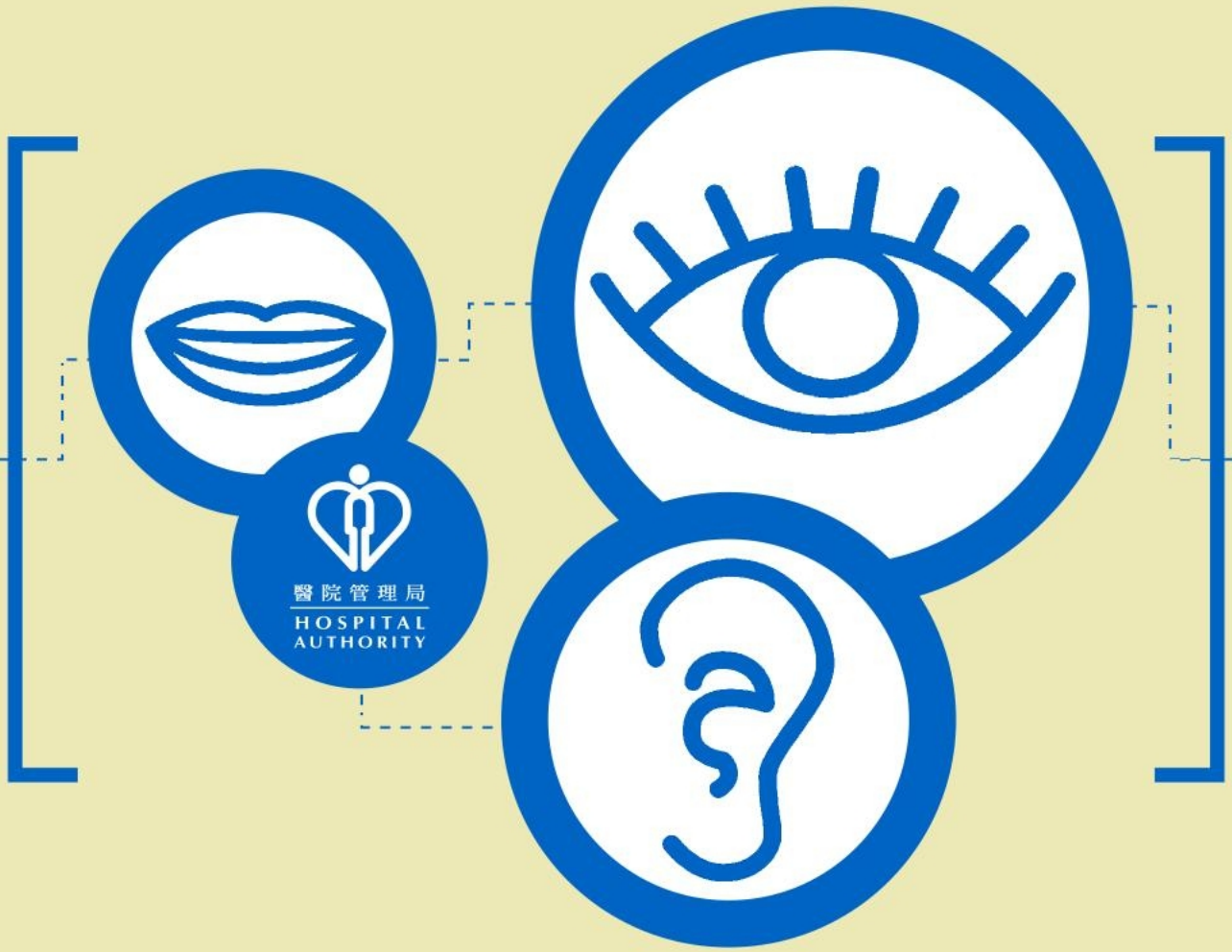
HOSPITAL AUTHORITY ANNUAL PLAN

2003-2004



HA InfoNet: http://www.ha.org.hk

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OVERVIEW

The Hospital Authority (HA) is charged with the responsibility to provide comprehensive preventive, curative and rehabilitative medical services to the people of Hong Kong, in particular to those in the community who cannot afford private medical care, under the Government policy that no one would be deprived of adequate medical treatment because of lack of means. The HA receives 97% of its funding from the Government under a population-based funding arrangement. The remaining 3% of income comes from fees and charges that are set at a highly subsidized rate for Hong Kong residents, together with a waiving mechanism for the poor.

2. There are several **major changes** in the external and internal environment of the HA, which shape the major directions adopted and presented in this Annual Plan for 2003/04:

- *With the economic downturn, the Government is recording huge deficits, and is determined to curb public spending in order to balance the budget in a few years' time. This translates into very significant* ***budgetary cuts*** *to the HA for several years to come. As a result, the original estimation of an average 2.3% annual budgetary growth to the HA required to cater for the need of the expanding and ageing population will not be realized. Despite the long history of productivity gain programmes in the HA, much more needs to be done to meet the budgetary difficulties in the years ahead.*

- *The Government has initiated* ***revision of public hospital fees and charges****, together with strengthening of the existing waiving mechanism to help the poor. This will slightly alleviate the budgetary deficit of the HA, and channel some patients who can afford to purchase private care, while still ensuring care to those without means.*

- *As part of the Government's healthcare reform plan, HA will* ***take over all general outpatient clinics*** *from the Department of Health. Thereafter, HA will integrate the primary and secondary / tertiary services under its wings to improve overall system efficiency and effectiveness. Besides, the Government has asked HA to start providing Chinese Medicine outpatient services in our network.*

- *Internally, the HA has successfully launched geographically-based* ***cluster management*** *to derive economy of scale and maximize managerial effectiveness of the distribution network of service units.*

- *A new* ***population-based internal resource allocation*** *system will replace the historical allocation method to determine budget allocation to the hospital clusters. Together with the cluster management reform, this will promote community-oriented care models and public-private collaboration.*

- *Faced with the stringent budgetary situation on the one hand, and population demand for the latest technology in medical care on the other, HA has proceeded to **prioritize services** in terms of clinical urgency, degree of evidence on effectiveness, and long term affordability. Services of low volume and requiring special expertise will have to be concentrated in designated centers to ensure quality and cost-effectiveness of provision.*

- *HA is facing considerable **staff morale issues** associated with increasing workload and decreasing headcount because of the budget cut. In addition, HA needs to shoulder training responsibilities for new graduates of the various healthcare professions despite the low staff turnover. Major change strategies on management of human resources are called for.*

3. The above factors are the major driving forces behind the 238 annual plan programmes formulated for the year 2003/04, a particularly challenging year for the Authority.

FUNDING FOR 2003/04

4. The recurrent budget from the Government to the HA for 2003/04, net of income, is HK$29,238M. The budget has included the following:

- *1% growth to partly meet the population-based funding increase;*

- *Provision for running the 59 general outpatient clinics to be transferred from the Department of Health in July, 2003, and the new Chinese Medicine clinics;*

- *One-off funding for the Government's Initiatives for Wider Economic Participation programme;*

- *1.8% deduction, or HK$524M, for efficiency savings.*

5. In addition, the Government will provide us with HK$370M for the development of information technology, and the purchase and replacement of equipment and vehicles. Another sum of HK$210M is allocated for capital works.

6. The income budget of the HA for 2003/04 is HK$1,126M, including an anticipated HK$58M additional income from the introduction of accident and emergency charge. The Government agrees to let HA keep 50% of the new fees. For additional income derived from revision of existing fees, HA may keep such income for two years.

7. HA has been recording budgetary deficits since 2001/02 despite the very stringent savings programmes that have been put in place across the organization. This situation is expected to continue into 2003/04, thus further eroding the reserves cumulated over the years. Every effort will be made to reduce this deficit as far as possible.

MAJOR DIRECTIONS FOR 2003/04 HA ANNUAL PLANNING

8. With the above background and funding position, the HA Board and executives underwent a planning process taking into account societal expectations, the Government's healthcare policy, the Authority's mission and vision, and challenges in the internal and external environment. The following principles are re-affirmed as the organization's position:

- *Under the **target subsidy principle**, limited public resources should be targeted to help those without means and those with catastrophic illnesses. A sense of **shared responsibility** should be promoted, and programmes that will improve the overall population health should take precedence over individual health in the use of public resources.*

- *Charges for public medical services should be revamped and **those who can afford should contribute more**, while those without means should be protected through strengthening of the fee waiving mechanism.*

- *HA should help improve the **public-private interface** to reduce over-reliance on the public system, and eventually to achieve a better balance between the public and private sectors for long term sustainability of the healthcare system.*

- ***Services should be prioritized** according to clinical criteria, evidence of clinical effectiveness, and affordability. Under resource limitation, convenience should come second to assurance of clinical quality.*

- *Every effort should be made to generate savings while **maintaining the quality** of clinical services, which is the core business of the organization.*

- *HA will continue to invest in **professional training** of healthcare professionals. The existing human resource policies and practices will need to be revamped to cater for the new budgetary environment, to offer training opportunities, and to encourage performance in the workforce.*

9. Taking the above principles and organizational positions, we have formulated our 2003/04 Annual Plan along five major directions:

(a) Enhancing system cost-effectiveness and improving population health through the development of community-oriented service models;

(b) Enhancing organizational productivity and performance to overcome challenges;

(c) Enhancing healthcare system sustainability;

(d) Developing a quality culture in the context of prioritization and with emphasis on clinical governance; and

(e) Building human resources capability and rewarding performance

2003/04 ANNUAL PLAN PROGRAMMES

10. Programme initiatives for the coming year in support of each of the above directions are as follows:

Enhancing System Cost-effectiveness and Improving Population Health through the Development of Community-oriented Service Models

11. We have been developing the community-oriented service model of care over the past few years and this has proved to be effective in addressing the volume and access issue in a cost-effective manner by offloading stable patients from the inpatient system to ambulatory care and the healthcare facilities in the community. In the coming year, we will further develop this model of care so that system cost-effectiveness can be enhanced with the integration of patients back to the community as early as possible. In view of the ageing population, we will provide better support to the needs of the elderly population in the community so that their demand for inpatient care can be reduced. The concept of population health will also be emphasized under this enhanced community-based care model with focused effort on disease prevention and detection through effective screening programmes, health education and patient empowerment initiatives with a view to managing health problems upstream.

12. To achieve holistic and high quality community-based care, we will adopt a more proactive multi-disciplinary and cross-sector approach so that resources in the community can be more effectively mobilized and leveraged. The takeover of the remaining 59 **general outpatient clinics** from the Department of Health in July, 2003 will facilitate the further development of the community-oriented service model of care as the enlarged network will provide us with a stronger base to develop pluralistic primary care services, which can facilitate the integration of primary and secondary / tertiary care. Meanwhile, **Family Medicine** service and training will be enhanced.

13. In developing the community-oriented service model, apart from continuing the past trend of shifting inpatient activities to ambulatory and community care**,** we will partner with external agencies to provide care to patients on a collaborative basis particularly in the areas of rehabilitation and prevention. Steps will be taken to gradually **rationalize infirmary service** in partnership with the welfare sector.

14. In line with the 2001 Policy Address, we will continue to develop Chinese Medicine service in the public sector. In 2003/04, we will develop the related human resources strategies and training programmes to support the implementation of Chinese Medicine service in HA.

Enhancing Organizational Productivity and Performance to Overcome Challenges

15. To address the resource issue, we will have to enhance productivity and generate savings on all fronts. The development of **cluster management** is instrumental in enhancing organizational productivity and performance whereby the Cluster Chief Executive will take charge of the performance of all hospitals and service units within the cluster's geographical catchment areas, and is accountable for the total resources allocated. This will increase the flexibility and agility of the organization in coping with the rapidly changing environment and meeting the local service needs. Good progress was made in 2002/03 in the setting up of the cluster management structure. So far, three mega-clusters and four intermediate clusters have been formed. Service rationalization and consolidation are well underway to improve overall system effectiveness and efficiency.

16. With the move towards community-oriented care model and use of effective treatment technology to shorten inpatient length of stay, various clusters are proceeding to consolidate facilities and reduce hospital beds in line with international trend. We intend to **rightsize a total of 1,200 beds** in 2003/04, made possible by the development of ambulatory and outreach services.

17. A number of measures will be implemented to generate savings in human resources and through business support services re-engineering. We will complete the **voluntary early retirement programme** launched in 2002/03 to downsize the workforce, while maintaining service quality through internal redeployment of manpower and rationalization of services. In business support services, we will further **consolidate procurement** functions by cluster to benefit from the economy of scale, and derive better value-for-money through negotiating improvements with suppliers and relevant Government departments serving the HA. Investment on information technology will continue to support clinical service delivery on the one hand, and on the other, to increase productivity and improve performance of the organization.

Enhancing Healthcare System Sustainability

18. The principles of shared responsibility and target subsidies to areas of greatest need underpin the formulation of programme initiatives under this direction.

19. **Shared responsibility** can be understood in two aspects: the responsibility for improving the health of the community and the individuals, and the responsibility for sharing the healthcare cost. The former is being promoted through community health education and patient empowerment initiatives while the latter has to be addressed through healthcare financing reform. The introduction of accident and emergency charge in November 2002 served as a start. In the coming year, we will review the impact of the charge on the utilization of accident and emergency services. Meanwhile, we will implement the general **revision of charges** for public services to be started in April 2003, together with an **enhanced waiver system**. This is aimed to increase public awareness on the escalating healthcare cost, and lead to more appropriate targeting of public resources to subsidize those without means and those with catastrophic or chronic illnesses. We will also revamp the private charges in public hospitals according to the no-subsidy principle.

20. To manage the demand for public healthcare services, we need to redress the currently heavily tilted balance between the public and private sector in the utilization of services. We will enhance the **public-private interface** with incentive schemes to leverage private participation so that those with means are encouraged to use private healthcare services. A number of programmes have been started along this direction, including schemes to share patient information with private practitioners, provision of information on private providers to patients to facilitate their choice, and public-private collaborative service models.

21. Given the resource limitation, it is necessary to concentrate our attention to services that meet the core objectives of providing effective interventions on major health risks for the Hong Kong population. We will develop a **framework to guide the prioritization** of resource allocation taking into account scientific evidence, economic analysis, ethical considerations and societal values. Services will continue to be rationalized and streamlined so that duplications can be eliminated, expertise concentrated, and manpower optimized to achieve better cost-effectiveness in service provision.

