clinical, nursing, allied health and business support services at the cluster level to ensure cost-effective and seamless delivery of patient care service across hospitals in the cluster. Initiatives will be directed at planning and providing primary, ambulatory, community and rehabilitation services in place of hospital-oriented services, thereby achieving a reduction of general beds in the cluster for 2004/05.

14 Kowloon Central Cluster

Target:

Improve Population Health

- *Rationalize Community Geriatric Assessment service coverage and strengthen Community Nursing Service support to enhance medical care to residents in old aged homes and reduce dependence on in-patient service* — *3 Q 04*

- *Expand observation ward facilities in phases and initiate collaborative scheme with clinical specialty departments to reduce inappropriate admissions from the Accident and Emergency Department* — *1 Q 05*

- *Set up an Infectious Disease Resource Centre to conduct public health education and enhance pubic understanding on infectious diseases / infection control and sustain healthy / personal care behaviour* — *2 Q 04*

Enhancing Organizational Performance

- *Establish standards for isolation facilities and complete the conversion works for 137 isolation beds in acute general wards* — *2 Q 04*

- *Build up the surge capacity for intensive care and convert relevant clinical areas to have 4 additional intensive care beds* — *2 Q 04*

- *Improve the cardiac catheterization service in Queen Elizabeth Hospital by the acquisition of a new monoplane Radiography / Fluoroscopy Unit to replace the existing one.* — *1 Q 05*

- *Enhance Magnetic Resonance Imaging (MRI) service by the acquisition of a new MRI scanner with better diagnostic capabilities to replace the existing one.* — *1 Q 05*

- *Improve cluster engineering equipment and facilities by replacement of:* — *1 Q 05*
  - *3 air handling units at Yaumatei Specialist Clinics*
  - *emergency generator at West Wing, Kowloon Hospital; and*
  - *air-handling unit at Hong Kong Eye Hospital pharmacy*

- *Set up a total of 9 integrated admission wards to streamline patient management and reduce 80 general beds in Queen Elizabeth Hospital* — *1 Q 05*

Enhancing Healthcare System Sustainability

- *Set up a network with private practitioners and hospitals to improve information availability to private healthcare providers with respect to new diseases, personal protection and public health measures* — *2 Q 04*

- *Promote good prescription practice and patient education to reduce polypharmacy, enhance drug compliance and achieve a reduction of drug expenditure by $12M.* — *1 Q 05*

- *Contract out transportation service for the transportation arrangement of fresh blood products in Blood Transfusion Service to achieve $0.6M savings.* — *1 Q 05*

Improving on Quality and Clinical Governance

- *Enhance preadmission service and develop patient selection criteria to increase day surgery by 5%* — *3 Q 04*

- *Enhance cardiac surgical service with the increase of 2 operating sessions to perform 100 additional cardiac surgery operations.* — *3 Q 04*

Building Human Resources Capability

- *Set up a cluster Occupational Safety and Health (OSH) Committee to enhance staff awareness and expertise in OSH and reduce staff injury resulting from manual handling and lifting* — *3 Q 04*

15 Kowloon West Cluster

GENERAL BACKGROUND

15.1 Established in October, 2002, the Kowloon West Cluster serves a population of 1.8M, of which 13.6% is aged 65 or above. There are seven hospitals in the cluster, of which four are acute general hospitals with busy Accident and Emergency Departments.

- 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 With the taking over of 17 general outpatient clinics from the Department of Health since July, 2003, the Cluster provides a full spectrum of health services ranging from primary, secondary, tertiary, to extended care, including mental health.

15.3 As at 31 December, 2003, there were in total 8,263 beds in Kowloon West Cluster, including 4,545 general and acute beds, 1,946 psychiatric beds, 1,472 convalescent, rehabilitation, infirmary and hospice beds and 300 beds for the mentally handicapped.

FUTURE CHALLENGE AND MAJOR INITIATIVES

15.4 2003 was an exceptionally challenging year. Planned implementation of the cluster rationalization initiatives were interrupted by the onslaught of SARS from March till June. Through designating the Princess Margaret Hospital and TWGHs Wong Tai Sin Hospital as the SARS hospitals, the whole cluster had contributed significantly to fighting against SARS in Hong Kong. The Cluster had totally attended to more than one-third of all confirmed SARS patients in the territory.

