The 2000/2001 Head Office Annual Plan represents a critical review of the core services, activities and manpower plan of each division in the six strategic priority areas. There are considerable initiatives identified to re-engineer processes and reduce costs. Each division has also proposed programmes to assist hospitals to address issues related to the six priorities. In addition, specific reference is given to input from the clusters and the Co-ordinating Committees (COC) for clinical specialties.

To provide a better basis to implement the corporate priorities and to discharge its strategic roles, the structure of the Head Office has been reviewed and re-structured. The planned activities for 2000/2001 are results of considerations on cost and possible impact on hospitals and the Hospital Authority as a whole.

1.2 Corporate Governance and Management

The Hospital Authority Board has ultimate responsibility for the performance of the Head Office and all individual hospitals. The corporate governance for public hospital services, however, is ever evolving. Because of rapid and uncertain changes in health care and its environment, public hospital governance and management are particularly demanding. The size of the Authority and the diversity of its hospital backgrounds present added complexity and ongoing new challenges to sustaining effective governance. The work of the Authority Board members in a huge and complex organisation, therefore, needs to focus on issues of strategic importance and planning, while authorities and responsibilities are delegated to the executives for implementation.

The governance practices of the Authority have three key emphases: strong committee involvement; clear line of accountability between governance and management; and effective performance monitoring system. On an ongoing basis, the Head Office will support the Authority Board in strengthening the effectiveness of corporate governance at both the corporate and hospital levels.

To demonstrate accountability of the Board and the management, in addition to publicising the Hospital Authority Annual Plan 2000/2001 and the Annual Plan of Head Office 2000/2001, the key initiatives, targets and activities planned for the financial year are also presented in the Controlling Officer's Report of the Secretary for Health and Welfare on Hospital Authority. These include:

- Opening 460 new beds making a total of 28,977 beds towards the end of the financial year.
- Target of median actual waiting time for first appointment at all specialist clinics — 5 weeks or below.
- Target of average queuing time for consultation at specialist clinics — 60 minutes or below.

- Target of waiting time for major elective surgery in General Surgery, Orthopaedics and Obstetrics and Gynaecology — 4 months or below.
- Target of accident and emergency ("A&E") average waiting time:
  - — Triage I (All A&E resuscitation cases) Zero waiting time
  - — Triage II (95% of A&E emergency cases) Below 15 minutes
  - — Triage III (90% of A&E urgent cases) Below 30 minutes
  - — Triage IV (90% of semi-urgent cases) Below 90 minutes
  - — Triage V (90% of non-urgent cases) Below 180 minutes
- Training of at least 100 additional family medicine physicians to strengthen "gate-keeping" functions.
- Achieving 40% of the registered nurses holding degree qualifications for enhancement of quality patient care.
- Conducting in-service training programmes on clinical audit for 160 doctors to enable them to lead and develop the staff in implementing clinical audits in their hospitals/departments.
- Providing in-service training programmes on communication for 400 doctors to develop their patient-centred communication skills.
- Facilitating 200 nurses to attend degree conversion courses to enhance quality patient care.

1.3 Head Office Budget and Other Centrally Held Budgets

(a) Core Head Office Functions

The budget for the Head Office for 2000/2001 of $367.5 million is for providing corporate services and management functions. These include cluster hospital management, hospital planning and development, professional service planning and development, corporate affairs, internal audit, legal services, and core financial and human resource services.

(b) Centralised and Agency Services of Head Office

There is a $2,176.9 million centrally held funding representing resources for operating centralised service units and agency services to support the operations of the hospitals. Specifically, these include:

- For providing hospital capital works planning and development, facilities maintenance and improvement, and electrical and mechanical equipment maintenance.
- For operating the linen production and laundry services, and providing Business Support Services management that includes transport management, food services management, medical physics and bio-medical engineering services, occupational safety and health advisory services, procurement services, and quarters management services.

- For operating pharmacist support services that includes pharmacist and dispenser training and development, drugs administration, and budget of renal drugs.
- For operating centralised agency services in hospital clusters management, human resources support, public relations support, and legal advisory services.
- For providing professional training for doctors, nurses and health care managers, maintenance of the central pool of professional staff such as medical interns, executive partners, and nurses under training, and operating the central library services.
- For providing information systems development, maintenance and information technology support to hospitals for both clinical and business support systems.

Section 2 Corporate Priority Areas

2.1 Volume and Access

In anticipation of Government's Green Paper on Health Care Reform and its possible impact on public and private interface, the Authority Head Office will accelerate the infrastructural development for patient information connectivity and access. In the interim, the working position of the Authority is to manage demand, increase throughput and facilitate public access to private sector services.

Under the above preamble, the Authority Head Office will focus on the following strategies in the coming year:

a. As an upfront measure, the Authority Head Office will redefine the waiting time standard by employing the median value of actual waiting time which better reflects the patients' actual experience in the use of service.

b. At the same time, it will coordinate the various Specialty Service Coordinating Committees to work out a triage system for individual specialties to ensure that the most needy will have the earliest access to the services.

c. It will also enhance the Authority's information systems to:

   i. provide the public with waiting list information to facilitate patients making informed choice between geographical convenience and the shortest waiting time.

   ii. facilitate better information sharing with the private general practitioners with a view to returning the patients back to the referring doctors where appropriate.

d. To facilitate public access to private sector services and promote more appropriate use of Accident and Emergency service, the Authority will collaborate with the private sector in establishing pilot private-run clinics near the Accident and Emergency Departments of two of the Authority's hospitals.

The above strategies will be achieved through the following initiatives:

Targets:	*Completion Date*
(1) Coordinate development of triage system to ensure early access for the most needy to specialist outpatient service.	*1Q01*
(2) Expand the Hospital Authority's corporate information systems functions through new Web technologies to provide centralised waiting list information to the public as well as to all hospitals and clinics.	*1Q01*
(3) Review unplanned readmissions and use of discharge planning, and identify strategies to manage service volume arising from inappropriate readmission.	*1Q01*
(4) Reduce the waiting time in 5 pharmacies using the pharmacy Express Dispensing System.	*1Q01*
(5) Enhance the Executive Information System to provide updated median waiting time information for first appointment at specialist outpatient clinics and monitor the progress of waiting time reduction to 5 weeks.	*4Q00*
(6) Standardise waiting time of performance statistics for major non-urgent operations and monitor the progress of waiting time reduction to 4 months.	*3Q00*
(7) Promote public understanding of various performance statistics.	*3Q00*

2.2 Enhanced Productivity Programme

Leveraging on the Authority's past experience of generating productivity gains of over 11% between 1993/1994 and 1997/1998, the Authority Head Office will work out methodologies and provide tools to generate further organisation-wide savings of 5% of its baseline budget in the 3 financial years starting 2000/2001. To achieve the target of 5% savings, the following key approaches will be adopted:

a. Rationalisation of service capacity;

b. Outsourcing of the Authority's non-core services;

c. Centralisation of service to achieve economies of scale; and

d. Implementation of "Invest to Save" programme to provide hospitals with "seed money" to start projects with long term saving potentials.

To facilitate the implementation of the above strategies, the Head Office will play the following roles:

a. Ensure that the corroborative policies on managing surplus staff and readjustment of budgets and cost centres are in place;

b. Ensure that the experience gained in individual units within the Authority will be disseminated throughout the system; and

c. Ensure that the progress of the various Enhanced Productivity Programme initiatives in the system is monitored.

The following initiatives will be implemented in the coming year:

Targets:	*Completion Date*
(1) Develop financial and human resource policies to facilitate the deployment of surplus staff resulting from Enhanced Productivity Programme initiatives.	*3Q00*
(2) Facilitate organisational learning on Invest to Save programmes.	*1Q01*
(3) Assist hospitals in the implementation of cost reduction and "Invest to Save" programmes in achieving productivity gain.	*1Q01*
(4) Implement purchasing systems, such as Inventory Control, Electronic Data Interchange and Purchase Requisition Initiation to:	*1Q01*
(i) facilitate the sharing and speeding up of information flow both internally and externally along the whole procurement process;	

(ii) improve efficiency by shortening procurement lead time; and

(iii) develop standard specification and bulk contracting.

(5) Revamp the distribution network of business support services to: *1Q01*

(i) reduce the total number of laundries over the next 5 years from 13 to 8 to enhance laundry productivity and maximise cost effectiveness; and

(ii) implement clustering of maintenance service for x-ray equipment.