22. Long term sustainability of the public healthcare system is a common issue worldwide, and cannot be resolved without a revamped system in healthcare financing. We will continue our support to the Government in the formulation of **healthcare financing options** for the population, including further studies on the feasibility of insurance options.

Developing a Quality Culture in the Context of Prioritization and with Emphasis on Clinical Governance

23. Although services will need to be prioritized and patient convenience will inevitably be affected under resource constraints, clinical quality for the provided services will be upheld. We will drive a quality culture through **enhancing clinical governance** whereby corporate accountability for clinical quality and performance will be stressed despite limitation in resources. We will inculcate a total quality concept with emphasis on continuous quality improvement (CQI) to ensure systematic delivery of high quality care while controlling cost. In order that only new medical technology with evidence of effectiveness in bringing about significant improvement is introduced into the HA system, we will expand the HA Mechanism for the Safe Introduction of New Procedures (HAMSINP) to cover medical devices.

24. Apart from the continuous effort to develop protocols and specialized service networks to facilitate quality practice and improve cost-effectiveness in service delivery, we will conduct **clinical audits** to ensure compliance to standards and guidelines, and investigate variability in clinical outcome for specified conditions and interventions. We will also enhance risk management to improve patient safety.

25. While providing structures and environment to facilitate delivery of high quality care, we will implement **environmental friendly initiatives** to help conserve the environment as a step further for our quality drive.

Building Human Resources Capability and Rewarding Performance

26. The tight financial situation together with low staff turnover has generated a number of human resources issues such as career prospect of staff especially new graduates, mounting workload and morale issues. As personal emolument accounts for 80% of our expenditure, we have no option but to exercise stringent control over intake and promotion. Apart from completing the voluntary early retirement programme, we will review our policies and practices on remuneration and benefits based on market situation and service needs. At the same time, we need to strategically **revamp human resources practices** in relation to the overall priorities and objectives of the organization, while continuing to provide rewarding and challenging employment to staff. This will be translated into our human resources arrangements for staff recruitment, deployment, and training for which meeting organizational and service needs is the prime objective.

27. We also need to cultivate an organization environment that **encourages performance** by strengthening the link of the reward system to staff performance appraisal. To ensure that the mix and core competencies of our staff are in line with the organizational and service needs, we will continue to roll out **grade reform** to more job families.

28. We will continue to recruit well-qualified professional staff for training and to alleviate workload at the frontline despite the budgetary conditions. Besides, we will revise our specialist manpower requirement taking into account service development, the changing healthcare environment, community needs, and considerations relevant to various specialties. In 2003/04, we will **recruit 300 doctors, 250 nurses, 156 allied health** professionals. In addition, we will continue to employ 2,920 care assistants in support of the Government-initiated employment programme.

29. In view of the pace of change in service organization and human resources strategies, we will strengthen our **communication with staff** to achieve transparency of decision making, to address their concerns, and to ensure understanding and consistency of messages to be put across. At the same time, as a responsible and caring employer, we will continue to enhance occupational safety and health in all hospitals. On the staff benefit side, we will provide investment options for members of the HA Provident Fund Scheme in response to the majority of members' requests.

Targets for 2003/04

30. Based on the above framework, specific targets have been formulated under each of the five directions for implementation in 2003/04 after an extensive planning process. It is believed that through such strategies and endeavor, we can be better equipped to overcome the numerous challenges in the environment that lie ahead, and continue to provide high quality health services to the people of Hong Kong through best use of the resources available.

Special Note

At the time of putting this plan to print, Hong Kong is battling against the spread of Severe Acute Respiratory Syndrome. HA will do its very best to combat the disease and it is anticipated that adjustments will be made to some of the 2003/04 annual plan targets.

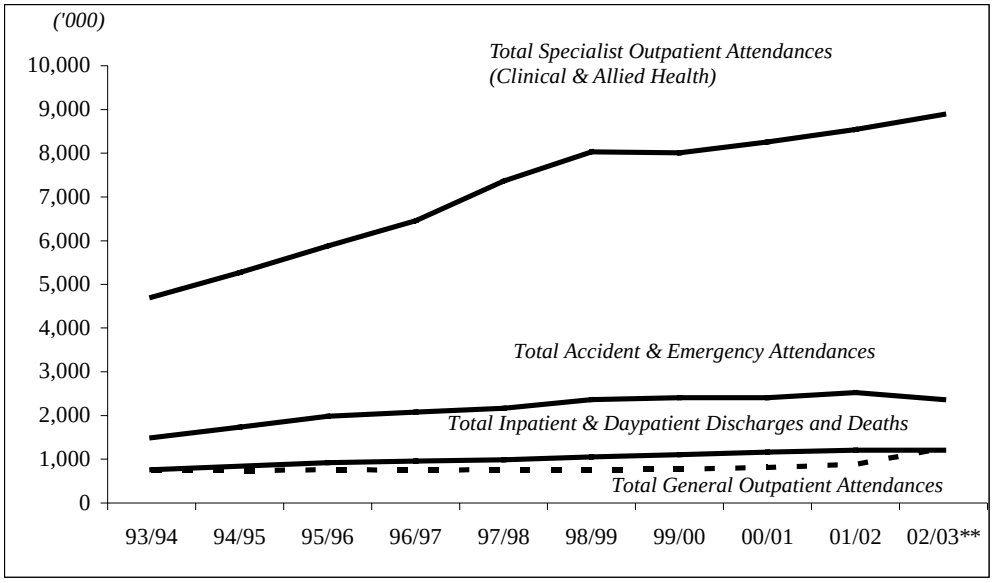
PLANNING BACKGROUND

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. As at 31 December, 2002, we managed 43 public hospitals / institutions (Appendix 1) and a host of ambulatory care facilities (Appendix 2) including 46 specialist outpatient clinics and 15 general outpatient clinics. Our network will be enlarged with the takeover of the remaining 59 general outpatient clinics from the Department of Health in July, 2003. We also managed 29,288 hospital beds, representing around 4.2 public hospital beds per 1,000 population. For 2003/04, our recurrent expenditure budget from the Government, net of income, is HK$29,238M.

1.2 There has been continuous growth in HA activities in 2002/03 except for accident and emergency service. Increases were recorded in total inpatient and day patient discharges and deaths, total general outpatient attendances and total specialist outpatient attendances. The growth rate of the total general outpatient attendances in 2002/03 was much higher than that of the previous years while the total accident and emergency attendances, which had been on the increase over the past years, decreased in 2002/03.

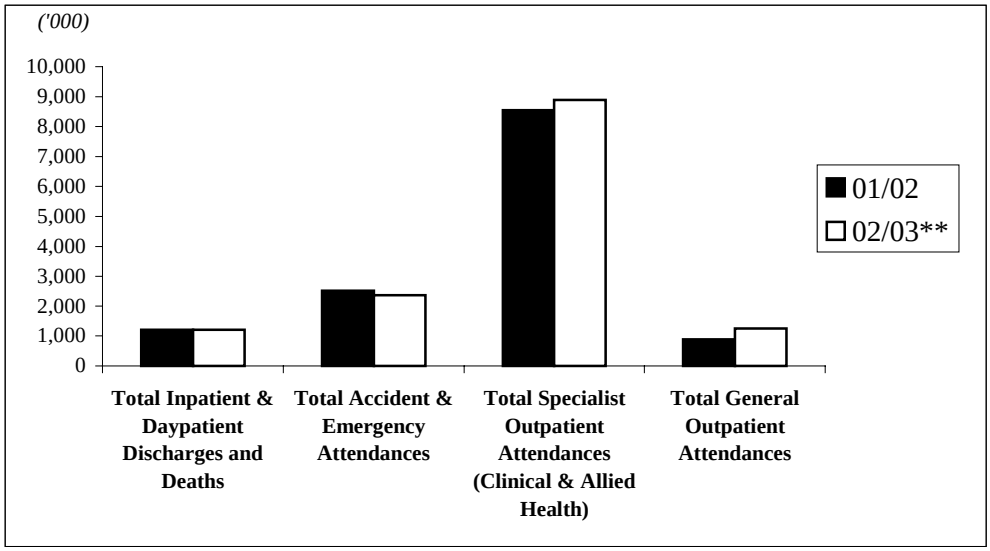
Statistics from 93/94 to 02/03



*** Projected figures*

1.3 In 2002/03, there were around 1,209,660 inpatient and day patient discharges and deaths, 2,359,920 accident and emergency attendances, 8,889,050 specialist outpatient attendances and 1,250,570 general outpatient attendances. A comparison of HA's activities between 2001/02 and 2002/03 is shown below:

Comparison between 01/02 and 02/03



*** Projected figures*

1.4 As at 31 December, 2002, HA had a staff strength of 52,947 full-time equivalents. The majority of them (67.39%) are involved in direct patient care with breakdown as follows:

	Staff Strength (Full-time equivalents)	
Direct Patient Care (67.39%)	**as at 31.12.2002**	**% of total staff**
Medical	4,654	8.79
Nursing	19,467	36.77
Allied Health	4,723	8.92
General Services Assistant (Care-related), Technical Services Assistant (Care-related), Health Care Assistants & Ward Attendants	6,836	12.91
Subtotal	**35,680**	**67.39**
Indirect Patient Care (32.61%)		
Other Professionals / Management	1,022	1.93
Other Supporting staff (Clerical, Secretarial, Workmen, Artisan, etc)	16,245	30.68
Subtotal	**17,267**	**32.61**
Total	**52,947**	**100**

Evolution of HA's Annual Planning Process

1.5 We have been publishing our Annual Plan since 1992/93 as part of our commitment to enhance accountability and transparency to the community. Annual Planning provides us with a structured mechanism to turn corporate vision and mission (Appendix 3) into directions, strategies, goals and operational targets.

1.6 Over the years, the planning process has evolved taking into account the experience gained, input from the HA Board, the staff and public, and the service needs of the community. With the rapid changes in Hong Kong's social, economic and political environment, we revisit our strategies and priorities every year in planning our services so that we can, within the limited resources available, come up with plans and services that meet the community needs

1.7 As in the previous years, the 2003/04 HA Annual Plan is the result of an extensive planning process taking into account the funding position, societal expectations, the Government's healthcare policy, the Authority's mission and vision, and the challenges in the internal and external environment. It is hoped that through the various strategies and targets formulated in the plan, we can be better equipped to overcome the numerous challenges in the environment that lie ahead.

2 Review on Progress

2.1 The 2002/03 Annual Plan described a total of 279 targets. Of these 279 targets, 266 (95%) were achieved according to schedule and 271 (97%) were achieved within the year. Details of individual targets not achieved by year end are illustrated below:

Deferred Targets

- ***Conduct a 'Willingness to pay' study for private insurance among the general public***
  The proposal to study the feasibility of developing subsidized medical insurance has been approved by the Board. The project will start in 2003/04.

- ***Conduct feasibility study for insurance options in the use of public funds on service provision***
  Same as the above target, the proposal to study the feasibility of developing subsidized medical insurance has been approved by the Board. The project will start in 2003/04.

- ***Introduce Positron Emission Tomography (PET) service through collaboration with private provider of isotopes***
  This target is deferred to 3Q03. Tender for PET scanner was approved in February, 2003 with acceptance letter issued to supplier. The target was delayed as extra time was needed to evaluate the evolving technology and the anticipated trend of price reduction. As a result of the evaluation, the latest technology (ie. Computerized Tomography – PET instead of PET) is purchased at a reduced price of over 10% as compared to the original estimate.

- ***Provide PET service for 1,500 patients per annum under agreed clinical protocols***
  Same as the above target, the project is deferred to 3Q03.

- ***Establish a toxicology reference laboratory in Princess Margaret Hospital for herbal product poisoning and substance abuse patients***
  This project is deferred in line with the revised time-table set by Government

- ***Strengthen staff awareness and commitment through corporate events: Corporate Environmental Protection Campaign and Tree Planting Day***
  This target is deferred. The HA Green Hospital Day has been planned to be held at Castle Peak Hospital on 22 March, 2003 with tree planting as one of its themes. However, with the outbreak of the severe Acute Respiratory Syndrome (SARS), this event has to be cancelled.

Partially Achieved Targets

- ***Examine strategies and options of creating new financing / insurance schemes to promote public-private interface, and to allow more choices for Hong Kong citizens***
  Studies commissioned by the Government on the development of Health Protection Account have been completed. Proposal to study the feasibility of developing subsidized medical insurance has been approved by the Board. The project will start in 2003/04.

- ***Recruit 400 qualified nurses to meet service needs***
  Recruitment number has been revised to 270. So far, a total of 258 nurses have been recruited. Recruitment of 12 Registered Nurses (EN) and 48 temporary RNs with 1-month contract to relieve short-term workload is in progress. The target is partially achieved because some graduates failed in the Universal License Examination and there is competition in the market as the Department of Health has recruited over 100 university graduates for its general outpatient clinics prior to the handing over of the clinics to HA.

3 Planning Environment

3.1 There are several major changes in the external and internal environment that shape the 2003/04 HA Annual Plan:

External

(a) With the economic downturn, the Government is recording huge deficits and is determined to curb public spending in order to balance the budget in a few years' time. This translates into very significant budgetary cuts to HA for the several years to come. As a result, the original estimation of an average 2.3% annual budgetary growth to HA required to cater for the need of the expanding and ageing population will not be realized. Despite the long history of productivity gain programmes in HA, much more needs to be done to meet the budgetary difficulties in the years ahead.

(b) The Government has initiated revision of public hospital fees and charges, together with strengthening of the existing waiving mechanism to help the poor. This will slightly alleviate the budgetary deficit of HA, and channel some patients who can afford to purchase private care.

(c) As part of the Government's healthcare reform plan, HA will take over all general outpatient clinics from the Department of Health. Thereafter, HA will integrate the primary and secondary / tertiary services under its wings to improve the overall system efficiency and effectiveness. Besides, the Government has asked HA to start providing Chinese Medicine outpatient services in our network.

Internal

(a) HA has successfully launched geographically-based cluster management to derive economy of scale and maximize managerial effectiveness of the distribution network of service units.

(b) A population-based internal resource allocation system will replace the historical allocation method to determine budget allocation to hospital clusters. Together with the cluster management reform, this will promote community-oriented care models and public-private collaboration.