15.5 In 2004/05, the Cluster will be facing the challenge of meeting an increasing healthcare demand in the face of diminishing healthcare budget. In addition, the Cluster will need to prepare for the possible return of another SARS epidemic. Being the designated infectious disease hospital in Hong Kong, the Princess Margaret Hospital will play a pivotal role in further strengthening the expertise in relation to fighting against future emerging infectious diseases. There is also need to strengthen the intensive care surge capacity to face future epidemics.

15.6 To prepare for the operation of the Oncology Centre in early 2006, gradual introduction of the clinical oncology service for the Cluster will need to start in 2004/05.

Target:

Improving Population Health

- *Establish 2 step-down clinics in the general outpatient clinics* — *4Q04*
- *Collaborate with District Councils in promotion of health in the community through Healthy and Safe Community Initiatives in 3 districts* — *4Q04*
- *Build cross-sectoral collaboration with 9 community-based non-Government organizations and assist them in setting up rehabilitation services in their local communities* — *4Q04*
- *Rationalize medical care for infirmary patients through exploring feasibility of care transfer to the Board of Yan Chai Hospital welfare section* — *1Q05*
- *In collaboration with Family Medicine, Community Nursing Service and Community Geriatric Assessment Team, pilot setting up telemedicine service between 2 general outpatient clinics and 2 old aged homes to decrease admission by 10% of target group of patients* — *1Q05*
- *Screen 360 cases for early detection of psychoses (EASY) and 120 cases for elderly suicides, and discharge 40 long stay patients under EXITERS project* — *1Q05*
- *Increase the number of patients using new generation antipsychotic drugs by 10%* — *4Q04*

Enhancing Organizational Performance

- *Rationalize Pathology and Diagnostic Radiology services and form a cluster department for the respective specialty* — *4Q04*
- *Strengthen cluster Ophthalmology service through integration of Kwong Wah Hospital / Wong Tai Sin Hospital Ophthalmology referrals into cluster services* — *1Q05*
- *Establish standards for isolation facilities and complete the conversion works for 434 isolation beds in acute general wards* — *2Q04*

- *Build up the surge capacity for intensive care and convert relevant clinical areas to have 15 additional isolation intensive care beds* — *2 Q 04*
- *Implement phase 2 of Caritas Medical Centre redevelopment by appointment of a Project Consultant Team and Project Managers and with completion of feasibility study and building design sketch* — *1 Q 05*
- *Monitor construction progress and commissioning of Radiotherapy Centre cum Accident & Emergency redevelopment project at Princess Margaret Hospital* — *1 Q 05*
- *Plan the construction of the Infectious Diseases Block at Princess Margaret Hospital* — *1 Q 05*
- *Establish a cluster Central Sterile Supplies Department at Lai King Building* — *1 Q 05*

Enhancing Healthcare System Sustainability

- *Implement touch-screen enquiry system to improve availability of information of private health care options to patients at 2 hospitals* — *3 Q 04*
- *Rationalize 4 hospital-based general outpatient clinics with community-based general outpatient clinics with a 10% saving of resources* — *1 Q 05*
- *Reduce 192 beds and redistribute resources to priority areas* — *1 Q 05*

Improving Quality and Clinical Governance

- *Collaborate with non-Government organization and Chinese University in establishing 2 sets of research protocols for Yan Chai Hospital Chinese Medicine Clinic* — *4 Q 04*
- *Standardize 5 sets of clinical protocols in various disciplines* — *1 Q 05*
- *Roll out risk management initiatives in areas of resuscitation and patient identification* — *1 Q 05*
- *Roll out Adverse Incident Reporting System Version 2 in 2 hospitals* — *1 Q 05*
- *Establish a Department of Oncology to enhance accessibility of Oncology service for patients in the cluster and prepare for the operation of the Oncology Centre by 2006* — *3 Q 04*

- *Replace major equipment:* *1 Q 05*
  - *Princess Margaret Hospital : Biplane Angiograph, Magnetic Resonance Imaging Scanner*
  - *Caritas Medical Centre : Ultrasound Scanner*

Building Human Resources Capability

- *Enhance occupational safety and health through establishing a structured occupational safety and health organization in Kowloon West Cluster and training assessors on risk assessment and investigation with a view to achieving a reduction of Injury on Duty (IOD) cases by 10%.* *1 Q 05*