(6) Extend the food service networks of the Central Production Unit in Pamela Youde Nethersole Eastern Hospital and North District Hospital to a total of 14 hospitals. *1Q01*

(7) Out-source Hospital Authority's receipt and dispatch services. *4Q00*

(8) Roll out an environmental friendly and energy saving programme, ozone-based washing technology to all Hospital Authority laundries in the next two years. *1Q01*

(9) Establish a regular reporting mechanism with the Electrical & Mechanical Services Department to monitor implementation of projects for the retrofitting, improvement and maintenance of hospital electrical and mechanical systems and ensure timely completion of the planned projects. *2Q00*

(10) Re-engineer Hospital Authority's finance function to achieve economies of scale. *1Q01*

Another management role of the Head Office executives is to ensure that under no circumstance should the quality of clinical care be compromised in all stages of the Enhanced Productivity Programme implementation.

2.3 Financing and Resource Allocation System

As well as discharging the function of advising the Government on the resource requirements in meeting the needs of public hospital services as prescribed in the Hospital Authority Ordinance, the Authority Head Office will:

a. Work closely with the relevant policy bureaux on developing population-based funding formula for public hospital services;

b. Provide relevant local data for financial modelling to assist option appraisal and sensitivity analysis in the upcoming health care reform;

c. Manage resources available efficiently and effectively to yield the greatest health benefit; and

d. Enhance the internal resource allocation system to ensure equity and improve allocative efficiency.

Specific major works will include the following:

Targets:	*Completion Date*
(1) Develop interim resource allocation options to support the population/ capitation-based internal resource allocation model using patient-based utilisation patterns, and data from Patient Related Groups and Specialty Costing.	*1Q01*
(2) Coordinate research and impact assessment on the development and implementation of options for the health care financing and delivery reforms including any proposed restructuring of fees and charges set out in the Government's Green Paper.	*1Q01*
(3) Review privately purchase medical items (PPMI) mechanism to enhance patient's choice for health care.	*4Q00*
(4) Review and develop the Authority's financial reserve policy to support Hospital Authority's long term financial sustainability.	*3Q00*
(5) Develop financial projection models to facilitate Hospital Authority's resource planning.	*3Q00*
(6) Facilitate and conduct informed public discussion on health care reform and financing.	*4Q00*

(7) Develop a master list of major diagnostic Patient Related Groups to match expected patient output from designated specialised service centres recommended by the Specialty Services Coordinating Committees. *1Q01*

Support will also be provided to hospitals to ensure proper resource management at local units while maintaining a perspective for the global needs and objectives.

2.4 Distribution Network and Infrastructure

To build up system capabilities for future development, the Authority Head office will continue to develop the Authority's infrastructure in strategic domains like facilities and information systems. In line with Enhanced Productivity Programme strategies in rationalising service capacity, opportunities for facilities merging, redesignation and relocation will be identified. Appropriate adjustment to service delivery and networking will be implemented. The coming year will also see increased reaping of benefits generated from the use of data and information captured through the Authority's major established IT systems in integrated and aggregate form to assist clinicians and executives in decision making.

Targets:	*Completion Date*
(1) Ensure commissioning of Accident & Emergency service and opening of 358 new beds in Tseung Kwan O Hospital; 68 new beds in Kowloon Hospital; and 34 new beds in Tai Po Hospital.	*1Q01*
(2) Develop option for the use of clinic premises (including the South Kwai Chung Specialist Outpatient Clinic, the Sai Ying Pun Specialist Clinic and the Tuen Mun Polyclinic) due to be vacated upon relocation of the existing specialist outpatient services.	*3Q00*
(3) Complete the feasibility study for the conversion of Fanling Hospital and Lai Chi Kok Hospital into Long Stay Care or Care & Attention Homes, and to ensure smooth transfer of services in collaboration with the Social Welfare Department.	*1Q01*
(4) Review and formulate the long term development plans for all clusters, and identify the need for master development (or re-development) planning in various hospitals.	*1Q01*

(5) Review and formulate master development plans for psychiatric facilities in line with the service development directions of the Psychiatric Services Coordinating Committee. *1Q01*

Both the distribution networks and infrastructure systems will be continuously upgraded and re-configured in order to adapt to the ever changing dynamic health care environment.

2.5 Care Process and Quality

While efforts to evaluate effectiveness of past strategies in quality improvement will continue, new efforts and new resources will be invested into the development of an integrated and comprehensive model that will encompass past improvements.

The following initiatives will reap the benefits of the enhanced clinical management systems and patients' information in clinical care decision making while the majority of clinical care improvement will be implemented in the daily activities of the Authority's 190 Clinical Management Teams.

Targets: *Completion Date*

(1) Co-ordinate the effort of Castle Peak Hospital and Kwai Chung Hospital in moving towards a community-oriented care model and concomitant rightsizing of inpatient facilities with reduction of 100 beds. *1Q01*

(2) Review the gaps in the current delivery of community care and develop consensus on further development of a community focused integrated health care delivery network. *1Q01*

(3) Delineate the role of Chinese Medicine in the Authority hospitals and formulate long term plan to support the Government's policy initiative. *1Q01*

(4) Formulate a structured approach to integrate the implementation, management and reporting of all quality improvement initiatives, such as clinical audit, quality assurance, and continuous quality improvement to ensure delivery of quality care. *1Q01*

(5) Complete project definition study for Electronic Patient Record. *1Q01*

(6) Appraise the effectiveness of established clinical guidelines and protocols through focused clinical audit activities. *1Q01*

(7) Collect and track patient and public feedback on the Authority services and work of quality improvement. *4Q00*

(8) Empower patients, carers, and public through health promotion and education programmes and equip them with the necessary attitude and knowledge in taking care of their own health. *4Q00*

The Head Office will continue to provide leadership and develop clinical governance to focus efforts on improving the core business of the Authority.

2.6 Human Resource Capabilities and Management

To prepare and equip staff in meeting the challenges and initiatives in the year ahead, the Authority Head Office will focus on:

a. corporate manpower planning to ensure that sufficient qualified staff are available to meet increasing demand in services and rising public expectation;

b. improving efficiency and effectiveness of the Authority's people resources;

c. enhancing consistent application of human resources policies across hospitals to ensure that staff are treated fairly and equitably; and

d. ensuring compliance with legislations.

The Authority Head Office will steer and collaborate with hospital management and frontline leaders to enhance the commitment and capability of staff. The results of the Integrated Staff Opinion Survey will be leveraged to help motivate staff and enhance their satisfaction for delivering quality patient-centred care. Training and development initiatives will serve as a key intervention to foster learning. New media of learning will be introduced to suit the needs of individuals and teams. In addition, the intellectual content of training and development programmes will be constantly upgraded and adjusted in face of the changing requirement of professional competence with new medical knowledge and technology.

The major initiatives for the coming year will include:

Targets:	*Completion Date*
(1) Conduct a comprehensive review of doctors, allied health professionals, and general support staff grades to facilitate staff development and multi-skilling in meeting the challenges and changes in health care practices.	*1Q01*
(2) Review the Human Resources Administration Manual to streamline administrative procedures and to facilitate effective and efficient management at the local level.	*1Q01*
(3) Set up a Hospital Authority Mandatory Provident Fund Scheme to comply with the Mandatory Provident Fund Ordinance.	*3Q00*
(4) Communicate employer's obligations and employees' rights and responsibilities under the Mandatory Provident Fund Ordinance.	*4Q00*
(5) Strengthen staff training and development to enhance professional competency through in-service programmes, overseas conferences/visits, web-based technology, workshops involving frontline leaders and core competency sets.	*1Q01*
(6) Conduct training programmes to enhance performances of Clinical Management Teams and strategic management capabilities of senior executives.	*1Q01*
(7) Strengthen structured communication programmes to better prepare staff in meeting future challenges and corporate initiatives.	*1Q01*
(8) Provide organisation development support to hospital management and Clinical Management Teams to facilitate implementation of local changes.	*1Q01*

Background

The Hong Kong East Cluster covers the districts of Wanchai, Eastern and Islands (excluding North Lantau). It has a total population of about 895,000, about 12.1% of which are aged over 65 (mid-1998 population projection). It comprises 6 hospital complexes — Cheshire Home, Chung Hom Kok, Pamela Youde Nethersole Eastern Hospital, Ruttonjee & Tang Shiu Kin Hospitals, St John Hospital, Tung Wah Eastern Hospital and Wong Chuk Hang Hospital.