(c) Faced with the stringent budgetary situation on the one hand, and population demand to offer the latest technology in medical care on the other, HA has proceeded to prioritize services in terms of clinical urgency, degree of evidence on effectiveness, and long term affordability. Services of low volume and requiring special expertise will have to be concentrated in designated centres to ensure quality and cost-effectiveness of provision.

(d) HA is facing considerable staff morale issues associated with increasing workload and decreasing headcount because of the budgetary cuts. In addition, HA needs to shoulder training responsibilities for new graduates of the various healthcare professions despite the low staff turnover. Major change strategies on management of human resources are called for.

4 Budget Allocation

Government Funding

4.1 The recurrent budget from the Government to HA for 2003/04, net of income, is HK$29,238M. The budget has included the following:

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

(b) Provision for running the 59 general outpatient clinics to be transferred from the Department of Health in July, 2003, and the new Chinese Medicine clinics;

(c) One-off funding for the Government's Initiatives for Wider Economic Participation Programme; and

(d) 1.8% deduction, or HK$524M for efficiency savings.

4.2 In addition, the Government will provide us with HK$370M for the development of information technology and the purchase and replacement of equipment and vehicles. Another sum of HK$210M is allocated for capital works.

4.3 The income budget of HA for 2003/04 is HK$1126M, including an anticipated HK$58M additional income from the introduction of accident and emergency charge. The Government agrees to let HA keep 50% of the new fees. For additional income derived from revision of existing fees, HA may keep such income for two years.

HA's Overall Financial Position

4.4 HA has been recording budgetary deficits since 2001/02 despite the very stringent savings programmes that have been put in place across the organization. This situation is expected to continue in 2003/04, thus further eroding the reserves cumulated over the years.

4.5 The main contributing factors for the deficit in 2003/04 are:

(a) The Government has reduced its subvention to HA. Instead of the original estimation of an average 2.3% annual growth in budget to cater for the need of the expanding and ageing population, the Government has reduced it to 1%.

(b) The Government has imposed a 1.8% deduction amounting to $524M from the HA budget as part of the Government's Efficiency Savings Initiative.

(c) Staff turnover is low under the current economic environment. Savings generated from staff turnover are insufficient to cover the additional 'creep' for the existing staff moving to higher points of their pay scales, where there is no separate funding from the Government. To stimulate more staff turnover and to generate savings in future years, HA has implemented the voluntary early retirement programme. To effect the programme, a one-off ex-gratia payment will need to be made in the financial year 2003/04.

(d) Despite the deficit and low staff turnover, HA has to continue recruiting new clinical staff to cope with service needs. Besides, being the major training ground for healthcare professionals in Hong Kong, HA will still have to shoulder the responsibilities of providing training to new graduates of the various healthcare disciplines.

4.6 It is anticipated that the unfavorable budgetary situation will continue in the coming few years. Every effort will be made to reduce the deficit.

GOVERNMENT FUNDING 2003/04

4.7 The table below outlines the Government funding to HA for 2003/04:

Recurrent Expenditure	**$Mn**
Personal Emoluments	17,105
Staff On-Cost	7,410
Sub-Total	24,515
Drugs, Medical Supplies & Instruments	2,616
Other Charges	3,233
Sub-Total	5,849
Total Recurrent Expenditure	**30,364**
Income	
Medical	(914)
Non-Medical	(212)
Total Income	**(1,126)**
Recurrent Expenditure Net of Income	**29,238**

MAJOR DIRECTIONS AND PROGRAMME INITIATIVES FOR 2003/04 HA ANNUAL PLAN

HA's Position

5.1 After undergoing an extensive planning process taking into account challenges in the external and internal environment, the funding position, societal expectations, the Government's healthcare policy, and the Authority's mission and vision, the HA Board and executives re-affirmed the following principles as the organization's position:

(a) Under the target subsidy principle, limited public resources should be targeted to help those without means and those with catastrophic illnesses. A sense of shared responsibility should be promoted, and programmes that will improve the overall population health should take precedence over individual health in the use of public resources.

(b) Charges for public medical services should be revamped and those who can afford should contribute more, while those without means should be protected through strengthening of the fee waiving mechanism.

(c) HA should help improve the public-private interface to reduce over-reliance on the public system, and eventually to achieve a better balance between the public and private sectors in service utilization for the long term sustainability of the healthcare system.

(d) Services should be prioritized according to clinical criteria, evidence of clinical effectiveness, and affordability. Under resource limitation, convenience should come second to assurance of clinical quality.

(e) Every effort should be made to generate savings while maintaining the quality of clinical services, which is the core business of the organization.

(f) HA will continue to invest in professional training of healthcare professionals. The existing human resources policies and practices will need to be revamped to cater for the new budgetary environment, to offer training opportunities, and to encourage performance in the workforce.

Major Directions for Planning

5.2 Taking the above principles and organizational positions, we have formulated our 2003/04 Annual Plan along the following five major directions:

(a) Enhancing system cost-effectiveness and improving population health through the development of community-oriented service models;

(b) Enhancing organizational productivity and performance to overcome challenges;

(c) Enhancing healthcare system sustainability;

(d) Developing a quality culture in the context of prioritization and with emphasis on clinical governance; and

(e) Building human resources capability and rewarding performance

6.1 We have been developing the community-oriented service model of care for the past few years and this has proved to be effective in addressing the volume and access issue by off-loading stable patients from the inpatient system to ambulatory care and healthcare facilities in the community and thus will improve the overall system cost-effectiveness. In the coming year, we will strengthen the multi-disciplinary and cross-sector element of this model of care so that resources in the community can be better mobilized and leveraged. We will also emphasize the concepts of public and population health so that diseases will be managed upstream and thereby improving the overall health status of the population.

Development of Pluralistic Primary Care Services

6.2 We will be taking over the remaining 59 general outpatient clinics from the Department of Health in July, 2003. For the few months ahead, we will be working closely with the Government to ensure smooth transition in terms of resource transfer, staff deployment, clinic reorganization and other operational details. With the take-over, our network on primary care will be enlarged and this will provide us with a stronger base to develop pluralistic primary care services which aim to achieve holistic and high quality community-based care through integration of primary and secondary / tertiary services, with the back-up of specialist expertise in our hospital system.

6.3 Along with the development of primary care services, we will enhance our training in Family Medicine. Such training will be community-based with focus on the care of the elderly, terminally ill and patients with mental health problems.

Targets:

- *Take over 59 General Outpatient Clinics from the Department of Health and plan reorganization of general outpatient services to improve integration of primary and secondary care* — *4Q03*
- *Establish the information technology infrastructure and implement the necessary information systems in 15 General Outpatient Clinics to cater for Family Medicine training* — *1Q04*
- *Enhance community-based professional training for doctors and nurses in collaboration with the Department of Health* — *4Q03*
- *Enhance exposure in community-based clinical practice (including medicine, geriatrics, mental health, woman & child health and Accident & Emergency) for Family Medicine trainees* — 3Q03
- *Introduce general practice work experience programme to medical graduates* — *3Q03*

Population-oriented Health Programmes

6.4 The concepts of public and population health will be emphasized to improve the health status of the population and manage health problems upstream. While ongoing efforts on smoking cessation, health education and patient empowerment will be made to address the three main risk factors of tobacco, unhealthy diet and physical inactivity for non-communicable diseases, disease prevention and detection will be promoted. Under the 2001 Policy Address, the Department of Health will be launching a cervical screening programme for women in 2003/04. In support of this programme, we will be formulating a shared care plan with other sectors to follow-up patients referred from the programme.

Targets:

- *Formulate a shared care plan with other sectors (private, non-government organizations and Department of Health) on the follow-up of patients referred from the cervical cancer screening programme* — *4Q03*

Provision of Support to Strengthen Ambulatory and Community Care

6.5 With integration of patients back to the community as early as possible gaining increasing importance and the need to provide better support to the growing elderly population and people with disability, ambulatory and community care will be further strengthened. Measures will be taken to improve patient outcome after discharge from hospitals, prevent frequent readmissions, and facilitate early intervention on emergence of complications. Training programmes will also be provided to the formal and informal carers in the community to enhance their knowledge and skills on community-based care.

Target:

- *Enhance the Extended-care Patients Intensive Treatment, Early Diversion and Rehabilitation Stepping Stone (EXITERS) project to increase the number of patients discharged into the community by 25% in 2004/05* — *1Q04*

- *Extend the Elderly Suicide Prevention Programme to the remaining clusters to achieve territory-wide coverage for early assessment and treatment of elderly persons with depression and suicidal risk* — *4Q03*

- *Promote awareness of elder abuse and formulate internal guidelines to handle elder abuse cases* *1Q04*

- *Standardize patient teaching kits on diabetes, respiratory, hypertension, cardiac, stroke and renal care to enhance patient self-care ability* *1Q04*

Partnership Collaboration Programmes with External Agencies

6.6 To improve the quality of community care, resources outside HA will be drawn on through collaboration with external agencies. This initiative will target at the aged and those who are chronically ill to reduce the pressure on hospital beds. In support of the Government's direction of Ageing in Place, we are working on the provision of long term care, including infirmary care in the community-setting. This is made possible by the enhanced development of community and outreach services through the strengthening of community geriatric assessment teams and community nursing service in the past few years. To further reduce the community's reliance on hospital services, we will empower the non-Government organizations in their rehabilitation services through transfer of skills and expertise.

Target:

- *Propose to welfare sector on the criteria, implementation plan and care standard for infirmary care in non-hospital setting* *1Q04*

- *Pilot an integrated team approach incorporating Visiting Health Teams, Community Geriatric Assessment Teams and Community Nursing Service in enhancing outreach services to old aged homes* *1Q04*

- *Strengthen the allied health service provision in the social service sectors by training a group of Community Rehabilitation Practitioners and launching collaboration projects with the social service providers* *2Q03*

Development of Chinese Medicine Service

6.7 In line with the Government directive of introducing Chinese Medicine outpatient services in public hospitals, we have been exploring suitable models for setting up Chinese Medicine clinics in HA. In 2003/04, we will be working with the Government on the setting up of such clinics in the public sector and will promote the development of evidence-based Chinese Medicine practice. We will also be developing our research and evidence-based capabilities in Chinese Medicine, as well as addressing the interface issues between Chinese and Western Medicine.

6 Enhancing System Cost-effectiveness and Improving Population Health Through the Development of Community-oriented Service Models

Target:

• *Establish 3 Chinese Medicine Clinics and a Clinical Toxicology Laboratory*	*1Q04*
• *Establish the information technology infrastructure and systems in the new Chinese Medicine Clinics*	*1Q04*
• *Roll out internal guidelines on the interface of Chinese Medicine with Western Medicine in HA*	*3Q03*
• *Organize workshops for experience sharing in research and the application of Chinese Medicine concepts in modern medicine*	*3Q03*

7.1 To address the resource issue, we will have to enhance productivity and generate savings on all fronts. The development of cluster management is instrumental in enhancing organizational productivity and performance whereby the Cluster Chief Executive will take charge of the performance of all hospitals and service units within his cluster's geographical catchment areas, and is accountable for the total resources allocated. This will increase the flexibility and agility of the organization in coping with the rapidly changing environment and meeting the local service needs. The cluster management structure has provided an effective platform for service rationalization and consolidation both in clinical and non-clinical areas, thus improving the organizations' overall system efficiency.

Evolution of Cluster Management

7.2 Good progress was made in 2002/03 in the setting up of the cluster management structure. So far, three mega-clusters (Kowloon West, New Territories East and New Territories West) and four intermediate clusters (Hong Kong East, Hong Kong West, Kowloon East and Kowloon Central) have been established with the intermediate clusters moving towards the direction of mega-clusters: Hong Kong East and Hong Kong West together will form the Hong Kong mega-cluster while Kowloon East and Kowloon Central together will become the Kowloon East mega-cluster.

7.3 Apart from achieving economy of scale by leveraging on automated processes and facilitating more cost-effective use of resources, the new structure will enable further integration and collaboration on cluster basis within and amongst various clinical and non-clinical services and hospitals to improve care. With the Cluster Chief Executive taking full charge of the cluster affairs with a defined budget, cluster issues can be resolved more expeditiously according to local needs and resources can be deployed more flexibly to the most needy areas.

Target:

- *Review the cluster finance organization arrangements with the objective to enhance the overall effectiveness of the finance function* — *3Q03*
- *Conduct a study on the organizational effectiveness of various cluster nursing management structures* — *1Q04*
- *Close the Linen Production Unit and decentralize the budget to clusters* — *2Q03*
- *Continue downsizing of administrative and managerial positions through cluster-based rationalization* — *1Q04*
- *Implement cluster-based human resources functions in all clusters* — *1Q04*

Change of Service Model to Generate Savings

7.4 With the move towards community-oriented service models of care and the use of effective treatment technology to shorten inpatient length of stay, various clusters are proceeding to consolidate facilities and reduce hospital beds in line with the international trend. We intend to rightsize 1,200 beds in 2003/04, made possible by the development of ambulatory and outreach services. This shift in service model not only improves the quality of care and patient convenience, it also saves cost. Every opportunity will be taken to streamline the service with a view to improving the cost-effectiveness of services. This includes the provision of step down care for stable psychiatric patients in general outpatient clinics and the rationalization of medical social service in our hospitals.

Target:

- *Rightsize a total of 1,200 beds in line with the shift from hospital-based care to ambulatory and outreach services* — *1Q04*
- *Pilot the use of general outpatient clinics to provide step down care for stable psychiatric patients* — *1Q04*
- *Facilitate Tung Wah Hospital's medical social service handover from Social Welfare Department to HA and complete the rationalization of medical social service in mixed provision hospitals* — *2Q03*

Human Resources Strategies to Generate Savings

7.5 As personal emolument accounts for 80% of our expenditure, we can hardly afford to ignore the human resources area in addressing the budget deficit issue. Apart from exercising tight control over recruitment and promotion, we will review our work force, our staff mix and remuneration package for which a more detailed account will be given in Chapter 10.

7.6 The voluntary early retirement programme launched in 2002/03 is a major initiative to reduce staff cost. In the coming year, we will complete the implementation of this programme and will make sure that the reduction in staff force will not compromise the continuity and quality of service.