- *Establish a cluster Human Resources Office* *2 Q 04*

- *Enhance internal communication by forming a communication taskforce to review and consolidate various communication channels, formulating a set of roles and code of conduct for communicators and teams, and organizing 3 communication forums and 5 staff focus groups* *1 Q 05*

16 New Territories East Cluster

GENERAL BACKGROUND

16.1 The New Territories East Cluster serves the population of Shatin, Tai Po and North District. The estimated population of these districts is around 1.33M. There are seven hospitals in the Cluster:

- 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 support to patients from the Prince of Wales Hospital as well as psychiatric inpatient care.
- Cheshire Home Shatin: An extended care hospital providing infirmary care for the severely disabled patients and convalescent care for the post-acute surgical patients from the Prince of Wales Hospital.
- Bradbury Hospice: It 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 support to patients from Alice Ho Miu Ling Nethersole Hospital and North District Hospital as well as psychiatric inpatient care.

16.2 They together provide acute, convalescent, rehabilitation and extended care services to the Cluster. As at 31 December 2003, there were a total of 4,543 beds in the Cluster, with 2,540 for acute care, 1,375 for convalescent, rehabilitation, infirmary and hospice care and 628 for mentally ill.

FUTURE CHALLENGE AND MAJOR INITIATIVES

16.3 The major challenges confronting the Cluster are:

- Further rationalization of cluster services
- Streamlining of cluster organization and functional role of hospitals
- Promotion of ambulatory and community services
- Demand and utilization of medical beds
- Crisis management and infection control measures
- Human resources management
- Partnership with the Chinese University of Hong Kong

16.4 To address the above issues, the Cluster will evaluate the effectiveness in service rationalization, the cluster organization and its relationship with cluster hospitals. With increased vigilance on infectious disease, designated wards will be converted for isolation purpose. Infection control training and audit will continue to be provided to healthcare staff. The cluster will put more emphasis on promoting ambulatory and community services. Through collaboration with community partners, the Cluster will reduce dependence on inpatient service. Early discharge

and after-care coordinators will be appointed to facilitate patient discharge. The implementation of public-private interface programmes will offer more choices to patients and shorten their waiting time.

Target:

Improving Population Health

- *Strengthen ambulatory and community-based care by rolling out a comprehensive disease management model for Diabetic Care* — *1 Q 05*

Enhancing Organizational Performance

- *Review cluster organization and functional role delineation of the cluster and hospital administration* — *3 Q 04*
- *Complete the conversion works for 264 isolation beds in the 3 acute hospitals including the provision of 32 isolation beds in North District Hospital and enhancement of the isolation facilities of a paediatric ward in Prince of Wales Hospital* — *2 Q 04*
- *Centralize the provision of catering services for all New Territories East Cluster hospitals by the central food production unit in North District Hospital* — *4 Q 04*
- *Build up the surge capacity for intensive care and convert relevant clinical areas to have 8 additional intensive care beds* — *2 Q 04*
- *Improve the efficiency of the surgical services by integrating the general surgical teams for staff rotation and training & strengthening the organization set up for the ambulatory surgery team and centre in Alice Ho Miu Ling Nethersole Hospital* — *1 Q 05*

Enhancing Healthcare System Sustainability

- *Improve medical bed utilization through reduction of hospital admission and shortening of the length of stay of inpatients with early discharge and aftercare programmes* — *3 Q 04*

Improving on Quality & Clinical Governance

- *Expand Cardiac Surgery programme to provide 100 additional adult Cardiac surgeries per year* — *1 Q 05*
- *Set up Nuclear Medicine Centre in North District Hospital to provide cluster nuclear medicine service in New Territories East Cluster* — *2 Q 04*

- *Ensure uniform standards in infection control practices among all New Territories East Cluster hospitals through regular training programmes and infection control audits* — *2 Q 04*

- *Strengthen risk management in clinical care by supporting the HA-wide Advanced Incident Reporting System development and rolling out the system to all cluster hospitals* — *4 Q 04*

- *Implement a Drug Safety Programme* — *4 Q 04*

- *Review the pre-hospital diversion of trauma cases in Tai Po District and assess the feasibility of rolling out pre-hospital diversion of trauma cases to North District* — *3 Q 04*