The 6 hospitals together seek to identify and meet the health needs of the community through the provision of a comprehensive range of acute, psychiatric, extended, rehabilitative, ambulatory, and community health care services. As at 31 December 1999, there was a total of 3,144 beds available, with 49.3% designated for acute care, 31.3% for extended and rehabilitative care, and 19.4% for mental health care.

The Cluster runs two geriatric day hospitals in Pamela Youde Nethersole Eastern Hospital and Ruttonjee & Tang Shiu Kin Hospitals, 1 rehabilitation day centre in Tung Wah Eastern Hospital, and 2 psychiatric day hospitals in Pamela Youde Nethersole Eastern Hospital and Southorn Centre. Specialist outpatient services are currently provided at Pamela Youde Nethersole Eastern Hospital, Tang Chi Ngong Specialist Centre, Tung Wah Eastern Hospital and St John Hospital. A comprehensive range of community-based services is also provided for the Cluster population who is in need, for example, the community-based geriatric assessment team of Ruttonjee & Tang Shiu Kin Hospitals, the community-based psycho-geriatric team and the community psychiatric team of Pamela Youde Nethersole Eastern Hospital.

Priority Areas

1. Volume and Access

a. Achieve the median waiting time of 5 weeks through enhancing throughput in integrated clinics, shared care programmes; implementing initiatives such as Fast Track Medical Clinics, Mega Clinics, Floater Clinic; increasing new case quota; and streamlining inter-specialty referrals.

b. Develop triage mechanism based on actual clinical needs.

2. Enhanced Productivity Programme

a. Promote cluster-based integration in clinical services — Paediatrics, Orthopaedics, Anaesthesiology, Ophthalmology, Psychiatry, Otorhinolaryngology (ENT), Obstetrics and Gynaecology, community geriatric programmes and community nursing service.

b. Implement cluster-based business support service initiatives like supply chain management, medical physics service.

c. Introduce energy conservation programmes and other initiatives such as ozone laundry system.

3. Financing and Resource Allocation System

Set activity-based budgeting and specialty costing mechanism to ensure provision of cost-effective hospital services.

4. Distribution Network and Infrastructure

a. Enhance cluster-based collaboration of clinical and allied health services, such as Clinical Pathology, magnetic resonance imaging service.

b. Develop post-discharge community programme for elderly patients.

c. Develop acute day rehabilitation service.

d. Implement service relocation to maximise efficiency and utilisation of resources and facilities.

5. Care Process and Quality

a. Enhance Evidence-based Medicine and clinical audit programmes to ensure service quality.

b. Develop critical pathway, protocols, guidelines to ensure quality assurance in direct patient care.

c. Develop multidisciplinary care plans, integrated care models and pathways for stroke, geriatric hip fracture and other clinical specialties.

6. Human Resource Capabilities and Management

a. Promote cluster-based care for the carers programmes.

b. Conduct workshops on performance management for middle and front-line managers to further improve their efficiency.

Programmes and Targets	*Completion Date*
1. Develop cluster-based services in Pathology and Anaesthesiology for Hong Kong East Cluster to enhance service efficiency and accountability.	*3Q00*
2. Upgrade staff capability in Accident and Emergency service and general clinical services of St John Hospital through staff rotation programme with Ruttonjee & Tang Shiu Kin Hospitals.	*2Q00*
3. Establish distribution network in the Cluster for magnetic resonance imaging service of Pamela Youde Nethersole Eastern Hospital.	*3Q00*
4. Review cluster-wide allied health services to maximise efficiency.	*1Q00*
5. Implement multidisciplinary care plan model to enhance the efficiency of clinical services.	*4Q00*
6. Develop and pilot a post-discharge community programme for elderly patients of the cluster.	*1Q01*
7. Rationalise Otorhinolaryngology (ENT) service by phasing out small ENT clinic at Tang Chi Ngong Specialist Clinic and relocate the service to Pamela Youde Nethersole Eastern Hospital to assure quality and cost-effectiveness.	*3Q00*
8. Implement cluster-based radiological equipment maintenance and medical physics services in Hong Kong East Cluster.	*3Q00*

Cheshire Home, Chung Hom Kok

Section 1 Hospital Mission

1.1 Hospital Mission Statement

To provide home-like environment and quality extended care to patients with disabilities and chronic illnesses using a holistic, client-centred and integrated team approach and with active partnership with the community.

1.2 Hospital Role

The Home has a total of 240 beds and is a member of the Cheshire Homes Far East Regional Council of the Leonard Cheshire International. The sharing of experiences, ideas and staff training amongst members has stand every staff member in good stead to improve the health care services to the residents.

The Home is well supported by other hospitals in the cluster in medical, allied health, and business support services as well as staff training facilities. The intake of residents is mainly through referrals from the Central Infirmary Waiting List, cluster hospitals, Cheshire Home, Shatin and Social Welfare Officers in various organisations.

1.3 Development of Hospital Governance

The governance functions of the Hospital Governing Committee are accomplished through its existing infrastructure and process. To further enhance its governance functions, the following actions have been taken:

a. Conducted a Strategy Review Workshop in February 1999 with the participation of Hospital Governing Committee members and hospital management to review the mission and strategy plans of Cheshire Home, Chung Hom Kok.

b. Sought input from members of the Hospital Governing Committee on agreed quality standards of service products and budget estimates for service delivery to be included in hospital plan.

c. Presented regular departmental reports to the Hospital Governing Committee for monitoring of hospital performance and service quality.

d. Sought feedback from Hospital Governing Committee members on proposed new initiatives, eg implementation of cook chill system.

e. Involved Hospital Governing Committee members in the selection of senior hospital staff members, and participation in hospital social activities and ceremonies, eg. Open Day, hospital visits

Section 2 Corporate Priority Areas

2.1 Volume and Access

a. Monitor patient access to the existing service through the Central Infirmary Waiting List admission system and an assessment panel.

b. Review admission criteria periodically to ensure openness.

c. Enhance access through inter hospital cooperation.

2.2 Enhanced Productivity Programme

a. Right-size administrative staff to avoid unnecessary tiers of organisational structure.

b. Deploy staff to appropriate internal posts.

c. Conduct multi-skilling training/re-training for existing and re-deployed staff from other hospitals.

d. Reengineer work processes.

e. Reduce accumulated leave.

2.3 Financing and Resource Allocation System

a. Control the Personal Emolument budget by the Hospital Chief Executive.

b. Manage capped "Other Charges" budget by individual department heads.

c. Solicit community donations to contribute to improvement of services.

d. Explore initiative to generate other sources of income, such as leasing facilities of the Home to local organisations.

2.4 Distribution Network and Infrastructure

Explore further service networking initiatives in both clinical, allied health and administrative services with other cluster hospitals.

2.5 Care Process and Quality

a. Enhance named doctor, named nurse and named Health Care Assistant system to ensure accountability and supervision.

b. Enhance Continuous Quality Improvement programmes to improve service quality.

c. Implement risk management initiatives to enhance treatment protocols and audit programmes to reduce risk.

d. Reinforce relatives' and carers' support and enhance self-care training to residents.

2.6 Human Resource and Management

a. Develop and assess nursing staff core competencies.

b. Organise in-house training for staff members to enhance their productivity and sense of belonging to the Home.

c. Enhance staff morale through recognition and communication initiatives.

Cheshire Home, Chung Hom Kok

Budget/Expenditure

	1998/1999 *(Actual $'M)*	1999/2000 *(Projected Outturn $'M)*	2000/2001 *(Budget $'M)*
Personal Emolument	21.7	26.4	37.9
Staff Oncosts	8.1	9.6	13.7
Other Charges	10.8	11.5	11.8
Total	40.6	47.5	63.4

Actual & Projected Activities

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
No. of Inpatient & Day Patient Discharges/Deaths	172	250	275
No. of Patient Days	48,834	51,462	78,133
Inpatient Average Length of Stay (Days)	124.7	158.1	89.1

Pamela Youde Nethersole Eastern Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

To excel in the provision of holistic patient-centered quality health care through loving, dedicated and cohesive team effort.