Target:

- *Complete the HA voluntary early retirement programme for 02/03 and manage staff exit to ensure continuity of service provision* — *3Q03*

- *Continue tight central control on recruitment and promotion of staff together with inter-cluster and inter-hospital redeployment to maximize workforce utilization and control staff cost* — *1Q04*

Business Support Strategies to Generate Savings

7.7 Rationalization of business support services has contributed significantly to the Enhanced Productivity Programme in the past years. With the cluster management structure now in place, the momentum for rationalization can be accelerated. For the coming year, we will focus on better sourcing through improved information systems, better pricing through bulk tenders, and higher efficiency through outsourcing or centralization of appropriate services. We will also negotiate with the relevant Government departments serving HA with a view to deriving better value for money service agreements. We will also continue to invest in information systems to improve the cost-efficiency and effectiveness of our business support services.

Target:

- *Take over tender / procurement support for non-pharmaceutical supplies from Government Supplies Department* — *2Q03*
- *Pilot a Public Private Partnership project on centralized food service* — *1Q04*
- *Pilot a total solution contract for supply of linen / bedding items from Correctional Services Department* — *2Q03*
- *Achieve productivity savings of around $10M from electrical, mechanical and biomedical engineering services through provision of additional services in the Electrical and Mechanical Services Trading Fund (EMSTF) for 03/04* — *4Q03*
- *Develop nominated product lists for commonly used Percutaneous Transluminal Coronary Angioplasty (PTCA) consumables and standardize Privately Purchased Medical Items (PPMI) procurement procedures* — *3Q03*
- *Pilot vendor-managed inventory for supply of sutures in Pamela Youde Nethersole Eastern Hospital, Tuen Mun Hospital, United Christian Hospital and Prince of Wales Hospital* — *4Q03*
- *Pilot total solution approach to purchase major radiology equipment* — *4Q03*
- *Re-organize procurement and materials management functions by commodity product teams in HA Head Office* — *2Q03*

- *Implement bulk contract for pest control service* *4Q03*

- *Implement an improved term maintenance contract to serve the Hong Kong clusters* *4Q03*

- *Rollout Dietetics and Catering Management System (DCMS) to Kwong Wah Hospital, Hong Kong Buddhist Hospital & St John Hospital* *1Q04*

- *Implement bar-coding support for enhanced management of high value and high risk medical consumables in Pamela Youde Nethersole Eastern Hospital, Tuen Mun Hospital, United Christian Hospital and Prince of Wales Hospital* *1Q04*

- *Implement electronic Purchase Requisition Information System (ePRIS) in Kowloon West, Hong Kong West and Kowloon Central Clusters* *1Q04*

- *Extend Automatic Dispatching System (ADS) to support Non-Emergency Ambulance Transfer Services (NEATS) in the Hong Kong East Cluster* *1Q04*

- *Improve fixed and mobile telecommunications in United Christian Hospital, Queen Elizabeth Hospital and Prince of Wales Hospital* *1Q04*

Development of Information Technology Infrastructure

7.8 Investment in information technology infrastructure to support service delivery will continue. Apart from the development of systems and applications to improve the quality of both clinical and non-clinical services, we will upgrade our information technology technical infrastructure including staff, network, data processing capacity, data centres and call centres to achieve effective delivery of information services 24 hours a day and seven days a week in the hospital environment. In this information age with the demands for information anywhere, any time and from any source, the reliability and capability of the information technology infrastructure have become more and more important for productivity and efficiency.

Target:

- *Implement clinical information technology support systems including:* *1Q04*
  - *Continue to upgrade Queen Mary Hospital's Delphic Laboratory Information System (LIS);*
  - *Extend LIS to 1 non-acute hospital; and*
  - *Extend Radiology Information System (RIS) to 4 non-acute hospitals*

- *Migrate the technical platform of Pharmacy System to new middle-tier system software* *1Q04*

- *Implement the Electronic Data Interchange (EDI) engines for interfacing clinical data between HA systems to external parties* — *1Q04*
- *Develop the Resource Planning and Modelling System (RPMS) and implement at HA Head Office and all clusters* — *4Q03*
- *Initiate the Enterprise Resources Planning (ERP) Project including project study and planning, business case development, business process assessment, requirement study and preparation for possible alternative financing and outsourcing options* — *1Q04*
- *Migrate the technical platform of the Human Resources modules (Leave, Staff Development Review, Recruitment, Training & Development, Employee Compensation) to new middle-tier system software* — *1Q04*
- *Upgrade the Oracle Financial software for the Inventory Control System (ICS) to a new release package* — *4Q03*
- *Implement and upgrade corporate information systems and equipment in the new hospital blocks of Kowloon Hospital Phase I, Ruttonjee Hospital renovation, and Castle Peak Hospital new block* — *1Q04*
- *Continue implementation of the HA Network Strategy Phase 1 upgrade in 3 acute hospitals and 10 non-acute institutions to improve network stability and resilience, and start implementation of the Phase 2 upgrade* — *1Q04*
- *Establish Public Key Infrastructure (PKI) to enable secure email and electronic application form* — *1Q04*
- *Continue enhancement of midrange (Unix) computing environment for mission critical clinical systems in terms of service availability, management and security* — *1Q04*

8 Enhancing Healthcare System Sustainability

8.1 The sustainability of the public healthcare system has become a growing concern of society. Hong Kong is undergoing demographic transition similar to most developed countries with a rapidly ageing population. It is anticipated that those aged 65 or above, who constituted about 11% of the population in 2001, will rise to about 14% in 2016. This, together with the life-style of a cosmopolitan city, has resulted in an increase in illnesses like diabetes mellitus, stroke and heart diseases that require long term care. Added to this is the escalating healthcare cost particularly for the advanced, but often expensive medical technology, as well as the budgetary issues that we are now faced with. The principles of shared responsibility and target subsidies to areas of greatest need underpinned the formulation of programme initiatives under this direction.

Implementing Appropriate Fees and Charges Policy to Target Subsidy and Inculcate Shared Responsibility

8.2 In order that nobody 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 it is obvious that the limited available resources will not be able to meet the insatiable service demands. The introduction of the accident and emergency charge in November, 2002 was a start to inculcate among the public a sense of responsibility for sharing the healthcare cost, to be followed by the general revision of charges for public healthcare services in April, 2003.

8.3 With the implementation of the new charges, 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. Parallel to the restructuring of public fees, we will be revising our private patient fees so that there will be no subsidy to private services or unfair competition with the private sector.

Target:

- *Implement revision of fees and charges together with an enhanced waiver mechanism as agreed with the Government to better target the available public resources to those in need while protecting the poor* — *2Q03*

- *Implement the related operational processes and supporting information technology systems for the fees revision and enhanced fee waiver mechanism* — *2Q03*

- *Conduct a post implementation system and process review of the new accident and emergency fees and charges, including impact on utilization of services* — *1Q04*

- *Revise fees and charges for private patients in HA in accordance with the no subsidy and cost-plus principle* *3Q03*

Contributing Expertise Towards Long Term Healthcare Financing Solutions

8.4 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 better balance between the public and private sectors in service utilization. We will therefore continue our support to the Government in the formulation of healthcare financing options for the population, including further studies on the feasibility of insurance options

Target:

- *Conduct feasibility study on setting up a subsidized medical insurance scheme* *1Q04*

Enhancing Public-private Interface in the Provision of Care

8.5 We contributed to about 94% of the total patient days of Hong Kong for the past two years. The imbalance represents mal-distribution of both workload and use of available resources and is critically affecting the sustainability of the public healthcare system. To redress the currently heavily tilted balance between the public and private sectors in the utilization of services, we will enhance the public-private interface with incentive schemes to leverage private participation so that those with means are encouraged to use private healthcare services. A number of programmes have started along this direction and continued efforts will be made to strengthen collaboration between the public and private service providers through enhancement of patient information availability to private practitioners, provision of information on private service providers to patients to facilitate their choice, and setting up of collaborative service models with the private sector. To further develop the initiatives for public-private interface, we will continue our close liaison with the Hong Kong Medical Council, the Hong Kong Medical Association, the Hong Kong Doctors' Union, service providers in the community and other interested groups. We will also be organizing training for the private practitioners with a view to improving their expertise and competence so that those with means can be more attracted to private care.

Target:

- *Enhance the Discharge Summary Scheme to facilitate the transfer of patient's information to private practitioners in all hospital clusters* *2Q03*

- *Pilot nursing discharge summary for psychiatric patients in Kowloon West Cluster & New Territories West Cluster and implement nursing discharge summary for general patients under continuing care* — *1Q04*

- *Develop information on private Ophthalmology, Physiotherapy, Occupational Therapy and Speech Therapy service to facilitate patient choice* — *3Q03*

- *Set up mechanism for shared care with general practitioners in providing medical care support to residential and community care services* — *3Q03*

- *Enable community pharmacists to provide medication management service in old aged home and implement referral protocol for counselling service* — *1Q04*

- *Organize training for general practitioners on common psychiatric problems encountered in primary care settings* — *2Q03*

Prioritization of Public Service Provision

8.6 Given the resource limitation, and that there will always be opportunity cost for every dollar spent, it 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 Hong Kong population. Prioritization is the means as it can help achieve a balance between cost-containment and satisfaction of healthcare needs.

8.7 Considering the highly emotive nature of healthcare where virtually everyone has a stake in it, we will develop a more comprehensive framework to guide the prioritization of resource allocation. At the service delivery level, we will formulate standard prioritization criteria so that services are targeted at the most needy areas through clearer definition of the scope of service. In 2003/04, we will develop such criteria for our community geriatric assessment service and specialist outpatient services. At the service management level, prioritization is called for in determining which and what new technology should be introduced to HA. With the rapid advances in medical technology and the public's easy access to medical knowledge through the internet, there has been increasing public demand for the application of new medical technology to medical treatments. While many new technologies can significantly contribute to patient outcome, many others only bring about marginal benefit, but at a very high cost. A mechanism will therefore be established to manage the introduction of new medical technologies to HA taking into account scientific evidence, cost-benefit analysis, ethical considerations and societal values.

Target:

- *Review and redefine scope and goals in providing Community Geriatric Assessment Service to old aged homes* — *3Q03*
- *Implement and monitor standardized triage system for Psychiatric Specialist Outpatient Department* — *2Q03*
- *Review and enhance the efficiency of the new Specialist Outpatient Department & Allied Health Appointment Booking System to avoid duplication of booking* — *3Q03*
- *Coordinate the establishment of clinical ethics committees at hospital and cluster levels, provide education & training and to address priority ethical issues* — *1Q04*
- *Establish a central mechanism to manage the introduction of new technologies that involve significant resource implications for HA* — *1Q04*

Formulation of Internal Resource Allocation

8.8 To dovetail with the Government's population-based funding mechanism, we have been developing a population-based system for allocating resources to our clusters. The system takes into account the age-adjusted population needs in each cluster, cross cluster utilization of services, in particular referral of quaternary / tertiary services, and the effect of cross charging. The system has already been applied to the 2003/04 budget allocation process. In the coming year, definition and costing of quaternary / tertiary services will continue to be refined to provide more accurate information on service utilization and resource management. The cross-charging methodology and its effect on service referral will also be reviewed as part of the system implementation.

Target:

- *Implement a new population-based model for resource allocation to clusters to promote the shift from bed and activity-based service organization to one of community-oriented service development* — *1Q04*

9 Developing a Quality Culture in the Context of Priorization and with Emphasis on Clinical Governance

9.1 Although services will need to be prioritized and patient convenience will inevitably be affected under resource constraints, clinical quality for the provided services will be upheld. In 2003/04, we will drive a quality culture to ensure systematic delivery of high quality care while controlling cost. We will cultivate in our staff an attitude of constantly seeking higher standards and achievement in service delivery despite budgetary difficulties.

9.2 Tremendous efforts have been made in the previous years to ensure the attainment of high service standards. We have been putting a lot of efforts in driving evidence-based medicine to ensure the use of best evidence in clinical decision making, made possible by the development of the electronic knowledge gateway (eKG) and investment in information systems. We have also established service networks, service guidelines and protocols. To ensure compliance to guidelines, we have conducted clinical audits. Apart from the various quality mechanisms, we also promote among our healthcare professionals a culture of continuous learning to ensure that our staff are updated with the necessary new knowledge to meet the present day healthcare challenges. With all the systems that have been put in place, and the experience gained in the past years in quality control and quality assurance, we are now ready for total quality management through enhanced clinical governance and continuous quality improvement in various aspects of our service.

Enhancing Clinical Governance

9.3 Under clinical governance, corporate accountability for clinical quality and performance is stressed. To continuously improve the quality of our service and safeguard high standards of care, we have been creating an environment to help achieve clinical excellence. Apart from the continuing efforts in developing clinical protocols and guidelines, implementing clinical audits, and improving our risk management and complaints management systems, we will expand the HA Mechanism for the Safe Introduction of New Procedures (HAMSINP) to cover medical devices to ensure that emerging technologies / interventions are introduced to the HA system in a safe and coordinated manner.

Target:

- *Expand the scope of HA Mechanism for the Safe Introduction of New Procedures (HAMSINP) to cover medical devices and provide an expedite review procedure for technologies involving lesser risk* — *2Q03*

Development of Protocols and Specialized Service Networks

9.4 Over the years, we have developed an effective service distribution system through horizontal networking of specialty services and vertical clustering of hospitals. To build on the strength of the existing system and to dovetail with the new clustering arrangement and population-based resource allocation mechanism, we will emphasize the development of tertiary and quaternary clinical service networks so that medical services of high complexity, low volume and requiring specialized expertise and sophisticated equipment will be concentrated at a limited number of designated centres to ensure quality and cost-effectiveness. Referral protocols and cross-charging mechanisms will also be devised.

9.5 Apart from establishing / improving service networks to strengthen clinical governance, we will continue to develop protocols and guidelines which are basic attempts to standardize care pattern and to assist healthcare professionals in selecting effective and appropriate interventions for specific clinical conditions, hence helping them to put into practice the best practice. Protocols and guidelines also provide a common point of reference for clinical audits which close the quality improvement loop.