Building Human Resources Capability

- *Strengthen facility and equipment to enhance occupational safety and health* — *1 Q 05*

- *Introduce a return to work programme to promote staff health* — *1 Q 05*

17 New Territories West Cluster

GENERAL BACKGROUND

17.1 The New Territories West Cluster was formally established on 1 October 2002. It serves a population of about 1M for the districts of Tuen Mun, Yuen Long, Tin Shui Wai, and the rural areas along the north-west of the New Territories. There are four hospitals in the Cluster:

- Tuen Mun Hospital: An acute general hospital providing a comprehensive range of acute, ambulatory and community services
- Pok Oi Hospital: It is undergoing major redevelopment and is currently providing rehabilitation and infirmary services
- Castle Peak Hospital: A psychiatric hospital
- Siu Lam Hospital: A specialized hospital for the severely mentally disabled adult patients

17.2 These hospitals together provide acute, convalescent, rehabilitation and extended care services to the cluster. As at 31 December, 2003, there were a total of 4,056 beds in the cluster, with 1,428 for acute care, 441 for convalescent, rehabilitation, infirmary and hospice care and 2,187 for mentally ill.

17.3 Despite the fact that this cluster has only a short history , there has been major progress in clustering. An effective cluster management structure has been set up and services are fully integrated. Individual clinical services extend beyond and across hospitals. There is seamless integration without boundaries across acute, rehabilitation and community care. With the takeover of the general outpatient service from the Department of Health, full integration and service reorganization are made possible across primary, secondary and tertiary care.

FUTURE CHALLENGE AND MAJOR INITIATIVES

17.4 The New Territories West Cluster will focus on service development in the following five directions:

Quality Patient-centred Care and Risk Management

17.5 The New Territories West Cluster is committed to ensure service quality in professional standard, patient safety, caring staff attitude and effective complaint management. As the Cluster has set up a comprehensive risk management framework using incident reporting, patient complaint and feedback, and systematic screening of individual service sectors as screening tools to identify system deficiencies and service gaps, the Cluster will be focusing on cultivating appropriate staff culture towards proper handling of clinical incidents. Just culture and open disclosure would be emphasized. Training will also be provided to ensure staff capability in adopting risk management tools, root cause analysis and risk reduction in day-to-day patient care.

Further Migration towards Ambulatory and Community-based Care Delivery Model

17.6 The Cluster endeavors to further shift the traditional inpatient service model towards a quality ambulatory and community care delivery model. With the concerted effort of the Cluster in last year, the infrastructure of the new service model had been formed. In this year, the Cluster will be aiming at the development and implementation of programmes under the new model. Day surgery and day care will be further expanded by re-engineering workflow and acquiring new techniques and equipment. Preadmission patient preparation and post-discharge patient support will be enhanced. With the development of community care infrastructure, the general outpatient services will be remodeled into a community care centre. Selective specialist input and specific nurse-led programmes will be incorporated into the services. To ensure continuation of care in the community and to support home care and community institutional care, various outreach services, community nursing care and community rehabilitation programmes will be strengthened.

Improving Public-private Interface Initiatives

17.7 With the relatively low-income group residing in the cluster, the focus will be on shared care programmes with the private sectors that are affordable and of patients' preference. Appropriate patient redirection to their family doctors can facilitate better continuation and comprehensiveness of patient care in the community. The Cluster will network with the local general practitioners and specialists to facilitate care integration.

Development of Service Excellence

17.8 The Cluster will explore the development of service excellence among Trauma Care, Cancer Care, Community Care, Ambulatory Surgery, and Substance Abuse Service. These areas are considered to be related to the cluster communities' characteristics, internal strengths of the cluster hospitals, internal opportunities available within HA and external opportunities in relation to the healthcare needs of Hong Kong. Further studies and consultations are required for decision.

Community Consultation and Partnership

17.9 The Cluster values the participation, partnership, and collaboration of the local communities. The Cluster continues to promote 'Safe Community' by developing joint programmes with the District Councils and local organizations. The focus of the current year's community programme will be on infectious disease prevention, injury prevention, and self-care of chronic diseases in relation to aging. The Cluster's partners include District Councils, schools, non-Government organizations, housing estates, local public and commercial organizations. The Cluster will also expand the volunteer services.