1.2 Hospital Role

Pamela Youde Nethersole Eastern Hospital is an acute regional hospital with a total of 1,735 beds. It provides a comprehensive range of inpatient and ambulatory services at secondary and tertiary level primarily to residents of the Eastern part of the Hong Kong Island. The Hospital networks with other public hospitals in the cluster for convalescent and rehabilitation support.

The Hospital is one of the three hospitals in Hospital Authority in which a comprehensive range of psychiatric services is provided for voluntary as well as involuntary psychiatric patients residing on Hong Kong Island and in the East Kowloon region. In addition, the Hospital is currently supporting a wide range of clinical, business support and allied health services for hospitals within and outside the cluster. These include Clinical Oncology, Otorhinolaryngology (ENT), Orthopaedics, Obstetrics and Gynaecology, Paediatrics, Neurosurgery, Nuclear Medicine, Prosthetic and Orthotic, Clinical Psychology, Speech Therapy, Pharmacy and Dietetic consultation, Central Sterile Supply and food services.

The hospital is supported for its Ophthalmology services by the Eye Team centred at Tung Wah Eastern Hospital; for prenatal diagnostic services by Tsan Yuk Hospital ; for magnetic resonance imagining, lithotripter, transplant and tertiary Pathology services by Queen Mary Hospital; hospice services by Nam Long Hospital; and cardiac surgery by Grantham Hospital.

In addition, the Department of Health operates the following services at Pamela Youde Nethersole Eastern Hospital, i.e. Maxillofacial Surgery and Dental Unit, Social Hygiene and Dermatology service and the Chai Wan Families Clinic.

From July 1998 to April 2000, Nam Long Hospital has been residing in Pamela Youde Nethersole Eastern Hospital during its hospital's renovation programme.

1.3 Development of Hospital Governance

a. Issues reported to and discussed by Hospital Governing Committee include:

i. Progress on development of Elderly Complex.

ii. Progress of risk management initiatives at each Hospital Governing Committee meeting.

iii. Financial arrangement between Government and Hospital Authority for semi-private bed revenue.

iv. Staff Opinion Survey.

v. Implementation of Express Dispensing System.

vi. Progress of installation for magnetic resonance imaging scanner.

vii. A Human Resources Panel composed of members of the Hospital Governing Committee established to handle staff appeals against disciplinary procedures or to handle staff who have breached the law.

viii. Patient Complaint Appeal Panel of Hospital Governing Committee members established.

ix. Establishment of evening clinic for psychiatric patients.

x. Progress report on Annual Plan programmes, including Y2K contingency measures.

xi. Surrender of Barrack Block to Social Welfare Department for operation of rehabilitation services for ex-mental patients.

xii. Report on results of Internal Audit.

xiii. Understanding specialty costing.

xiv. Hospital's IT strategy.

Section 2 Corporate Priority Areas

2.1 Volume and Access

a. Achieve median waiting time for new case attendance at Specialist Outpatient Department for each specialty to <5 weeks.

b. Achieve queuing time at Specialist Outpatient Departments to < 60 mins.

c. Decrease waiting time for allied health attendance.

d. Decrease old case caseload.

2.2 Enhanced Productivity Programme

a. More efficient bed utilisation to achieve reduction of 3 acute wards by 2003 through:

i. Development of Acute Day Rehabilitation Service.

ii. Implementation of Multidisciplinary care plans.

iii. Enhancement of the role of Community Nursing Service in community care.

iv. Organisation of training sessions for home help teams in Non-government Organisations and for private elderly home carers.

v. Increase in number and variety of Day Surgery cases.

vi. Increase in pre-operative anaesthetic assessment service for all surgical streams.

vii. Increase in same day admission for surgery.

viii. Development of department specific ambulatory care areas.

ix. Reduction of emergency admissions from Accident and Emergency by enhanced specialty consultation, prolonged stay in observation ward and direct admission to Day ward facilities.

x. Maximisation of the utilisation of convalescent beds in the cluster.

xi. Proactive patient discharge planing.

xii. Increase in bed utilisation for chemotherapy patients by having 2 sessions per day.

xiii. Implementation of more stringent infection control procedures to reduce hospital acquired infective morbidity to decrease length of stay.

xiv. Clinical support teams to shorten turnaround time for investigations.

b. Implement invest to save projects:

i. Provide repair and maintenance service for X-ray Equipment.

ii. Develop Acute Day Rehabilitation Service.

iii. Develop Multidisciplinary Care Plans.

iv. Upgrade Central Food Production Unit to increase capacity to serve more hospitals.

v. Implement Automatic Despatch System to increase efficiency of central transportation team.

c. Reduce Accumulated Leave: Actions taken to ensure that no staff will carry more than their entitlements by December, 2000.

d. Amalgamations, Building and Utilities:

i.. Merging of Pathology services between Tung Wah Eastern Hospital and Pamela Youde Nethersole Eastern Hospital.

ii. Merging of Anaesthetic services between Ruttonjee & Tang Shiu Kin Hospitals, Tung Wah Eastern Hospital and Pamela Youde Nethersole Eastern Hospital.

iii. Relocation of ambulatory Psychiatric services from Southorn Centre to Pamela Youde Nethersole Eastern Hospital.

iv. Relocation of Otohinolarynology (ENT) clinic from Tang Chi Ngong Specialist Clinic to Pamela Youde Nethersole Eastern Hospital.

v. Energy Conservation Programme.

e. Reduce Administrative Overheads:

i. Reduce inventory through Supply Chain Management initiatives including Electronic Data Interchange and bar coding.

ii. Reduce cost through bulk purchasing by standardisation of medical equipment and consumables.

iii. Review scope of service by Electrical and Mechanical Services Department to decrease cost of facilities and equipment maintenance.

iv. Reduce wastage and consumption of consumables.

v. Revamp housekeeping services at Multi-centre Block.

2.3 Financing and Resource Allocation System

a. Explore the following opportunities for alternative source of income:

i. Radiation Safety Management in Private Hospitals.

ii. Laboratory services for private sector: especially tertiary laboratory services.

iii. Research studies by clinical departments.

iv. Partnership with private enterprises to operate an Elderly Complex in vacant quarters.

b. Reduce Specialty Costing for specialties with higher than average specialty cost ie Paediatrics, Neurosurgery and Ophthalmology.

2.4 Distribution Network and Infrastructure

a. Take over Obstetrics and Gynaecology Clinics at Tang Chi Ngong Specialist Clinic in April 2000.

b. Use laboratory robotics and automation to support other hospitals.

c. Increase receptor hospitals for Central Food Production Unit.

d. Provide repair and maintenance service for X-ray equipment for other cluster hospitals.

e. Relocate Psychiatric Specialist Outpatient Department and Day Hospital to East Block to help solve the overcrowding situation in specialist outpatient clinics.

f. Provide assistance to Tseung Kwan O Hospital in commissioning of allied health services.

g. Increase operational efficiency of Chaiwan Laundry after management transfer to Pamela Youde Nethersole Eastern Hospital.

h. Provide Clinical Oncology support to Tseung Kwan O Hospital.

2.5 Care Process and Quality

Assure care quality through:

a. Risk management initiatives.

b. Clinical Audit.

c. Evidence-based Medicine practices.

d. Clinical protocols.

e. 2-tier professional accountability.

f. Clinical Process Indicators.

g. Complaint handling.

2.6 Human Resource Capabilities and Management

Enhance human resource capabilities by:

a. Clinical Management Team planning and performance measurement.

b. Performance management skills of supervisors.

c. Evidence-based Medicine training.

d. Occupational Safety and Health training.

Pamela Youde Nethersole Eastern Hopsital

Budget/Expenditure

	1998/1999 *(Actual $'M)*	1999/2000 *(Projected Outturn $'M)*	2000/2001 *(Budget $'M)*
Personal Emolument	948.4	986.8	1,018.1
Staff Oncosts	428.1	447.4	455.4
Other Charges	308.2	279.9	281.1
Total	1,684.7	1,714.1	1,754.6

Actual & Projected Activities

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
Total Accident & Emergency Attendance	192,469	192,000	180,000
No. of Inpatient & Day Patient Discharges/Deaths	83,650	84,000	82,000
No. of Patient Days	550,109	560,000	520,000
Inpatient Average Length of Stay (Days)	7.1	7.0	7.0
Attendance at Specialist Outpatient Clinics			
— Clinical Services	512,033	512,300	470,000
— Allied Health Services	237,496	241,000	240,000

Actual & Projected Activities

	1998/1999 (Actual)	1999/2000 (Projected)	2000/2001 (Projected)
Specialist Outpatient Service Average Waiting Time (first attendance)	8.6 weeks	6.0 weeks	5.0 weeks *
Specialist Outpatient Service Average Queuing Time	45 mins	45 mins	45 mins
Average Waiting Time for Major Elective Surgery	2.1 mths	2.1 mths	2.1 mths
Accident & Emergency Triage 1 (0 min)	100%	100%	100%
Accident & Emergency Triage 2 (15 mins or less)	90%	95%	95%
No. of Community Nursing Service/Community Psychiatric Nursing Service Home Visits	67,534	66,400	73,000

* Median actual waiting time.