Target:

Acute Myocardiac Infarction

- *Develop clinical guidelines / protocols to aid service development and evaluation of acute coronary conditions* — *1Q04*

Acute Stroke

- *Develop clinical protocols and care standards to aid service development and evaluation of acute stroke* — *2Q03*

Cancer

- *Improve data collection on Breast Cancer in public / private sector to the Cancer Registry managed by the HA* — *3Q03*

Infectious Disease

- *Formulate a central mechanism for the analysis of antibiotic resistance surveillance data* — *4Q03*

- *Organize one joint infectious disease service team per cluster comprising both infectious disease physicians and microbiologists* — *1Q04*

Psychiatry

- *Develop minimal acceptable clinical standards and implement phase-specific programmes for schizophrenia* *4Q03*

Trauma Care

- *Complete an impact analysis on pre-hospital diversion for trauma patients* *4Q03*

Organ Transplantation

- *Set up a central registry for liver transplant and consolidate liver transplant services into one transplant centre* *4Q03*

Special Rehabilitation

- *Rationalize provision of specialized neuro-rehabilitation to 3 centres* *1Q04*

Palliative Care

- *Formulate cluster palliative care plans and rationalize existing service* *4Q03*

Clinical Audits to Ensure Compliance to Standards and Guidelines

9.6 Clinical audit is a systematic clinical analysis of the quality of healthcare, including procedures used for diagnosis, treatment and care, the use of resources and the resulting outcome and quality of life for patients. It enhances professional and managerial accountability and is an important tool in clinical governance to assure the quality of care. We have been conducting clinical audits in selected areas and such efforts will be continued in the coming year.

Target:

- *Perform HA-wide audit on risk adjusted performance standards for Cardiac Catheterization Laboratories* *1Q04*
- *Conduct audit on two Obstetric & Gynaecology procedures* *1Q04*
- *Complete 3 comparative audit projects on major operations* *1Q04*
- *Investigate the feasibility of developing a prospective data capturing mechanism for a risk adjusted surgical outcome measurement in HA* *1Q04*

- *Conduct audits and establish benchmark references in blood transfusion, pressure sore prevention, indwelling urethral catheter care & Community Nursing Service practice* *1Q04*

Inculcating a Total Quality Concept and Continuous Quality Improvement

9.7 We will promote the total quality concept so that the pursuit of continuous quality improvement can permeate the organization. Apart from the quality systems mentioned above, we will ensure that adequate information is provided to patients so that the quality of care decisions can be improved. We will enhance clinical data privacy and also obtain accreditation from internationally recognized standards for our supporting services so that our services are constantly upgraded and can be made comparable to international benchmarks.

9.8 Information systems have been contributing invaluable support for clinical decision making, hospital operation and service delivery. In the coming year, we will continue to invest in information technology with emphasis on the continued development of Clinical Management System and electronic Patient Record to facilitate information sharing.

Target:

- *Improve the informed consent process and tools to ensure that adequate information is provided to patients in making care decisions* *1Q04*

- *Enhance the mechanism for ensuring clinical data privacy and security* *1Q04*

- *Achieve ISO 9001:2000 accreditation for Procurement and Materials Management Section in HA Head Office to strengthen modernized supply management* *4Q03*

- *Achieve accreditation for ISO14001 and OHSAS18001 for Biomedical Engineering Services Section in HA Head Office* *4Q03*

- *Enhance the functionality of Clinical Management System Phase II by developing and implementing the following:* *1Q04*
  - *Generic Clinical Request (GCR) module*
  - *Generic Result Reporting (GRR) module*
  - *Medication Decision Support (MDS) module*
  - *Clinical Data Framework (CDF) module*
  - *Rehabilitation Outcome (RO) module*

- *Continue to implement the appropriate Clinical Management System Phase II functions in non-acute hospitals* *1Q04*

- *Develop Clinical Data Analysis and Reporting System (CDARS) Phase 2 to support analysis of outpatient and laboratory data* — *1Q04*

- *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* — *1Q04*

- *Roll out Medical Records Tracing System (MRTS) V3 to Hong Kong East Cluster (Cheshire Home (Chung Hom Kok), St John Hospital & Wong Chung Hang Hospital), Kowloon West Cluster (Princess Margaret Hospital, Kwong Wah Hospital, Yan Chai Hospital, Wong Tai Sin Hospital & Our Lady of Maryknoll Hospital) and New Territories East Cluster (Prince of Wales Hospital, Shatin Hospital & Tai Po Hospital) to facilitate the cluster-based medical records management* — *1Q04*

- *Develop the HK Red Cross Blood Transfusion Service and Hospital Blood Banks Networking System* — *1Q04*

- *Define and implement Health Level 7 (HL7) standard for interfacing the related clinical data to Clinical Data Repository (CDR) to support the development of Electronic Patient Record and Clinical Data Analysis & Reporting System* — *1Q04*

- *Enhance the content of the clinical data repository and data warehouse by extracting and transforming data from clinical systems, including Operation Record System / Endoscopy Record System (OTRS/ERS), specialty Clinical Information System (CIS) and Generic Result Reporting (GRR) to support the electronic Patient Record (ePR) and Clinical Data Analysis & Reporting System* — *1Q04*

Environmental Initiatives

9.9 'The Authority is committed to achieving the best practicable environmental standards and practices throughout its operations to ensure environmental protection and minimize adverse impact on the environment'. Pursuant to the commitment embodied in this environmental policy statement set out in the HA Annual Report 2000/01, we have been adopting the following principles in our drives for environmental protection: compliance to relevant environmental protection ordinances, minimization in consumption of energy and other utilities, pollution prevention, increase in staff awareness, and promotion of environmental performance and responsibility. Apart from continuing all the above efforts to encourage green practice, we will be working with hospitals to enhance pollution prevention with a view to achieving progression to the Gold WasteWise status under the WasteWise Accreditation Scheme spearheaded by the Environmental Protection Department and the Hong Kong Productivity Council.

Target

- *Develop a regular reporting system for clusters to monitor performance in energy and utilities management* — *1Q04*

- *Enhance environmental protection efforts in HA to achieve the Gold WasteWise status under the WasteWise Accreditation Scheme in ten hospitals* — *1Q04*

10 Building Human Resources Capability and Rewarding Performance

10.1 The tight financial situation together with the low staff turnover have generated a number of human resources issues such as training and career prospect of staff, mounting workload and instability of employment. Balancing our constraints in budget and our need for good quality staff for effective service delivery, we will strategically revamp our human resources practices with reference to the overall priorities and objectives of the organization, while continuing to provide rewarding and challenging employment to our staff. This will be translated into human resources arrangements for staff employment, deployment, recruitment and training for which meeting organizational and service needs is the prime objective.

Enhancement of Frontline Work Force

10.2 Though we will be exercising stringent control over recruitment and promotion, we will continue to enhance our workforce on direct patient services by recruiting well qualified staff to alleviate the workload of the frontline. We will recruit 300 doctors, 250 nurses, 57 allied health professionals and 99 allied health trainees. In addition, we will continue to employ 2,920 care assistants in support of the Government-initiated employment programme to strengthen service delivery for extended care.

Target:

- *Recruit 300 doctors into various Resident training programmes* *1Q04*
- *Recruit 250 graduate nurses for training and to meet service needs* *1Q04*
- *Recruit 156 allied health professionals and trainees to meet service and training needs* *1Q04*
- *Continue the Government-initiated employment programme to employ 2,920 personal care assistants and ward support staff to assist front line professionals in public hospitals* *1Q04*

Building an Organizational Environment to Encourage Performance

10.3 As competent and dedicated staff is a crucial contributing factor for quality service, we will build an organization environment to encourage performance by strengthening the link of the reward system to performance. We will review the policies and practices of the remuneration and benefit system so that the system can give due recognition to performance and market situation. To facilitate performance assessment, we will continue to develop for various grades of staff core competencies, which are demonstrable behaviour that reflects knowledge, skills and attributes required to perform a specific function effectively. These core competences will form the basis for staff development review.

Target:

- *Review policies and practices in remuneration and benefits (including basic salary, allowances and leave) to ensure that they consistently recognise performance and market relevance in a fair and equitable manner* — *1Q04*

- *Pilot implementation of competency-based Staff Development Review for Enrolled Nurses, Dispensers and Podiatrists* — *1Q04*

- *Develop core competencies for allied health grades including Physiotherapists, Occupational Therapists, Dietitians, Speech Therapists, Podiatrists and supplies and procurement staff* — *1Q04*

Grade Review Exercise

10.4 To build on the grade reforms that have taken place in the medical and some allied health professions, we will conduct grade review for other allied health professions and administrative support functions to ensure that our staffing structure and quality are competent in meeting the service needs in the changing environment.

Target:

- *Conduct professional grade review for Physiotherapists, Occupational Therapists, Dietitians, Radiotherapists, Speech Therapists, Prosthetists & Orthotists, Audiologists and Audiology Technicians* — *1Q04*

Consolidating the Residents Training Programme for Doctors

10.5 With the tight budget and low staff turnover, the training positions within HA have reduced. It has become increasingly difficult for us to meet the training needs of all the medical graduates every year. Nevertheless, being the major training ground for healthcare professionals, we will try our best to provide more training opportunities to our new medical graduates.

10.6 To ensure that our training will cater for the present and future service needs, we will revise our specialist manpower requirement taking into account service development, the changing healthcare environment, community needs, and considerations relevant to various specialties and coordinate and adjust the intake and training of Residents accordingly. To improve the efficiency of training, the Central Training Advisory Committee was set up to oversee the coordination of various training programmes. Programme Directors for various clinical specialties were also appointed to coordinate the training rotations and electives arrangements for trainees within and across the clusters. Close liaison with the Colleges will be maintained to ensure the quality, efficiency and standard of specialist training.

10.7 In view of the reality that most trainees will eventually be practising in the community, we have been working closely with the Hong Kong Academy of Medicine and the respective specialty colleges to develop structured community-oriented programmes to equip the trainees with the required expertise to provide high quality primary care service to the community after they have completed the training programmes.

Target:

- *Carry out an update survey on specialist requirements and accordingly devise plans for the annual intake and contract renewal of Resident doctors in the training programmes of various specialties* — *3Q03*

Career Assistance to Staff on Completion of Training

10.8 Knowing that HA cannot absorb all the trainees upon completion of their training, we have been offering career assistance to the trainees to help them pursue their careers outside HA. Among the many initiatives, a career development corner was set up for the Contract Medical Officers and Residents on the HA Intranet to supply information on job opportunities in Hong Kong and overseas, and to provide useful links to websites providing information on employment and professional development. In addition, career seminars are organized. In the coming year, we will enhance our career assistance service to the trainees by setting up a framework of programme directors from different specialties to provide them with career guidance and counseling.

Target:

- *Set up a framework of Programme Directors in different specialties to provide guidance and counseling for trainees* — *2Q03*

- *Organize career talks and update information regularly on dedicated website regarding development opportunities in public and private sectors for Resident doctors* — *1Q04*

Other Professional and Managerial Training

10.9 A continuous learning culture, where lessons are learnt from failures, and good practices and new approaches are freely shared, is the cornerstone for our quality drives. To promote such culture, we stress continuous professional development through continuous updating of skills and knowledge amongst our staff members in order that effective and high quality care can be offered to patients.

10.10 To support the continuous learning culture, apart from putting in place mechanisms like the electronic Knowledge Gateway (eKG) and the e-learning programme, we have set up the Institute of Healthcare which offers tailored professional training programmes for our various groups of staff. In addition to the in-house training programmes, arrangements are often made for our staff to attend training organized by other institutions. To enhance the leadership and management capabilities of our executives to tackle the complex organizational issues, we also organize specific management programmes to enhance the versatility of our staff in meeting the challenges in modern healthcare services.

Target:

- *Develop Continuous Professional Development framework for Medical Social Workers, Audiologists, Dietitians and Clinical Psychologists* — *1Q04*
- *Sponsor 200 nurses and 150 Enrolled Nurses to take up conversion course in tertiary education institutions in 03/04* — *1Q04*
- *Sponsor 40 nurses to undertake post-basic psychiatric nursing programme* — *3Q03*
- *Pilot an in-service programme to enhance psychiatric nursing competencies of Registered Nurses (General) in New Territories West and Hong Kong East Clusters* — *3Q03*
- *Launch an integrated multi-disciplinary training programme for healthcare practitioners (including nursing and allied health staff) to facilitate skill transfer and delivery of integrated clinical services in hospital and community settings* — *4Q03*

Staff Health and Welfare

10.11 In view of the pace of change in service organization and human resources strategies, we will strengthen our communication with staff to achieve transparency in decision making to address staff's concerns and to ensure understanding and consistency of the messages to be put across. We will also organize specific programmes to foster the spirit of mutual support among our staff to help them cope with the rapid changes in the environment. At the same time, as a responsible and caring employer, we will enhance occupational safety and health in all hospitals. We will support the World Health Organization Collaborating Centre's Safe Community Programme which advocates a safe and healthy life style at home, at work and during leisure activities by initiating specific occupational safety programmes in all hospitals and clinics in selected districts. On the staff benefit side, we will provide investment options for members of the HA Provident Fund Scheme in response to the requests of the majority of the scheme members.

Target:

- *Develop strategy and means to communicate key corporate messages and issues to staff effectively* — *1Q04*
- *Facilitate staff to cope with organizational and personal changes and build up the culture of care to promote mutual support among staff through a series of programmes under the theme of "Thrive on Organizational and Personal Changes'* — *1Q04*
- *Formulate staff support programmes / activities to take care of employees' work wellness and morale* — *1Q04*
- *Implement occupational safety & health audit checklist and safety plan for all hospitals* — *4Q03*
- *Obtain recognition by World Health Organization (WHO) Collaborating Centre on Community Safety Promotion for safe community status in Tuen Mun and Kwai Ching districts and prepare for similar status for 2 other communities* — *2Q03*
- *Conduct option exercise for all members of the HA Provident Fund Scheme following the change in Trust Deeds and implement members' choice on provident fund investment* — *3Q03*
- *Enhance Human Resources / Payroll System (HRPS) to support the new HA Provident Fund System* — *3Q03*

CLUSTER PLANS

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

- *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, as well as Orthopaedics & Traumatology*
- *Tung Wah Eastern Hospital: A community hospital providing secondary and tertiary services including Internal Medicine, Ophthalmology, Rehabilitation & 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 As at 31 December, 2002, there were a total of 3,258 beds, with 1,566 for acute care, 1,082 for convalescent, rehabilitation, infirmary and hospice care and 610 for the mentally ill.