Target:

Improving Population Health

- *Set up a specialist-based Family Medicine clinic in Pok Oi Hospital, provide specialist sessions in general outpatient clinics, and set up triage clinics in Tuen Mun Hospital & Pok Oi Hospital for care integration* — *3 Q 04*

- *Set up 3 Nurse-led clinics in General Outpatient Departments which provide continuous patient assessment, counseling, monitoring and compliance check to facilitate the continuation of care for patients in the community* — *4 Q 04*

- *Increase 20% of outreach Community Nursing Services to facilitate hospital discharge and continuation of patient care in the community* — *1 Q 05*

- *Develop day and short stay surgery in Hernia Repair, Mastectomy, Transurethral Resection of Prostate (TURP) and Haemorrhoidectomy services and enhance peri-operative pain management and post-operative support to patients* — *4 Q 04*

- *Expand pre-operative assessment service and same day admission practice to 70% of elective surgery admissions in Surgery, Orthopaedic & Traumatology, Obstetrics & Gynaecology and Otorhinolaryngology (ENT) services* — *4 Q 04*

- *Have at least 300 clients of the early assessment service for young persons with psychosis (EASY) successfully assessed and at least 175 clients attended the treatment sessions* — *1 Q 05*

- *Provide training for at least 42 patients and provide 3 months' post discharge follow up by Extended-care patients Intensive Treatment, Early diversion and Rehabilitation Stepping-stone (EXITERS) team members in terms of medical follow-up and community care to minimize readmission* — *1 Q 05*

- *Enhance substance abuse service by organizing a) self efficacy and positive life enabling programme for at least 500 young substance abusers & high risk youths; b) at least 15 community programmes and c) providing training to at least 40 frontline social workers* — *1 Q 05*

Enhancing Organizational Performance

- *Enhance the rehabilitation service in Pok Oi Hospital by setting up an Integrated Rehabilitation Center and implementing care plan-driven specific orthopedic and medical rehabilitation programmes* — *3 Q 04*

- *Open 4 additional flexible operating theatre sessions per week to fulfill ad hoc demand and reduce waiting time for essential surgery and expand endoscopy service from existing 3 rooms to 4 rooms* — *3 Q 04*

- *Open the Ophthalmic Center & 10 additional Haemodialysis stations in the Tuen Mun Polyclinic* — *1 Q 05*

- *Construct new clinical facilities in the Accident and Emergency Department to improve trauma care & resuscitation service as well as to segregate urgent patient care and fever cases* — *1 Q 05*

- *Reduce accident & emergency waiting time by 20% and emergency admission by 10% by further developing Emergency Observation Pre-admission Ward & establishing alternative ambulatory care path* — *1 Q 05*

- *Replace the aging Cardiac Ultrasound Scanner with a new machine to benefit cardiac patients.* — *1 Q 05*

- *Complete the following capital works programme: piling works for the Tuen Mun Hospital Rehabilitation Block; remodeling of Tuen Mun Polyclinic as Ophthalmic Centre; and construction works for basement of the Pok Oi Hospital Redevelopment* — *1 Q 05*

- *Establish standards for isolation facilities and complete conversion works for 158 isolation beds in acute general wards* — *2 Q 04*

- *Build up the surge capacity for intensive care and convert clinical areas to have 12 additional intensive care beds* — *2 Q 04*

Enhancing Healthcare System Sustainability

- *Develop a mechanism to facilitate patients' choice for access to selected investigation procedures provided by the private sector and develop a communication network with general practitioners in the cluster* — *4 Q 04*

Improving on Quality & Clinical Governance

- *Implement Adverse Incident Reporting System Version 2* — *3 Q 04*

- *Introduce 8 care plans into clinical practice integrating patient management from phase of disease presentation through acute treatment, rehabilitation to community and home care* — *1 Q 05*

Building Human Resources Capacity

- *Expand the membership of the existing staff communication ambassador network, and identify and consolidate 3 top-down 3 bottom-up communication channels for effective internal communication through the Communication Task Group* — *3 Q 04*

- *Organize cluster wide training programmes on risk assessment, root cause analysis and risk reduction strategy* — *4 Q 04*

- *Strengthen occupational safety & health management structure and consolidate the "Return to Work" Program.* — *4 Q 04*

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

Hong Kong Buddhist Hospital (BH)
Hong Kong Red Cross Blood Transfusion Service (BTS)
Hong Kong Eye Hospital (HKE)
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.