Ruttonjee & Tang Shiu Kin Hospitals

Section 1 Hospital Mission

1.1 Hospital Mission Statement

To achieve excellence in holistic patient care as a district hospital in partnership with the community through highly motivated and well trained multidisciplinary teams.

1.2 Hospital Role

The two hospitals (Ruttonjee Hospital and Tang Shiu Kin Hospital) have adopted a new organisational name as Ruttonjee & Tang Shiu Kin Hospitals since October 1999 to reflect integration of the management and services of the two Hospitals.

With 603 beds, the Hospital serves as a community hospital providing both acute and extended health care to the local population (mainly the Wanchai and North Point Districts). It also has a geriatric service centre providing comprehensive services to the aged, including elderly residing in private nursing homes.

With its heritage from the previous Ruttonjee Sanatorium, the Hospital is also a tertiary referral centre for patients suffering from tuberculosis and other chest diseases all over the territory.

Ruttonjee Hospital has been assisting other major acute hospitals by directly admitting their Accident and Emergency patients or patients requiring extended care after initial stabilisation.

1.3 Development of Hospital Governance

To sustain the continued interest and commitment of the Hospital Governing Committee members in the Hospital's development, members of the Committee are regularly updated on service development, service activity levels, risk management initiatives and quality indicators, complaint and appreciation returns of the hospital.

Members are also updated on a regular basis on the hospital strategic and annual plans. They are also briefed on the major issues faced by the hospital and the development of hospital services in the cluster.

Section 2 Corporate Priority Areas

2.1 Volume and Access

a. More efficient use of hospital beds through:

   i. Development of care pathways.

   ii. Implementation of clinical audit.

   iii. Special arrangement on weekends and long holidays to ensure appropriate patient discharge.

   iv. Consensus on hospital-wide overflow system.

   v. Streamlining transfer arrangements of acute patients to extended care wards after stabilisation.

b. Work towards the 5-week median actual waiting time through:

   i. Fast track clinics for new cases.

   ii. Increase of new case quota.

   iii. Planned set up of integrated medical clinic in Tang Shiu Kin Hospital for both Ruttonjee Hospital and Tang Chi Ngong Specialist Clinic.

   iv. Planned shared care programme with private sector.

c. Set up the Hospital Health Promotion and Education Committee to promote healthy life style and public health education as a means to reduce total disease burden and reliance on hospital care.

d. Relocate Accident and Emergency Department from Tang Shiu Kin Hospital to Ruttonjee Hospital to improve patient access to a comprehensive range of clinical and allied health services.

2.2 Enhanced Productivity Programme

Maintain high service quality while achieving the target of Enhanced Productivity Programme through:

a. Hospital-wide service rationalisation programme including closure of wards in Tang Shiu Kin Hospital, relocation of Accident and Emergency Department, and remodeling of service of Tang Shiu Kin Hospital.

b. Clustering of clinical support services of Pathology and Anaesthesiology.

c. Service re-engineering.

d. Contracting-out security and carpark management.

e. Conservation programme of energy and other utilities (ozone laundry system).

f. Reduction of food wastage, drug wastage and oxygen consumption.

g. Re-training and deployment of surplus staff like cooks, darkroom technicians, ward attendants.

2.3 Financing and Resource Allocation System

a. Decentralise budgets and devolve accountability.

b. Monitor expenditure through regular reporting and discussion.

c. Set activity based budgeting.

2.4 Distribution Network and Infrastructure

a. Rationalise outpatient services by:

   i. Ruttonjee & Tang Shiu Kin Hospitals taking up medical and surgical cases of Tang Chi Ngong Specialist Clinic from Queen Mary Hospital.

   ii. Relocating Otorhinolaryngology (ENT) and Ophthalmology services from Tang Chi Ngong Specialist Clinic to Pamela Youde Nethersole Eastern Hospital.

iii. Improving liaison and collaboration with primary health care providers, private health sector, Non-government Organisations and government agencies to reduce total disease burden and reliance on hospital services.

2.5 Care Process and Quality

a. Implement Continuous Quality Improvement programmes in clinical, allied health and supporting services.

b. Conduct clinical audits on drug administration, intravenous injection and infusion, blood transfusion and clinical practices.

c. Set mechanism to ensure senior staff coverage after normal work hours and proper supervision of medical interns.

d. Implement risk management activities and conduct regular review and analysis of patient feedback and complaints.

e. Set up clinical pathway/protocol/care tracks/guidelines to achieve quality assurance in direct patient care.

f. Develop Clinical Management Teams to facilitate clinical accountability.

2.6 Human Resource Capabilities and Management

a. Develop core competencies for senior managers.

b. Formulate departmental training plans for professional staff.

c. Start care-for-carer programme such as the Building Wellness at Work Workshops and Staff Counselling Hotline.

d. Conduct task specific training programmes such as Complaint Management and Patient-centred Service training programmes.

e. Conduct Hospital Chief Executive Forum for staff consultation and intra-hospital communication, and Strategic Planning Workshop to work out the hospital's strategic direction.

f. Enhance availability and use of electronic resources and references in the Staff Library.

Ruttonjee & Tang Shiu Kin Hospitals

Budget/Expenditure

	1998/99 *(Actual $'M)*	1999/2000 *(Projected Outturn $'M)*	2000/2001 *(Budget $'M)*
Personal Emolument	404.1	407.6	407.8
Staff Oncosts	177.1	179.7	173.6
Other Charges	99.7	92.5	93.0
Total	680.9	679.8	674.4

Actual & Projected Activities

		1998/99 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
Total Accident & Emergency Attendance	TSK	110,656	110,000	113,000
No. of Inpatient & Day Patient Discharges/Deaths	RH	23,832	25,327	25,716
	TSK	1,151	554 *	—
No. of Patient Days	RH	170,213	192,592	193,813
	TSK	23,194	11,519 *	—
Inpatient Average Length of Stay (Days)	RH	7.8	8.3	8.0
	TSK	14.9	43.3 *	—
Attendance at Specialist Outpatient Clinics				
— Clinical Services	RH	70,292	79,651	93,868
	TSK	41,930	11,774 *+	60,000 #
— Allied Health Services	RH	33,848	54,000	58,040
	TSK	111,078	101,136	100,500

Key Performance Indicators

	1998/99 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
Specialist Outpatient Service Average Waiting Time (first attendance)	7.2 weeks	5.9 weeks	5.0 weeks @
Specialist Outpatient Service Average Queuing Time	41 mins	33 mins	33 mins
Average Waiting Time for Major Elective Surgery	1.0 mths	1.0 mths	1.0 mths
Accident & Emergency Triage 1 (0 min)	100%	100%	100%
Accident & Emergency Triage 2 (15 mins or less)	100%	100%	100%

* The inpatient beds of Tang Shiu Kin Hospital have been closed since 15 October 1999 with patients transferred to Ruttonjee Hospital and Pamela Youde Nethersole Eastern Hospital.

\+ Specialist outpatient cases for Ophthalmology transferred to Tung Wah Eastern Hospital from 1 Jan 2000.

\# Gradually taking up medical and surgical cases seen at Tang Chi Ngong Specialist Clinic.

@ Median actual waiting time.

St John Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

To provide quality patient care and achieve optimal utilisation of available resources through positive consultation, cooperation and mutual respect between patients, staff and community.

1.2 Hospital Role

The Hospital is a district hospital providing general medical, geriatric and rehabilitative services for the local residents and the visitors of Cheung Chau Island. It provides a caring service for the infirmary patients admitted through the Central Infirmary Waiting List for extended care.

It has 93 beds of which 40 are for local residents and 53 for the Infirmary. Its 24-hour Accident and Emergency service is the only emergency medical service currently provided to the population of Cheung Chau.