Future Challenge and Major Initiatives

11.3 Financial constraints consequent upon the tightening of public expenditure as well as the HA population-based resource allocation arrangement have driven us to innovate further. The cluster strives to continuously improve our quality of care to the public in line with our mission to excel in the provision of holistic, patient-centred healthcare. Our key strategies serve twofold purposes: to rationalize services aiming at enhancing effectiveness and efficiency while at the same time offering patients who can afford and are suffering from non-urgent conditions the chance of seeking service from the private sector.

11.4 To improve productivity and facilitate service consolidation, hospital bed utilization and manpower deployment are reviewed. A number of initiatives are planned on the clinical front. The implementation of observational medicine in Accident and Emergency service is conducive to improving collaboration and interface between the Accident and Emergency and other clinical departments. Inpatient admissions can be reduced without jeopardizing patient safety. The take-over of the general outpatient clinic service from the Department of Health provides an excellent opportunity for

service rationalization and for improving interface between hospital and primary care. This will allow us to provide patients with appropriate care at the right setting.

11.5 The Tung Wah Eastern Hospital will develop a Community Rehabilitation Centre to strengthen its community-oriented care. With the accreditation of the clinical pathology laboratories within the cluster through certification by the National Associate of Testing Authority, Australia (NATA), it is envisaged that the effectiveness of laboratory services will be further improved.

11.6 Enhancing the productivity of administrative and supporting services will also be a major initiative to achieve savings. A new model in the delivery of domestic services such as cleansing is planned to harvest significant manpower savings. A novel system will be formulated to streamline the structure of the cluster facility management services, reduce risk and enhance cost-effectiveness. A cluster Human Resources Centre will be established to maximize economy of scale.

11.7 Management of staff with substandard performance and rewarding staff with outstanding achievement will be given additional emphasis. This requires close collaboration between line supervisors and human resources staff. In addition to providing the managers of line departments with human resources related management information, the Human Resources Department will also develop designated staff members to work as strategic partners with them.

11.8 To ascertain the overall performance standard of the cluster, a mechanism to ensure compliance with the HA Annual Plan Section 3 quality parameters is developed.

11.9 With regard to the strategy of offering service options for patients, public-private interface will be further developed. Private healthcare information for making appointment at private hospitals and clinics will be made available in our hospitals. Logistic support service, triage referral arrangement and patient handheld medical records will be provided to patients to safeguard continuity of care.

Target:

Enhancing System Cost-effectiveness and Improving Population Health through the Development of Community-oriented Service Models

- *Develop Community Rehabilitation Centre at Tung Wah Eastern Hospital* — *1Q04*

- *Take over 10 General Outpatient Clinics from the Department of Health and reorganize general outpatient services to improve integration of primary and secondary care* — *1Q04*

Enhancing Organizational Productivity and Performance to Overcome Challenges

- *Revamp domestic service delivery model in Hong Kong East Cluster hospitals to achieve manpower savings and efficiency gains* — *1Q04*
- *Formulate a structure to reduce risk and enhance cost-effectiveness of facilities management service delivery in Hong Kong East Cluster* — *2Q03*
- *Rightsize a total of 94 beds in line with the shift from hospital care to ambulatory and outreach services* — *1Q04*

Enhancing Healthcare System Sustainability

- *Enhance public-private interface (PPI) through the provision of private healthcare information, logistic support service, triage referral, PPI Newsletters and patient hand-held record in Hong Kong East Cluster* — *1Q04*

Developing a Quality Culture in the Context of Prioritization and with Emphasis on Clinical Governance

- *Improve interface between Accident & Emergency service and medical admissions through enhancing inter-departmental collaboration and observation beds in Hong Kong East Cluster* — *2Q03*
- *Obtain accreditation from National Associate of Testing Authority, Australia (NATA) for laboratory services in Clinical Pathology of Hong Kong East Cluster* — *2Q03*

Building Human Resources Capability and Rewarding Performance

- *Establish Human Resources Centre in Hong Kong East Cluster to increase efficiency and effectiveness of Human Resources functions* — *2Q03*
- *Promote performance management and productivity through the provision of human resources management information and designated human resources partner for individual departments in Hong Kong East Cluster* — *3Q03*

General Background

12.1 The Hong Kong West Cluster serves the population of the Central, Western and Southern Districts of the Hong Kong Island. The estimated population of these three districts is around 0.55M. There are eight hospitals in the cluster providing comprehensive inpatient, ambulatory and community-based healthcare services to the community.

- *Queen Mary Hospital: A major acute hospital that is also the teaching hospital for the Faculty of Medicine, the University of Hong Kong. It serves as the major centre for quaternary services such as bone marrow and liver transplant.*
- *Tsan Yuk Hospital: With the relocation of its obstetric and neonatal inpatient services to Queen Mary Hospital, it will be transformed into a community family health centre.*
- *Grantham Hospital: A specialized hospital offering cardiothoracic services including organ transplant, paediatric cardiology, and rehabilitation services.*
- *Duchess of Kent Children's Hospital: It offers specialized orthopaedic and paediatric services*
- *Tung Wah Hospital: It supports Queen Mary Hospital in some acute services and in extended care.*
- *MacLehose Medical Rehabilitation Centre and Tung Wah Group of Hospitals (TWGHs) Fung Yiu King Hospital: Both offer extended care and rehabilitation services*
- *Nam Long Hospital: It provides comprehensive palliative care services for cancer patients (inpatient, outpatient, home care and day care)*

12.2 As at 31 December, 2002, there were a total of 3,667 beds, with 2,592 for acute care, 983 for convalescent, rehabilitation, infirmary and hospice and 92 for the mentally ill.

12.3 Apart from providing a full spectrum of specialist outpatient services, the cluster also runs a general outpatient clinic at the Sai Ying Pun Jockey Club General Outpatient Clinic, a geriatric day hospital at the TWGHs Fung Yiu King Hospital, a day rehabilitation centre at the Tung Wah Hospital and a psychogeriatric day hospital at the David Trench Rehabilitation Centre.

Future Challenge and Major Initiatives

12.4 Measures are being taken to control the expenditure and contain costs of services. In order to maximize human resources and facilities / equipment, all clinical and non-clinical units with the same or similar function are being merged under one management. This will facilitate the operation and management of services. Following the rationalization of services, the public and private markets of different programmes and specialties will be assessed, and pilot models of public-private interface will be developed with the private sector or Non-Government Organizations.

12.5 With the increasing service volume and defined financial parameters, the manpower and staff-mix of each programme and department will need to be redefined. Department heads have already been requested to reorganize their team structure using a zero-based approach. Every attempt will be made to retain staff with appropriate expertise / experience to maintain a healthy staff-mix for all units.

12.6 While the exact future roles of some hospitals cannot be defined at the moment, it is generally agreed that the Queen Mary Hospital would be the cluster centre for high-technology and high-expertise services, particularly for tertiary and quaternary services that may cater for the whole of Hong Kong. The roles of other institutions will further be refined through discussion with the respective stakeholders within the financial year.

12.7 There is strong need to build up a closer and more structured partnership with the University of Hong Kong for collaboration in the challenging years ahead. The healthcare and professional standards in Hong Kong still rank top in the Asian region, and such strengths should be maintained even in the presence of financial adversity.

Target:

Enhancing System Cost-effectiveness and Improving Population Health through the Development of Community-oriented Service Models

- *Pilot a target population elderly service to 5,000 patients in old aged homes / higher-admission risk conditions* — *2Q03*
- *Take over 4 General Outpatient Clinics from the Department of Health and reorganize general outpatient services to improve integration of primary and secondary care* — *3Q03*
- *Develop a community-based palliative medicine / hospice care service model to replace the existing services at Nam Long Hospital* — *3Q03*
- *Expand Family Medicine training and promote the family doctor service model* — *1Q04*

Enhancing Organizational Productivity and Performance to Overcome Challenges

- *Commence the planning of central endoscopy centre and gastrointestinal services, central chemotherapy centre and cluster sleep laboratory* — *3Q03*
- *Rightsize 376 inpatient beds* — *1Q04*

Enhancing Healthcare System Sustainability

- *Implement the new fees and charges policy and private services* *2Q03*
- *Develop shared-care programmes with private general practitioners* *4Q03*

Developing a Quality Culture in the Context of Prioritization and with Emphasis on Clinical Governance

- *Set up cluster-wide quality improvement and risk-management structure and support system* *2Q03*
- *Establish cluster-wide infection control policy, surveillance programme and audit systems* *2Q03*

Building Human Resources Capability and Rewarding Performance

- *Start mega-cluster-wide manpower planning, redeployment and development together with the Hong Kong East Cluster* *3Q03*

13 Kowloon Central Cluster

General Background

13.1 The Kowloon Central Cluster serves the population of Yau Ma Tei, Tsim Sha Tsui, Kowloon City and the neighbouring districts. The estimated population of these districts is around 0.48M. There are six hospitals / institutions in the cluster.

- *Queen Elizabeth Hospital: A major acute hospital providing 24-hour comprehensive services*
- *Kowloon Hospital: An extended care hospital providing rehabilitation and psychiatric services*
- *Hong Kong Buddhist Hospital: A community hospital with 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*

13.2 As at 31 December, 2002, there were a total of 3,691 beds in the cluster, with 2,197 for acute care, 1,181 for convalescent, rehabilitation, infirmary and hospice care, and 313 for mentally ill. With the newly opened Kowloon Hospital Rehabilitation Building, the cluster also provides extended care support to the Kowloon East Cluster.

Future Challenge and Major Initiatives

13.3 With the reduction in the cluster budget for 2003/04, 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 expenditure, the main focus of the cluster will be directed at enhancing service rationalization and inter-hospital cooperation to improve efficiency and productivity.

13.4 Following the introduction of population-based resources allocation, opportunity will be taken to change the service delivery model in the cluster as a means to managing the problem of volume and access. Due emphasis will be given to planning and providing primary, ambulatory, community and rehabilitation services in place of hospital-oriented services, thereby achieving a 3% reduction of general and psychiatric beds in the cluster for 2003/04.

13.5 In line with clustering development, all the hospital-based managerial and administrative functions, including human resources, finance, procurement and material management, will be integrated at the cluster level. Similarly, all clinical, allied health and business support services will be rationalized and managed centrally by line managers to ensure cost-effective and seamless delivery of patient care service across hospitals in the cluster.

13.6 To dovetail with the mega-cluster development, plans are in hand to collaborate with the Kowloon East cluster for the integrated delivery of otorhinolaryngology (ENT), eye, neurosurgical, major trauma and paediatric surgical services.

Target:

Enhancing System Cost-effectiveness and Improving Population Health through the Development of Community-oriented Service Models

- *Take over 5 General Outpatient Clinics from the Department of Health and reorganize general outpatient services to improve integration of primary and secondary care* — *3Q03*

Enhancing Organizational Productivity and Performance to Overcome Challenges

- *Re-engineer business support services and merge procurement function at cluster level* — *2Q03*
- *Centralize outpatient paediatric rehabilitation of neuro-development cases at Kowloon Hospital* — *2Q03*
- *Implement direct admission of Tuberculosis (TB) and Chronic Obstructive Pulmonary Disease (COPD) cases to Kowloon Hospital from Accident & Emergency Department of Queen Elizabeth Hospital* — *2Q03*
- *Centralize outpatient physiotherapy services for special hand rehabilitation, ante-natal and post-natal patients at Queen Elizabeth Hospital* — *4Q03*
- *Rationalize all outpatient prosthetic services in Kowloon Central Cluster to Kowloon Hospital* — *1Q04*
- *Rightsize a total of 120 beds in line with the shift from hospital care to ambulatory and outreach services* — *1Q04*

Enhancing Healthcare System Sustainability

- *Develop a model for facilitating referral out of medical patients to practitioners in the private sector* — *3Q03*

Developing a Quality Culture in the Context of Prioritization and with Emphasis on Clinical Governance

- *Provide highly active antiretroviral therapy to 350 HIV/AIDS patients* *3Q03*
- *Increase the number of Coronary Artery Bypass Graft (CABG) operations performed by Queen Elizabeth Hospital by 20 cases to a total of 60 per year* *1Q04*
- *Establish service protocol for provision of territory-wide immunohaematology service* *1Q04*
- *Establish territory-wide protocols for stem cell processing and related service* *1Q04*

Building Human Resources Capability and Rewarding Performance

- *Launch cluster staff recognition programmes* *4Q03*
- *Conduct team building workshop for the cluster team* *4Q03*

General Background

14.1 The Kowloon East Cluster serves the population of Kwun Tong, Sai Kung and Tseung Kwan O. The estimated population of these districts is over 0.88M. 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*

14.2 As at 31 December, 2002, there were a total of 2,233 beds in the cluster, with 1,744 for acute care, 459 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

14.3 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 to gear up the cluster to meet the challenge.

14.4 To improve cost-effectiveness, the roles of the cluster hospitals will be further delineated so that they will complement each other. Economy of scale will be maximized in suitable areas by centralization of services. To keep the community healthy and minimize unnecessary use of HA service, a three-pronged approach will be adopted: to improve post-discharge ambulatory care, to channel more cases to primary care providers and the private sector and to improve the quality of service of primary care providers and caring institutions. The above will be achieved through service reorganization, improved liaison with other healthcare providers and empowerment of staff, patients and carers.

14.5 For the management structure to work effectively, a good team of staff is essential. Team building programmes to care for the carers will be carried out. A paradigm shift in the organization culture is needed. To empower staff, communication will be improved with emphasis on openness, trust and respect.