Appendix 2 List of Ambulatory Care Facilities

Cluster	Institution / Satellite Clinic	Day Patient	Accident & Emergency	Specialist Outpatient (including Allied Health, excluding Integrated Clinics)	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 King Hospital	✓	✓	✓	
	Sai Wan Ho Health Centre				✓
	Shau Kei Wan Jockey Club Clinic				✓
	Sok Kwu Wan Clinic				✓
	Southorn Centre			✓	
	St John Hospital	✓	✓	✓	✓
	Stanley Public Dispensary				✓
	Tung Wah Eastern Hospital	✓		✓	✓
	Violet Peel Health Centre				✓
	Wan Tsui Government Clinic				✓
	Subtotal	4	3	6	12
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	✓		✓	✓
	Subtotal	5	1	8	6

Appendix 2 List of Ambulatory Care Facilities

Cluster	Institution / Satellite Clinic	Day Patient	Accident & Emergency	Specialist Outpatient (including Allied Health, excluding Integrated Clinics)	General * Outpatient
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			✓	
	Subtotal	4	1	6	6
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			✓	
	Subtotal	3	2	4	8

Appendix 2 List of Ambulatory Care Facilities

Cluster	Institution / Satellite Clinic	Day Patient	Accident & Emergency	Specialist Outpatient (including Allied Health, excluding Integrated Clinics)	General * Outpatient
Kowloon West Cluster	Caritas Medical Centre	✓	✓	✓	✓
	Caritas Medical Centre Cheung ShaWan General Outpatient Clinic				✓
	East Kowloon Polyclinic			✓	
	Ha Kwai Chung Polyclinic and Special Education Services Centre				✓
	Kwai Chung Hospital	✓		✓	
	Kwong Wah Hospital	✓	✓	✓	✓
	Lady Trench Polyclinic				✓
	Li Po Chun Health Centre				✓
	Mrs Wu York Yu Health Centre				✓
	Mui Wo Clinic				✓
	Nam Shan Health Centre				✓
	North Kwai Chung Clinic				✓
	Our Lady of Maryknoll Hospital	✓		✓	✓
	Our Lady of Maryknoll Hospital East Kowloon General Outpatient Polyclinic Clinic				✓
	Pamela Youde Polyclinic			✓	
	Princess Margaret Hospital	✓	✓	✓	
	Robert Black Health Centre				✓
	Shek Kip Mei Health Centre				✓
	South Kwai Chung Jockey Club Polyclinic				✓
	South Kwai Chung Psychiatric Centre			✓	
	Tai O Jockey Club Clinic				✓
	Tsing Yi Cheung Hong Clinic				✓
	Tsing Yi Town Clinic				✓
	Tung Chung Health Centre				✓
	Wang Tau Hom Jockey Club Clinic				✓
	West Kowloon Health Centre				✓
	Wong Tai Sin Hospital	✓		✓	
	Wu York Yu Health Centre				✓
	Yan Chai Hospital	✓	✓	✓	✓
	Yaumatei Jockey Club Clinic			✓	
	Subtotal	7	4	11	23

Appendix 2 List of Ambulatory Care Facilities

Cluster	Institution / Satellite Clinic	Day Patient	Accident & Emergency	Specialist Outpatient (including Allied Health, excluding Integrated Clinics)	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				✓
	Subtotal	6	3	7	11
New Territories West Cluster	Castle Peak Hospital			✓	
	Kam Tin Clinic				✓
	Pok Oi Hospital	✓		✓	✓
	Tin Shui Wai Health Centre				✓
	Tuen Mun Clinic				✓
	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			✓	✓
	Subtotal	2	1	4	8
Overall total		31	15	46	74

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

Appendix 3 Background Information on Hospital Authority

ESTABLISHMENT OF HOSPITAL AUTHORITY

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 subsidized 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 recognized 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 fulfill 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 maximize 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