The Department of Health and the hospital collaborate very closely to provide Maternal and Child Health, Dental, Chest, and Methadone clinic services for the population of outlying islands.

The Hospital is supported by hospitals in both Hong Kong East and Hong Kong West Clusters. Patients requiring very urgent specialised treatment are transferred to Pamela Youde Nethersole Eastern Hospital by helicopter, while less urgent cases to Queen Mary Hospital and Tsan Yuk Hospital. A strategic partnership with Ruttonjee & Tang Shiu Kin Hospitals on Accident and Emergency service and general clinical services is being established resulting in the further enhancement in the quality support to the Hospital.

1.3 Development of Hospital Governance

The Hospital Authority Head Office is the major monitor and advisor on the hospital service.

Section 2 Corporate Priority Areas

2.1 Volume and Access

a. Maintain average waiting time for specialist clinics such as chest, ortho-geriatrics, geriatrics, diabetics, endoscopy within 2 weeks.

b. Enhance provision of the non-emergency mini-ambulance service for the disabled and the elderly with chronic diseases.

c. Enhance community services by increasing the Community Nursing Service sessions and implementing ambulatory home services.

d. Further develop Family Medicine service to cater for the service need of the local population and other outlying islands.

2.2 Enhanced Productivity Programme

a. Continue to reorganise and rearrange the work practices to eliminate duplication of work.

b. Set manpower planning process to ensure suitable professional support in the provision of existing and services under planning.

c. Close pathology laboratory and buy services to meet hospital needs from other cluster hospital.

d. Reduce staff leave accumulation.

2.3 Distribution Network and Infrastructure

a. Establish strategic partnership between the Hospital and Ruttonjee & Tang Shiu Kin Hospitals on Accident and Emergency and general clinical services to further enhance service capability and specialist input.

b. Monitor routine maintenance on the hospital infrastructure.

2.4 Financing and Resource Allocation System

a. Adopt budget decentralisation approach for the "Other Charges".

b. Assign department heads to manage their department's operating cost and keep expenditure within budget.

2.5 Care Process and Quality

a. Further enhance community-based nursing care to cover all Care and Attention Homes in Cheung Chau.

b. Introduce the monthly Home Visits programme.

c. Enhance family medicine service in the Primary Care Clinics.

d. Consider establishing a "Walk-in-Clinic" adjoining the Accident and Emergency Unit.

e. Plan a "Day Care" Unit to meet the service demand from the chronically ill and the disabled patients in Cheung Chau.

f. Ensure supervision in clinical and non-clinical areas to eliminate/minimise possible risks.

g. Conduct regular clinical audits in certain critical areas.

2.6 Human Resource Capabilities and Management

a. Collaborate with the Head Office for core competence development and staff assessment.

b. Arrange appropriate training to enhance staff's performance.

St John Hospital

Budget/Expenditure

	1998/1999 *(Actual $'M)*	1999/2000 *(Projected Outturn $'M)*	2000/2001 *(Budget $'M)*
Personal Emolument	35.6	36.1	38.4
Staff Oncosts	14.6	14.6	15.2
Other Charges	3.9	5.1	4.3
Total	54.1	55.8	57.9

Actual & Projected Activities

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
Total Accident & Emergency Attendance	11,935	12,400	12,450
No. of Inpatient & Day Patient Discharges/Deaths	1,664	1,617	1,600
No. of Patient Days	20,579	22,722	22,000
Inpatient Average Length of Stay (Days)	18.6	14.1	15.0
Attendance at Specialist Outpatient Clinics			
— Clinical Services	831	1,277	1,200
— Allied Health Services	10,142	11,038	12,000

Key Performance Indicators

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
Specialist Outpatient Service Average Waiting Time (first attendance)	1.7 weeks	2.0 weeks	2.0 weeks
Specialist Outpatient Service Average Queuing Time	30 mins	30 mins	30 mins
Accident & Emergency Triage 1 (0 min)	100%	100%	100%
Accident & Emergency Triage 2 (15 mins or less)	95%	95%	95%
No. of Community Nursing Service/Community Psychiatric Nursing Service Home Visits	2,258	2,313	2,540

Tung Wah Eastern Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

To achieve excellence in the quality of services provided, which are consistent with the tradition and vision of Tung Wah Group of Hospitals, through a team of highly motivated, well-developed multidisciplinary staff.

1.2 Hospital Role

Tung Wah Eastern Hospital is a hospital with 303 beds providing inpatient, outpatient and ambulatory services in allied health and the following clinical specialty services: Medicine, Geriatrics, Rehabilitation, Ophthalmology and Orthopaedic & Traumatology to the Hong Kong East cluster population.

The Hospital has undergone service re-organisation to develop rehabilitative and ophthalmic services in the past few years due to change in service needs. In the year 1999, several new services have successfully been rolled out. They include Rehabilitation Day Hospital (the first of its kind in the Cluster offering a total number of 25 patient places), Osteoporosis Clinic, Geriatric and Continence Clinic, Sleep Laboratory, Computerised Gait Analysis Laboratory and Urodynamic laboratory.

The Lo Ka Chow Memorial Ophthalmic Centre is being developed into a tertiary ophthalmic centre on Hong Kong Island to network with service centres of Tung Wah Hospital, Pamela Youde Nethersole Eastern Hospital and Queen Mary Hospital. Sub-specialist Ophthalmology Clinics and additional sessions for specialist outpatient service have been opened to meet the patients' service need. The eye service will be further strengthened with the commissioning of the Ambulatory Day Surgery Centre with 2 operating theatres and 6 day beds in late 2000.

1.3 Development of Hospital Governance

The Hospital Governing Committee was established in 1991 to provide strategic input to the development of hospital strategic plans as well as to monitor the outcome of these plans. To facilitate effective governance in hospital planning and monitoring of hospital service, the Chairman and members of the Hospital Governing Committee are invited to the strategic planning workshop to enhance their understanding of and participation in the annual planning process. The operation of the hospital, the staffing situation, the financial status, the updated development plans, progress on annual hospital programmes and complaints/appreciation are reported in the bi-monthly Hospital Governing Committee meeting.

Section 2 Corporate Priority Areas

2.1 Volume and Access

a. Re-organise ophthalmology clinic service to reduce new case waiting time, and to strengthen the ambulatory eye service through the establishment of a Day Surgery Centre.

b. Establish an Integrated Rehabilitation Centre to provide intensive rehabilitation training and assessment.

c. Appoint additional Diabetes Mellitus nurse educators to provide consultation and assessment to 150 new Diabetes Mellitus patients.

d. Plan to relocate and expand the existing Diabetes Mellitus Centre to meet the service need and enhance the scope of service currently provided.

e. Introduce hospital dental care to provide maxillo-facial care to 500 new patients per year upon establishment of the new integrated Diabetes Mellitus centre.

f. Introduce direct Booking of nuclear medicine service in Pamela Youde Nethersole Eastern Hospital in Tung Wah Eastern Hospital.

g. Provide Colour Doppler Ultrasound examination in Tung Wah Eastern Hospital to improve diagnostic quality and shorten the waiting time to less than 4 weeks.

2.2 Enhanced Productivity Programme

a. Review hospital's staff mix and re-deploy manpower to support key hospital programmes with the aim to enhance cost effectiveness e.g. opening of Integrated Community Rehabilitation Centre, rolling out of various ambulatory and community programmes etc.

b. Re-engineer laboratory service with manpower savings identified and redeployed to other hospitals upon integration of clinical laboratory with Pamela Youde Nethersole Eastern Hospital.

c. Review and streamline the workflow of the Radiology Department after installation of Roomlight Processing System for X-ray films.

d. Re-deploy surplus staff upon suspension of enrolled nurse training programme to clinical area and other hospitals from 2001 onwards.

e. Implement cook-chill system and install CCTV in hospital compound to achieve manpower savings.

f. Transfer repair and maintenance function of various X-ray machines to Medical Physics Department of Pamela Youde Nethersole Eastern Hospital.

2.3 Financing and Resource Allocation System

a. Use specialty costing as a management tool to ensure cost effective hospital services and guide resource allocation.

b. Decentralise resources for Personal Emolument and Other Charges to clinical departments to enhance accountability in achieving Enhanced Productivity Programme savings, monitoring of budget and effective utilisation of resources.