Target:

Capacity Building

- *Appoint consultants and commence detailed design for the provision of additional lifts at Block S of United Christian Hospital* — *3Q03*

Enhancing System Cost-effectiveness and Improving Population Health through the Development of Community-oriented Service Models

- *Take over 7 General Outpatient Clinics from the Department of Health and reorganize general outpatient services to improve integration of primary and secondary care* — *3Q03*

- *Enhance geriatric outreach service in Tseung Kwan O district by improving collaboration between Haven of Hope Hospital outreach team and Tseung Kwan O Hospital* — *4Q03*

- *Implement elderly suicide prevention programme in Kowloon East Cluster* — *4Q03*

Enhancing Organizational Productivity and Performance to Overcome Challenges

- *Establish cluster facility management for Schedule II hospitals in the cluster* — *2Q03*

- *Establish cluster domestic services contract* — *2Q03*

- *Establish cluster security service contract* — *4Q03*

- *Enhance cluster financial management model* — *4Q03*

- *Further delineate the roles of surgical cluster subspecialty teams within the cluster* — *1Q04*

Enhancing Healthcare System Sustainability

- *Enhance logistic support to facilitate patient choice in private healthcare* — *1Q04*

- *Transfer skills on minimal invasive surgery to private surgeons through designated training programmes* — *1Q04*

Developing a Quality Culture in the Context of Prioritization and with Emphasis on Clinical Governance

- *Conduct 4 cluster-based nursing audits and establish cluster benchmark references* — *1Q04*
- *Pilot primary nursing practice model in 10 wards in the cluster hospitals* — *1Q04*

Building Human Resources Capability and Rewarding Performance

- *Enhance cluster human resources operational management through the adoption of shared roles model and development of human resources professional expertise in line with corporate guidelines* — *1Q04*

15 Kowloon West Cluster

General Background

15.1 The Kowloon West Cluster serves the population of Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Chung, Tsing Yi, Tsuen Wan and the Tung Chung New Town. Out of a population of 1.8M in these districts, 13.5% are now aged 65 or above. It is expected that by 2010, the population in the cluster will grow to 2M with 13.9% aged 65 or above.

15.2 The Kowloon West Cluster, in place since October, 2002, is composed of the following seven hospitals:

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

15.3 As at 31 December, 2002, there were in total 8,073 beds in the Kowloon West Cluster, including 4,339 general and acute beds, 1,472 psychiatric beds, 1,962 convalescent, rehabilitation, infirmary and hospice beds and 300 beds for the mentally handicapped.

Future Challenge and Major Initiatives

15.4 In the face of an ageing population, rising patient volume and stringent resources, the Kowloon West Cluster has made great efforts to maintain an optimal quality and improve the cost-effectiveness of our healthcare services. To ensure sustainability in the long run, our focus will be on management of service volume, leveraging on community resources and partners in healthcare delivery, eliminating duplication and filling service gaps. Our services will be reprioritized and rationalized and new paradigms of operation will be put in place – cluster-based clinical teams and functions, streamlined management structure, closer partnership with the community, enhanced primary and secondary care linkages, as well as enhancement of community health services.

15.5 Service reorganization will be the focal strategy in the cluster for 2003/04. Rationalization of clinical services is actively underway while offices are being re-provisioned in the Princess Margaret Hospital for the Cluster Human Resources, Finance and Procurement Divisions. Management integration for the Kwai Chung and Our Lady of Maryknoll Hospitals is underway to enhance organizational efficiency. Moreover, hospital beds in the cluster will be reduced by 390 in support of the Government's direction to attain general savings. Implementation of the Initiatives for Wider Economic Participation and the voluntary early retirement programme will provide greater opportunities to review our staff mix and consolidate facilities so as to meet future challenges and service needs.

15.6 Continuous efforts are being made to extend our community-oriented services to address the issues of ageing population and rising service demand in the cluster. Take-over of 17 general outpatient clinics from the Department of Health will provide grounds for integrating primary care with our secondary and tertiary care and for training of Family Medicine practitioners.

15.7 Initiatives will be taken to facilitate public-private interface in the cluster. Setting up of hospitality desks in the cluster's specialist outpatient clinics and outsourcing of general outpatient clinics to the private sector will be priority areas of work for the coming year.

15.8 To meet the community needs for oncology services and to tie in with service commissioning of the Radiotherapy Centre in the Princess Margaret Hospital by end 2005, we will enhance our expertise in haematology and cancer management. Construction work of the centre is on schedule.

15.9 Last but not least, use of information technology will continue to be our strategy to support clinical service delivery and enhance operational efficiency of the cluster.

15.10 While emphasizing knowledge-based practice, participatory management, effective communication, as well as open and transparent services, the Kowloon West Cluster management will keep on creating synergy among professionals of different disciplines in order to meet all future challenges.

Target:

Capacity Building

- *Commence superstructure works of Princess Margaret Hospital Radiotherapy Centre* — *2Q03*

- *Appoint consultants and commence detailed design for Caritas Medical Centre Redevelopment Phase II* — *4Q03*

Enhancing System Cost-effectiveness and Improving Population Health through the Development of Community-oriented Service Models

- *Take over 17 General Outpatient Clinics from the Department of Health and reorganize general outpatient services to improve integration of primary and secondary care* — *1Q04*
- *Implement adolescent substance abuse / learning disability / early psychosis programmes* — *1Q04*
- *Establish Adolescent Medical Health Centre at Yan Chai Hospital* — *1Q04*
- *Pilot case management for the elderly at Shamshuipo district* — *1Q04*

Enhancing Organizational Productivity and Performance to Overcome Challenges

- *Centralize procurement of goods by Kowloon West Cluster procurement center* — *2Q03*
- *Integrate management and governance for Kwai Chung Hospital and Princess Margaret Hospital* — *3Q03*
- *Integrate Psychiatric Clinical Management Teams* — *3Q03*
- *Establish Kowloon West Cluster clinical information support, human resources, finance, procurement, facility management, and information technology functions* — *3Q03*
- *Streamline management positions within the cluster* — *4Q03*
- *Centralize central sterile supplies delivery service in Kowloon West Cluster* — *1Q04*
- *Rightsize a total of 390 beds in line with the shift from hospital care into ambulatory and outreach service* — *1Q04*

Enhancing Healthcare System Sustainability

- *Set up logistic support service in specialist outpatient clinics to supply information on private providers for patients' choice* — *3Q03*
- *Pilot an internal purchase arrangement on anaesthesiology service in Caritas Medical Centre to improve productivity* — *1Q04*

Developing a Quality Culture in the Context of Prioritization and with Emphasis on Clinical Governance

- *Establish 4 chronic paediatric ventilator beds at Caritas Medical Centre to concentrate expertise* — *2Q03*
- *Establish on-site paediatric surgical coverage for Princess Margaret Hospital in collaboration with New Territories East Custer* — *3Q03*
- *Rationalize after–hour emergency operating theatre service in Our Lady of Maryknoll Hospital and Caritas Medical Centre* — *2Q03*
- *Establish cluster-based Ophthalmology, Otorhinolaryngology (ENT) and Neurosurgery services* — *3Q03*
- *Rationalize cluster Neonatal Intensive Care Unit (NICU) service* — *3Q03*
- *Rationalize extended care and rehabilitation services* — *4Q03*
- *Formulate an agreed plan on integration of Pathology services* — *1Q04*
- *Plan for the establishment of Clinical Oncology team* — *1Q04*

Building Human Resources Capability and Rewarding Performance

- *Build teamwork and common purpose within the mega-cluster through a series of strategic planning workshops and communication forums* — *1Q04*

16 New Territories East Cluster

General Background

16.1 The New Territories East, the first mega-cluster within HA, serves the population of Shatin, Tai Po and North District. The estimated population of these districts is around 1.3M. 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*
- *Alice Ho Miu Ling Nethersole Hospital: An acute general hospital in Tai Po*
- *Shatin Hospital and Cheshire Home (Shatin): Both are extended care hospitals in Shatin*
- *Bradbury Hospice: It provides inpatient and community outreach hospice services*
- *North District Hospital: An acute general hospital in Fanling*
- *Tai Po Hospital: An extended care hospital in Tai Po*

16.2 They together provide acute, convalescent, rehabilitation and extended care services to the cluster. As at 31 December, 2002, there were a total of 4,466 beds in the cluster, with 2,607 for acute care, 1251 for convalescent, rehabilitation, infirmary and hospice care and 608 for mentally ill

16.3 The cluster has made remarkable achievement in the past year. Through an effective management structure, various enhanced productivity programmes were implemented. Service rationalization and reorganization initiatives have successfully been carried out to align values, set cluster-based operation models, standards and quality. Duplication and compartmentalization of service were eliminated. Budget balance was achieved in 2002/03.

16.4 The cluster management structure will be further refined to produce an organizational framework that will enhance governance, efficiency and cost-effectiveness. New bed utilization models will be developed to rationalize bed capacity through downsizing and consolidation of facilities.

16.5 The New Territories East Cluster is committed to provide quality patient care service. Specialized service network and protocols are developed and will be reviewed for continuous quality improvement. Programmes on patient safety will be carried out to enhance risk management.

Future Challenge and Major Initiatives

16.6 In the light of budget constraints, prioritization of public service provision is of paramount importance. To make the best use of finite resources, guideline will be developed to standardize the use of medical consumables and define patients' choice items.

16.7 The hospice care services would be remodeled to enhance cost-effectiveness. The infirmary service in the Shatin Hospital, Cheshire Home (Shatin) and Tai Po Hospital will be streamlined to achieve efficient and effective use of resources to meet increase in demand. 24-hour coverage of Cardiac Surgery for the cluster will be developed in 2Q03 to enhance service network support for thoracic surgical services in the cluster.

16.8 The cluster will be taking over ten general outpatient clinics from the Department of Health in 3Q03. An integrated model of Family Medicine and specialist outpatient care will also be developed to manage volume and access. In respect of secondary prevention programmes for specific diseases, structured diabetic complication prevention and follow-up programme is scheduled for implementation in 1Q04. Computer-based public-private interface programme is being developed to facilitate the roll-out of shared care for Diabetes Mellitus.

16.9 The cluster will continue to collaborate with external agencies to launch partnership programmes. Phase I of the Logistic Support Service for private care was rolled out in 2002/03 and proved to be successful. Logistic support will be expanded to other clinical and supporting areas in 3Q03.

Target:

Enhancing System Cost-effectiveness and Improving Population Health through the Development of Community-oriented Service Models

- *Take over 10 General Outpatient Clinics from the Department of Health and reorganize general outpatient services to improve integration of primary and secondary care* — *3Q03*
- *Develop an integrated model of Family Medicine and specialist outpatient care* — *1Q04*
- *Roll out a structured diabetic complication prevention and follow-up programme in the cluster* — *1Q04*

Partnership collaboration programmes with external agencies

- *Rationalize the provision of infirmary services in Shatin Hospital, Tai Po Hospital and Cheshire Home (Shatin)* — *1Q04*

Enhancing Organizational Productivity and Performance to Overcome Challenges

- *Implement the enhanced governance and organizational framework for New Territories East Cluster management* — *2Q03*
- *Develop computer-based Public Private Interface programmes for Diabetic Mellitus care* — *4Q03*
- *Remodel the provision of hospice care services* — *1Q04*
- *Adopt new bed utilization models and rationalize the bed capacity in New Territories East Cluster* — *1Q04*
- *Rationalize allied health services and staff mix* — *1Q04*
- *Rightsize a total of 220 beds in line with the shift from hospital care into ambulatory and outreach service* — *1Q04*
- *Remodel a general outpatient clinic into a community care center* — *1Q04*

Enhancing Healthcare System Sustainability

- *Expand logistic support on private provider information to other clinical and supporting areas to offer choice to patients* — *3Q03*
- *Develop guidelines to standardize the use of medical consumables* — *4Q03*

Developing a Quality Culture in the Context of Prioritization and with Emphasis on Clinical Governance

- *Provide 24-hour coverage for Cardiac Surgery for New Territories East Cluster* — *2Q03*
- *Enhance the network support of thoracic surgical services to Tuen Mun Hospital and paediatric surgical services to Princess Margaret Hospital and Tuen Mun Hospital* — *3Q03*
- *Develop a Patient Safety Programme in New Territories East Cluster hospitals* — *1Q04*

Building Human Resources Capability and Rewarding Performance

- *Develop and introduce a set of shared values within the cluster to promote staff morale and service quality* — *1Q04*

General Background

17.1 The New Territories West Cluster was formally established on 1 October, 2003. 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 As at 31 December, 2002, there were a total of 4,117 beds in the cluster, comprising 1,409 acute, 425 convalescent, rehabilitation, infirmary and hospice care and 2,283 mentally ill / mentally handicapped beds.

17.3 In reorganizing and integrating our services through clustering, the cluster adopts the following strategies to maximize cost-effectiveness in our service delivery:

- *Strategic development and delivery of healthcare according to the health needs of the New Territories West Cluster*
- *Integration of services and removal of institutional boundaries*
- *Removal of duplication and compartmentalization of services*
- *Maximization on the use of facilities and resources in the cluster*
- *Concentration of special services in selected locations to enhance cost-effectiveness*
- *Simplification of administrative structure*
- *Maximization of cost-effectiveness through opportunities of inter-cluster collaboration*

Future Challenge and Major Initiatives

Quality Patient-centred Care and Risk Management

17.4 The cluster is committed to ensure service quality in professional standard, patient safety, caring staff attitude and effective complaint management. The cluster aims to 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 institute effective risk reduction and quality improvement strategies to ensure a high quality safe patient service.

Migration towards Ambulatory and Community-based Care Delivery Model

17.5 The cluster endeavors to shift the traditional inpatient service delivery model towards a quality ambulatory and community care delivery model. The model aims to enhance the quality of patient service, add patient convenience and reduce the 24-hour inpatient hospital bed requirement. Patients will be well cared for in the community through the development of an effective community care network composing of locally-based community care centres in the districts, institution-based outreach service and patient home-based community nursing services. Apart from direct delivery of care, the cluster will empower patients and patient's families on information, knowledge, skills and abilities required for self-care in the patients' daily living. The community care model encourages collaboration and shared care with other counterparts in the community including non-Government organizations, community practitioners, other healthcare and related providers.

Improving Public-private Interface Initiatives

17.6 The cluster will collaborate and partner with the local private healthcare providers to facilitate continuation of patient care between the two sectors and provide patients with information to facilitate free choice between public and private services to the best benefit of individual patients.

Development of Service Excellence

17.7 The cluster will develop areas of service excellence in relation 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. The cluster is at present considering options and is in the process of consultation.

Community Consultation and Partnership

17.8 The cluster values the participation, partnership, and collaboration of the local communities. The cluster will actively communicate the corporate and cluster strategies and policies to the local communities to facilitate appropriate expectations, promote public understanding and solicit public support. Community input will be incorporated into our service development.