	2003/04 (Actual)	2004/05 (COR target)
Access to services		
inpatient services		
No. of hospital beds		
■ general (acute and convalescent)	20,120	19,326
■ infirmary	2,951	2,951
■ mentally ill	4,732	4,802
■ mentally Handicapped	800	800
■ total	28,603	27,879
Ambulatory diagnostic & therapeutic services		
Accident and Emergency (A&E) services		
% of A&E patients within the target waiting time:		
■ Triage I (critical cases - 0 minute)	100%	100%
■ Triage II (emergency cases- <15 minutes)	97%	95%
■ Triage III (urgent cases- <30 minutes)	89%	90%
Specialist outpatient services		
median waiting time for first appointment at specialist clinics:		
■ first priority patients	-	2 weeks
■ second priority patients	-	8 weeks
rehabilitation & outreach services		
No. of community nurses	372	385
No. of community psychiatric nurses	97	105
No. of psychiatric day places	719	719
No. of geriatric day places	567	567
I) Delivery of services		
inpatient services		
no. of discharges & deaths		
■ general (acute and convalescent)	720,880	783,000
■ infirmary	4,464	4,000
■ mentally ill	13,438	13,200
■ mentally handicapped	371	400
■ overall	739,153	800,600
no. of patient days		
■ general (acute and convalescent)	4,693,552	4,965,000
■ infirmary	631,696	619,000
■ mentally ill	1,324,364	1,330,000
■ mentally handicapped	254,916	253,000
■ overall	6,904,528	7,167,000
bed occupancy rate		
■ general (acute and convalescent)	72%	77%
■ infirmary	82%	81%
■ mentally ill	78%	77%
■ mentally handicapped	87%	86%
■ overall	75%	77%
average length of stay (days) *		
■ general (acute and convalescent)	6.7	6.3
■ infirmary	175.4	133.0
■ mentally ill	100.1	105.0
■ mentally handicapped	622.2	400.0
■ overall	9.9	8.9

	2003/04 (Actual)	2004/05 (COR target)
ambulatory diagnostic & therapeutic services		
day patient		
no. of discharges & deaths	236,230	313,000
no. of day patients as % of total inpatient & day	24%	28%
accident & emergency services		
no. of attendances	1,828,729	1,964,000
outpatient services		
no. of specialist outpatient (clinical) attendances	5,673,517	6,100,000
no. of general outpatient attendances	4,292,798	5,589,000
rehabilitation & outreach services		
no. of home visits by community nurses	705,716	740,000
psychiatric services		
no. of psychiatric outreach attendances	81,230	84,000
no. of psychiatric day hospital attendances	154,629	179,000
no. of psychogeriatric outreach attendances	41,466	42,000
geriatric services		
no. of outreach attendances	384,046	386,000
no. of elderly persons assessed for infirmary care service	1,909	2,200
no. of geriatric day hospital attendances	82,720	109,000
no. of specialist outpatient (allied health) attendances	1,971,028	2,300,000
II) Quality of services		
cost distribution by services (%)		
inpatient	65.1%	62.7%
ambulatory	30.3%	32.5%
rehabilitation & outreach	4.6%	4.8%
cost by services per 1000 population (popn) ($m)		
inpatient	3.0	2.7
ambulatory	1.4	1.4
rehabilitation & outreach	0.2	0.2
cost of services for elderly persons		
share of cost of services for elderly persons (%)	44.1%	45.4%
cost of services for elderly persons per 1000 popn aged 65 & over ($m)	17.5	16.7
Unit cost		
cost per inpatient discharged ($)		
■ general (acute and convalescent)	24,670	20,680
■ infirmary	164,580	172,450
■ mentally ill	144,440	137,700
■ mentally handicapped	670,000	634,600
cost per accident & emergency attendance ($)	820	720
cost per specialist outpatient attendance ($)	760	650
cost per outreach visit by community nurse ($)	350	310
cost per psychiatric outreach attendance ($)	1,130	1,040
cost per geriatric day hospital attendance ($)	1,790	1,600

	2003/04 (Actual)	2004/05 (COR target)
IV) Manpower (no. of full time equivalent staff as at 31st March)		
medical		

doctor	4,550	4,518
intern	325	329
dentist	5	5
medical total	**4,880**	**4,852**
nursing		
qualified staff	19,148	18,990
trainee	202	140
nursing total	**19,350**	**19,130**
allied health	**4,891**	**4,746**
others	**23,380**	**22,203**
total	**52,501**	**50,931**

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

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