2.4 Distribution Network and Infrastructure

a. Implement community outreach and health education programmes to assist discharged patients to reintegrate into society and minimise unplanned readmission and Accident and Emergency attendance.

b. Organise joint community partnership programmes with Non-government Organisations to foster linkage with community, including expanding the existing function of the Patient Resource Centre.

c. Integrate the laboratory service with Pamela Youde Nethersole Eastern Hospital and establish a Satellite Clinical Laboratory in Tung Wah Eastern Hospital.

d. Install Laboratory Information System to link up Tung Wah Eastern Hospital with Pamela Youde Nethersole Eastern Hospital and Clinical Management System of the Authority's mainframe computer.

2.5 Care Process and Quality

a. Develop inter-hospital multidisciplinary integrated care model and pathways for stroke, geriatric hip fracture and other clinical specialties.

b. Develop care protocols to shorten average length of stay and enhance community care.

c. Enhance the two-tier accountability and supervision system in both Ophthalmic Department and Medical and Rehabilitation Department.

d. Install a Baker Cell Automatic Dispensing System to increase accuracy and efficiency of drug dispensing and shorten the waiting time.

e. Refocus on clinical services through continuous quality improvement, risk management and clinical audit programmes.

f. Conduct multidisciplinary clinical audit programmes on case record, Mortality and Morbidity Meeting, fall, wound management, blood transfusion etc.

2.6 Human Resource Capabilities and Management

a. Establish continuing nursing education system through collaboration of the Central Nursing Division and Enrolled Nurses Training School.

b. Provide more in-service training programmes to hospital staff through collaboration with clinical departments to enhance clinical competency.

c. Organise refresher and on-the-job training courses to enhance the quality of supporting and auxiliary clinical staff.

d. Provide hospital-wide in-house training for clerical and clinical staff like English writing, computer courses, Putonghua.

e. Support staff attendance at various clinical conferences and professional programmes available locally and overseas.

Tung Wah Eastern Hospital

Budget/Expenditure

	1998/1999 *(Actual $'M)*	1999/2000 *(Projected Outturn $'M)*	2000/2001 *(Budget $'M)*
Personal Emolument	159.9	166.6	172.8
Staff Oncosts	68.8	71.6	72.3
Other Charges	40.9	37.7	33.5
Total	269.6	275.9	278.6

Actual & Projected Activities

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	1999/2000 *(Projected)*
No. of Inpatient & Day Patient Discharges/Deaths	5,923	6,162	6,400
No. of Patient Days	85,899	87,437	88,000
Inpatient Average Length of Stay (Days)	15.3	16.5	15.0
Attendance at Specialist Outpatient Clinics			
— Clinical Services	59,909	75,000	82,000
— Allied Health Services	44,944	65,608	65,000

Key Performance Indicators

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
Specialist Outpatient Service Average Waiting Time (first attendance)	14.1 weeks	15.9 weeks	5.0 weeks *
Specialist Outpatient Service Average Queuing Time	52 mins	45 mins	45 mins
Average Waiting Time for Major Elective Surgery	5.0 mths	4.0 mths	4.0 mths

* Median actual waiting time.

Wong Chuk Hang Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

To provide an optimal level of extended care services to the elderly people, and through which to improve their quality of life, and re-integrate them into the community.

1.2 Hospital Role

The Hospital is a 200-bed extended care hospital providing infirmary and rehabilitation service for the chronically ill and disabled elderly people. It receives patients on a referral basis, primarily from the Central Infirmary Waiting List for long stay, and also from Pamela Youde Nethersole Eastern Hospital for 6 to 8 week rehabilitation with a view to returning them to the community.

The Hospital is an integral part of the Wong Chuk Hang Complex for the Elderly which serves two other institutions — a 200-bed Care and Attention Home providing residential and nursing care for elderly people in poor health and with functional disabilities; and a 170-bed Long Stay Care Home for elderly people with mental problems who no longer need hospital attention, but still require residential care and nursing attention. Both of these are operated by the Social Services Division of the Tung Wah Group of Hospitals.

The Hospital also provides the following services to the Care and Attention Home and the Long Stay Care Home:

a. Visiting doctors for the residents.

b. Short-term hospital care to sick elderlies.

c. Dispensary services.

d. Catering services for both residents and staff.

e. Estate management including security.

The Hospital continues to network with Ruttonjee & Tang Shiu Kin Hospitals for the rotation of medical officers. The Chief of Service (Integrated Medical Service) of Ruttonjee & Tang Shiu Kin Hospitals is the Honorary Consultant who advises on the Hospital's development and networking of services. The clinical team in Wong Chuk Hang Hospital acts as an extension of the Community Geriatric Assessment Team from Ruttonjee & Tang Shiu Kin Hospitals to attend to residents of the Care and Attention Home in the Complex. The Consultant Psychiatrist of Pamela Youde Nethersole Eastern Hospital is also the Hospital's Honorary Consultant on Psychogeriatric matters. The Psychogeriatric Assessment Team of Pamela Youde Nethersole Eastern Hospital also visits regularly the Long Stay Care Home.

1.3 Development of Hospital Governance

The Hospital has not formed its Hospital Governing Committee. The Authority Head Office is the major monitor and advisor on the hospital service.

Section 2 Corporate Priority Areas

2.1 Volume and Access

a. Achieve optimal operation in terms of occupancy rate, length of stay through efforts like case-mix review and widening sources of referral.

2.2 Enhanced Productivity Programme

a. Reorganise and rationalise services to achieve a more optimal mix of long stay/short stay beds, and reduce inpatient activities in favour of outreach activities with reference to service demand, skill mix and resources required.

b. Reorganise and re-engineer services.

c. Implement Green Conservation Initiatives.

2.3 Financing and Resource Allocation System

a. Develop dementia day care centre and community outreach programmes.

2.4 Distribution of Network and Infrastructure

a. Work closely with Community Nursing Service, Home Help Service on patients referral.

b. Extend medical and nursing service support to Yu Chun Keung Memorial Care and Attention Home.

2.5 Care Process and Quality

a. Review care delivery model.

b. Further develop clinical audit and protocols.

c. Design and implement risk management programmes.

d. Enhance psychosocial care for patients.

2.6 Human Resource Capabilities and Management

Wong Chuk Hang Hospital will be led and managed by the Hospital Chief Executive of Tung Wah Eastern Hospital on a part-time basis from April 2000. Reporting to the new Hospital Chief Executive, the present hospital management will be leading and attending to the day-to-day operation of the Hospital.

a. Reinforce caring culture and cultivate morale among hospital staff.

b. Develop nursing core-competencies monitoring scheme.

c. Measure hospital performance through Patient Satisfaction Survey.

d. Maintain open communication with staff.

e. Review the skills mix required of ward staff and consider plans to boost the morale of Enrolled Nurses.

Wong Chuk Hang Hospital

Budget/Expenditure

	1998/1999 *(Actual $'M)*	1999/2000 *(Projected Outturn $'M)*	2000/2001 *(Budget $'M)*
Personal Emolument	45.8	49.1	46.1
Staff On-costs	19.6	20.8	19.5
Other Charges	11.3	9.1	12.6
Total	76.7	79.0	78.2

Actual & Projected Activities

	1998/99 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
No. of Inpatient & Day Patient Discharges/Deaths	505	555	610
No. of Patient Days	62,290	67,890	69,350
Inpatient Average Length of Stay (Days)	82.2	85.0	87.0

Background

The Hong Kong West cluster comprises The Duchess of Kent Children's Hospital at Sandy Bay, MacLehose Medical Rehabilitation Centre, Queen Mary Hospital, Tsan Yuk Hospital, Tung Wah Group of Hospitals Fung Yiu King Hospital and Tung Wah Hospital. They serve a population of around 0.56 million covering the Central, Western and Southern Districts of the Hong Kong Island. It is projected that by the year 2006, people aged 65 or above will constitute 12% of the population of the Hong Kong West region, as against the territory average of 11.2%. With the concentration of expertise and facilities for technologically advanced services in the cluster, many patients residing in other geographical locations are seeking medical services in the Hong Kong West Cluster. This can be reflected by the fact that the effective population of 0.75 million served by the cluster is 34% higher than its geographical population.

The 6 hospitals together provide a wide range of acute, extended, ambulatory and community care services. As at 31 December 1999, there were a total of 2,982 beds available, consisting of 2,177 beds for acute general care, 711 beds for convalescent, rehabilitation and infirmary care and 94 beds for the mentally-ill. Apart from a full spectrum of specialist outpatient services, the cluster also runs a geriatric day hospital at Fung Yiu King Hospital and a Psychogeriatric day hospital at David Trench Rehabilitation Centre.