Cluster-based Programme Initiatives

17.9 The major cluster services are as follows:

- *Set up a cluster risk management framework, enhance patient relation function on patient feedback management and introduce advanced incident reporting system in all cluster hospitals*
- *Promote ambulatory care by reducing overnight bed requirement through promoting same day elective admission and discharge planning*
- *Introduce care plans into clinical practice integrating patient management from disease presentation through acute treatment, rehabilitation and continue to community and home care*
- *Take over six general outpatient clinics from the Department of Health*
- *Establish a community care service network composing of locally based community care centres, institution-based outreach services and patient home-based community nursing services*

17.10 Major programmes for individual hospitals are as follows:

Tuen Mun Hospital:

- *Expand the waiting hall and create additional clinic area and set up an observation and pre-admission ward in the Accident & Emergency Department*
- *Add ten ventilator / High Dependency Unit beds, three Critical Care Unit beds and four paediatric High Dependency Unit beds*
- *Add ten operating theatre sessions*
- *Create 20 hostel beds*
- *Expand short-stay ward service to promote day care and day surgery*
- *Develop paediatric surgical assessment service and thoracic surgical service*
- *Establish a comprehensive trauma care organization with regular trauma audit and setting up of trauma registry*
- *Introduce healthcare logistic service to provide patients with information on availability of private medical services*

Pok Oi Hospital:

- *Commence main building works for the hospital's redevelopment*
- *Open 90 additional convalescent beds*
- *Enhance the rehabilitative function of existing Pok Oi Hospital*
- *Relocate physically infirmed psychiatric patients from Castle Peak Hospital*

Castle Peak Hospital:

- *Complete the hospital's redevelopment phase II stage 2 programme*
- *Continue the Extended care patients Intensive Treatment, Early diversion and Rehabilitation Stepping-stone (EXITERS) programme for long stay psychiatric patients*
- *Provide fast track clinic service for suicide prevention to elderly patients having mood problems or at risk of committing suicide*
- *Create two hostel wards*
- *Relocate one psychiatric ward from Tuen Mun Hospital*

Siu Lam Hospital:

- *Relocate one mental handicap ward from Tuen Mun Hospital*

Target:

Capacity Building

- *Add 10 ventilator / High Dependency Unit (HDU) beds, 3 Critical Care Unit (CCU) beds, and 4 pediatric HDU beds in Tuen Mun Hospital* — *2Q03*

- *Open 90 additional beds in Pok Oi Hospital to increase convalescent support to New Territories West Cluster* — *3Q03*

- *Commence main building works for the redevelopment of Pok Oi Hospital* — *3Q03*

- *Add 10 operating theatre sessions to increase elective surgery throughput and emergency operation capacity* — *4Q03*

- *Complete and handover Ward Block E of Castle Peak Hospital Redevelopment Phase II Stage 2* — *4Q03*

Enhancing System Cost-effectiveness and Improving Population Health through the Development of Community-oriented Service Models

- *Take over 6 General Outpatient Clinics from the Department of Health and reorganize general outpatient services to improve integration of primary and secondary care* — *3Q03*

- *Introduce healthcare logistic service to provide patients with information on availability of private medical services to facilitate patients' choice of care* — *3Q03*

- *Establish service network of locally based community care centers, institutional based outreach services and patient home-based community nursing services in Tuen Mun and Yuen Long Districts* — *1Q04*

- *Discharge 33 patients to the community in 2003/04 through the Extended-care Patients Intensive Treatment, Early Diversion and Rehabilitation Stepping Stone (EXITERS) programme* — *1Q04*

- *Provide 140 elderly medical treatment at Fast Track Clinic for elderly assessed to have mood problem or suicide risk* — *1Q04*

Enhancing Organizational Productivity and Performance to Overcome Challenges

- *Expand and relocate short-stay ward to promote day care and day surgery* — *2Q03*

- *Promote ambulatory care to reduce overnight bed requirement through promoting same day elective admission and discharge planning* — *4Q03*

- *Enhance the rehabilitative function of existing Pok Oi Hospital by developing a multidisciplinary rehabilitation team led by medical and orthopaedic rehabilitation specialists* — *4Q03*

- *Relocate one mental handicap ward from Tuen Mun Hospital to Siu Lam Hospital and one psychiatric ward from Tuen Mun Hospital to Castle Peak Hospital to facilitate service integration* — *4Q03*

- *Create 20 hostel beds in Tuen Mun Hospital and 2 hostel wards in Castle Peak Hospital and relocate physically infirmed psychiatric patients from Castle Peak Hospital to Pok Oi Hospital for continued rehabilitation to match care provision with level of care required* — *4Q03*

- *Introduce 8 care plans into clinical practice integrating patient management from phase of disease presentation through acute treatment, rehabilitation to community and home care* — *1Q04*

- *Enhance work efficiency of the Accident & Emergency Department of Tuen Mun Hospital and provide safe alternative to emergency admission by reorganizing and re-constructing the floor layout of the department to streamline the workflow and to set up an observation and pre-admission ward* — *1Q04*

- *Integrate pharmacy services to establish a central production unit for the cluster inpatient service* — *1Q04*

Developing a Quality Culture in the Context of Prioritization and with Emphasis on Clinical Governance

- *Set up a cluster risk management framework, enhance patient relation function on patient feedback management and introduce advanced incident reporting system in all cluster hospitals* — *3Q03*

- *Develop paediatric surgical assessment service and thoracic surgical service networking with New Territories East Cluster in Tuen Mun Hospital* — *3Q03*

- *Establish a comprehensive trauma care organization with regular trauma audit and setting up of trauma registry* — *3Q03*

Building Human Resources Capability and Rewarding Performance

- *Set up communication infrastructure within cluster to ensure effective bi-directional communication with staff in anticipation of organizational changes* — *2Q03*

- *Develop a cluster manpower plan for 03/04 catering for service development, natural wastage and population based funding model* — *2Q03*

- *Develop nursing expertise in various major disease groups for sharing out skills, knowledge and implementation of care plans and establish nursing coordinators within various clinical specialties and support with the required training* — *2Q03*

- *Set up Critical Incident Support Team to provide immediate counseling and emotional support to frontline colleagues in case of distress* — *3Q03*

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)
Nam Long Hospital (NLH)
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:
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.

Appendix 2 List of Ambulatory Care Facilities
(as at 31 December, 2002)

Cluster	Institution / Satellite Clinic	Day Patient	Accident & Emergency	Specialist Outpatient (including Allied Health, excluding Integrated Clinics)	General Outpatient
Hong Kong East Cluster	Cheshire Home (Chung Home Kok)			√	
	Pamela Youde Nethersole Eastern Hospital	√	√	√	
	Ruttonjee & Tang Shiu King Hospital	√	√	√	
	Southorn Centre			√	
	St John Hospital	√	√	√	√
	Tung Wah Eastern Hospital	√		√	√
	Subtotal	**4**	**3**	**6**	**2**
Hong Kong West Cluster	Duchess of Kent Children's Hospital	√		√	
	Fung Yiu King Hospital			√	
	Grantham Hospital	√		√	
	MacLehose Medical Rehabilitation Centre			√	
	Nam Long Hospital			√	
	Queen Mary Hospital	√	√	√	
	David Trench Rehabilitation Centre			√	
	Sai Ying Pun Jockey Club General Outpatient Clinic				√
	Tsan Yuk Hospital	√		√	
	Tung Wah Hospital	√		√	√
	Subtotal	**5**	**1**	**9**	**2**
Kowloon Central Cluster	Hong Kong Buddhist Hospital	√		√	√
	Hong Kong Eye Hospital	√		√	
	Kowloon Hospital	√		√	
	Queen Elizabeth Hospital	√	√	√	
	Yaumatei Specialist Clinic Extension			√	
	Rehabaid Centre			√	
	Subtotal	**4**	**1**	**6**	**1**
Kowloon East Cluster	Haven of Hope Hospital	√		√	
	Tseung Kwan O Hospital	√	√	√	
	Tseung Kwan O Jockey Club General Outpatient Clinic				√
	United Christian Hospital	√	√	√	
	Yung Fung Shee Memorial Centre			√	
	Subtotal	**3**	**2**	**4**	**1**

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 Sha Wan General Outpatient Clinic				√
	Kwai Chung Hospital			√	
	East Kowloon Polyclinic			√	
	Yaumatei Jockey Club Clinic			√	
	Kwong Wah Hospital	√	√	√	√
	Pamela Youde Polyclinic			√	
	Our Lady of Maryknoll Hospital	√		√	√
	Our Lady of Maryknoll Hospital East Kowloon General Outpatient Polyclinic Clinic				√
	Princess Margaret Hospital	√	√	√	
	Wong Tai Sin Hospital	√		√	
	Yan Chai Hospital	√	√	√	√
	Subtotal	**6**	**4**	**10**	**6**
New Territories East Cluster	Alice Ho Miu Ling Nethersole Hospital	√	√	√	
	Bradbury Hospice			√	
	North District Hospital	√	√	√	
	Fanling Family Medicine Centre				√
	Prince of Wales Hospital	√	√	√	
	Cheshire Home (Shatin)			√	
	Shatin Hospital	√		√	
	Tai Po Hospital	√		√	
	Subtotal	**5**	**3**	**7**	**1**
New Territories West Cluster	Castle Peak Hospital			√	
	Pok Oi Hospital	√		√	√
	Tuen Mun Hospital	√	√	√	
	Yuen Long Madam Yung Fung Shee Health Centre			√	
	Tuen Mun Hospital Yan Oi General Outpatient Clinic				√
	Subtotal	**2**	**1**	**4**	**2**
Overall total		**29**	**15**	**46**	**15**

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 Performance Indicators for Annual Plan

	2001/02 (Actual)	2002/03 (Estimate)	2003/04 (Plan)
I) Health Improvement			
• No. of hospital deaths per 1,000 population ^	4.0	4.0	4.0
II) Fair Access			
i) Access to professional services in HA (As at 31st March)			
• No. of doctors per 1,000 population	0.6	0.6	0.7
• No. of qualified nurses per 1,000 population	2.8	2.8	2.8
• No. of allied health professionals per 1,000 population	0.7	0.7	0.7
ii) Access to public inpatient services (As at 31st March)			
• No. of beds per 1,000 population			
- General	3.0	3.0	2.8
- Infirmary (per 1,000 population aged 65 and over)	3.7	3.9	3.8
- Mentally ill	0.7	0.7	0.7
- Mentally handicapped	0.1	0.1	0.1
III)Efficiency			
i) Utilisation of services			
Inpatient services			
• No. of discharges & deaths per 1,000 population	130.7	128.5	123.9
	2001/02 (Actual)	2002/03 (Estimate)	2002/03 (Plan)
• Bed occupancy rate			
- General	84.6%	82.7%	85.0%
- Infirmary	88.5%	90.3%	90.3%
- Mentally ill	80.9%	83.4%	83.4%
- Mentally handicapped	88.4%	88.5%	88.5%
- Overall	84.4%	83.7%	85.3%
• Average length of stay (days) *			
- General	6.6	6.6	6.4
- Infirmary	119.5	131.6	131.6
- Mentally ill	140.4	117.8	117.8
- Mentally handicapped	329.3	392.9	392.9
- Overall	9.3	9.1	9.0
Ambulatory diagnostic & therapeutic services			
• Day patient discharges & deaths per 1,000 population	44.8	46.3	47.0
• Day patients as % of total discharges and deaths	25.5%	26.5%	27.5%
• Accident & emergency attendances per 1,000 population	366.4	341.0	326.8
• Specialist outpatient attendances (clinical) per 1,000 population	884.5	919.3	908.2
• General outpatient attendances per 1000 population	128.9	180.7	745.0
Rehabilitation & outreach services			
• No. of home visits by community nurses (per 1,000 population)	99.6	107.8	106.5
• No. of psychiatric outreach attendances (per 1,000 population)	10.4	11.7	11.6
• No. of psychiatric day hospital attendances (per 1,000 population)	26.3	27.7	27.4
• No. of outreach attendances by Psychogeriatric Team (per 1,000 population aged 65 and over)	48.6	49.5	48.2
• No. of outreach attendances by Geriatric Team (per 1,000 population aged 65 and over)	442.8	500.8	486.9
• No. of elderly persons assessed for infirmary care service by Geriatric Team (per 1,000 population aged 65 and over)	3.4	3.0	2.9

	2001/02 (Actual)	2002/03 (Estimate)	2002/03 (Plan)
• No. of geriatric day hospital attendances (per 1,000 population aged 65 and over)	160.9	161.6	157.1
• No. of allied health outpatient attendances per 1,000 population	356.2	365.3	360.9
ii) Quality of services			
• Unplanned readmission rate within 28 days for general inpatients	9.8%	9.5%	9.5%
	2001/02 (Actual)	2002/03 (Estimate)	2002/03 (Plan)
iii) Cost of services			
• Cost per inpatient discharged ($)			
– General	19,870	20,098	20,155
– Infirmary	191,217	194,075	189,249
– Mentally ill	143,697	143,945	144,710
– Mentally handicapped	538,053	540,321	531,760
• Cost per accident & emergency attendance ($)	583	618	627
• Cost per specialist outpatient attendance ($)	701	670	662
• Cost per outreach visit by community nurse ($)	341	320	314
• Cost per psychiatric outreach attendance ($)	1,230	1,113	1,094
• Cost per geriatric day hospital attendance ($)	1,482	1,503	1,501
IV) Patient / Carer Experience			
• % of accident & emergency cases within the target waiting time			
- Triage I (critical cases – 0 minute)	100%	100%	100%
- Triage II (emergency cases - <15 minutes)	98%	95%	95%
- Triage III (urgent cases - <30 minutes)	91%	90%	90%

^ refers to the standardized mortality rate covering all deaths in HA hospitals. This is derived by applying the age-specific mortality rate in HA in a particular year to 'standard population' which is the 2001 Hong Kong mid-year population

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

Note: Population covers usual residents, mobile residents and visitors. For 2001, the mid-year estimates published by Census & Statistics Department is adopted. For 2002-03, the projected population from "The 2001 Census-based population projection (2002 - 2031) " is adopted:

Age group	Mid 2001	Mid 2002	Mid 2003
0 – 14	1,130,400	1,116,700	1,110,000
15 – 64	4,983,500	5,014,200	5,082,800
65+	771,400	778,900	811,500
All Age Groups	6,885,400	6,919,700	7,004,400