Programmes and Targets

		Completion Date
1.	Establish cluster-based patient, staff and messengerial transport services.	*2Q00*
2.	Integrate pathology service in Queen Mary Hospital and Tung Wah Hospital.	*4Q00*
3.	Integrate pharmacy service in The Duchess of Kent Children's Hospital at Sandy Bay, Fung Yiu King Hospital and MacLehose Medical Rehabilitation Centre.	*4Q00*
4.	Pilot cluster-based community care model and implement clinical protocols on community-based care for Chronic Obstructive Pulmonary Disease, Diabetes Mellitus and Stroke patients.	*1Q01*
5.	Rationalise management functions in The Duchess of Kent Children's Hospital at Sandy Bay, MacLehose Medical Rehabilitation Centre and Fung Yiu King Hospital.	*1Q01*

6.	Establish cluster-based speech therapy service.	*1Q01*
7.	Establish cluster-based prosthetic and orthotic service.	*1Q01*
8.	Pilot collaborative model for case management of low back pain patients in The Duchess of Kent Children's Hospital at Sandy Bay and Queen Mary Hospital.	*1Q01*
9.	Establish cluster-based medical physics service.	*1Q01*

The Duchess of Kent Children's Hospital at Sandy Bay

Section 1 Hospital Mission

1.1 Hospital Mission Statement

The Duchess of Kent Children's Hospital at Sandy Bay is committed to providing the best possible quality care to our patients, maintaining as a centre of excellence in children Orthopaedics, spinal disorders, neuromuscular diseases, developmental paediatrics, paediatric habilitation and rehabilitation, as well as developing research, teaching and training, through concerted efforts of all our staff.

1.2 Hospital Role

The Duchess of Kent Children's Hospital at Sandy Bay is the only children's hospital with 130 beds in Hong Kong. The hospital provides highly specialised orthopaedic and paediatric services for the territory-wide tertiary referrals, such as scoliosis, spinal disorders, congenital skeletal abnormalities, limb length inequalities, cerebral palsy, neuromuscular diseases, severely developmental delay, etc.

The hospital is one of the two scoliosis centres within the Hospital Authority. The Children's Habilitation Institute is a specialised centre offering tertiary habilitative and rehabilitative services to the children with orthopaedic diseases or paediatric problems. Besides, it will be formalised as the sole neuromuscular centre within the Authority for providing tertiary rehabilitative services for progressive neuromuscular diseases. The Centre for Spinal Disorders designs chronic back pain programmes for rolling out to the other rehabilitation centres, such as MacLehose Medical Rehabilitation Centre and Margaret Trench Medical Rehabilitation Centre.

1.3 Development of Hospital Governance

a. Review the membership of Hospital Governing Committee and invite new member to join so as to maintain better governance.

b. Maintain regular meetings as well as to increase the involvement of members of the Hospital Governing Committee in Hospital functions.

c. Invite members of the Hospital Governing Committee to join the Hospital Patient Complaint Group in order to have a better control on complaint handling mechanism.

d. Reform Hospital's senior management structure.

Section 2 Corporate Priority Areas

2.1 Volume and Access

a. Maintain average waiting time (first attendance) for specialist outpatient service within 5 weeks.

2.2 Enhanced Productivity Programme

a. Save energy through education and policy-setting.

b. Centralise hospital-wide supportive services in the administration department to provide cleansing, sewing, portering, store, delivery and messengerial services etc.

c. Reorganise transport service by reducing the number of trips and integration of transport service with Fung Yiu King Hospital.

d. Down-size and streamline hospital management by deleting 1 general manager post.

e. Implement cookchill under invest to save project.

f. Rationalise x-ray maintenance by contracting out to Queen Mary Hospital.

g. Implement sharing of Biochemical Equipment.

h. Reduce Accumulated Leave.

2.3 Financing and Resource Allocation System

Implement outcome-focused resource management through identification and re-prioritisation of resource utilisation and distribution in accordance with the strategic direction of the Hospital.

2.4 Distribution Network and Infrastructure

a. Cluster Pharmacy service with Fung Yiu King Hospital and MacLehose Medical Rehabilitation Centre.

b. Develop cluster-based Speech Therapy service with Queen Mary Hospital, Tung Wah Hospital, Fung Yiu King Hospital and MacLehose Medical Rehabilitation Centre.

c. Develop cluster-based Prosthetic and Orthotic service with Queen Mary Hospital, MacLehose Medical Rehabilitation Centre and Fung Yiu King Hospital.

d. Pilot collaborative model for case management of low back pain patients by Physiotherapy and Occupational Therapy with Queen Mary Hospital and Fung Yiu King Hospital.

e. Develop hospital local area network to facilitate communication.

f. Implement Inventory Control system.

2.5 Care Process and Quality

a. Implement Ventilator Care Rehabilitation Programme:

   i. Provide pulmonary rehabilitation for children with neuromuscular diseases and upper airway obstruction.

   ii. Provide step down care for totally ventilator dependent children with good potential for rehabilitation.

   iii. Rehabilitate ventilator dependent children back to home and school.

   iv. Train parents to look after their own ventilator dependent child at home and provide respite care.

   v. Provide holistic care for neuromuscular patient by joining all 3 specialties in Duchess of Kent Children's Hospital at Sandy Bay (i.e. Paediatric neuro-rehabilitation, Anaesthetic and Orthopaedics).

b. Conduct Sleep Study:

   i. Provide Nocturnal Oxygen Saturation monitoring for children with sleep disorder or obstructive sleep apnea.

   ii. Conduct full sleep polysomnography for children with sleep disorder or obstructive sleep apnea.

   iii. Assess the need of assisted ventilation.

c. Establish flat foot school: Provide one stop, multidisciplinary high-quality care for patients with flat foot problems.

d. Organise leg-lengthening workshop: Serve as a centre of excellence in leg-lengthening.

e. Organise Plaster Training Workshop for internal and external health care workers: Through combined tutorial and practical approach.

f. Establish the Hospital Risk Management Committee and formalise the reporting system.

g. Bowel Management: Enhance Nurse Specialist practice.

h. Occupational Safety and Health Promotion: Form a safety inspection team, empowered by the Hospital Management Committee, to identify potential risk areas such as office ergonomics and enforce rectification action.

2.6 Human Resource Capabilities and Management

a. Ensure Core Competency of Registered Nurses/Enrolled Nurses.

b. Enhance professional development and achieve quality client-centred care.

c. Provide training in mandarin for front line staff.

d. Provide training in email system and the Authority's intranet for new user.

e. Arrange cluster-based job rotation for Speech therapists.

The Duchess of Kent Children's Hospital at Sandy Bay

Budget/Expenditure

	1998/1999 *(Actual $'M)*	1999/2000 *(Projected Outturn $'M)*	2000/2001 *(Budget $'M)*
Personal Emolument	76.5	78.0	80.3
Staff Oncosts	31.9	32.5	32.0
Other Charges	19.8	17.4	15.3
Total	128.2	127.9	127.6

Actual & Projected Activities

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
No. of Inpatient & Day Patient Discharges/ Deaths	1,970	2,660	2,700
No. of Patient Days	32,635	32,877	33,120
Inpatient Average Length of Stay (Days)	18.3	18.9	18.9
Attendance at Specialist Outpatient Clinics			
— Clinical Services	16,094	18,349	20,183
— Allied Health Services	33,413	35,241	37,169

Key Performance Indicators

	1998/1999 (Actual)	1999/2000 (Projected)	2000/2001 (Projected)
Specialist Outpatient Service Average Waiting Time (first attendance)	1.3 weeks	4.5 weeks	4.5 weeks *
Specialist Outpatient Service Average Queuing Time	46 mins	< 60 mins	< 60 mins
Average Waiting Time for Major Elective Surgery	2.0 mths	2.0 mths	2.0 mths

* Median actual waiting time.

MacLehose Medical Rehabilitation Centre

Section 1 Hospital Mission

1.1 Hospital Mission Statement

The MacLehose Medical Rehabilitation Centre recognises its mission: restoring to health, self-reliance and economic independence of people with physical disability arising from illness or injury.

1.2 Hospital Role

MacLehose Medical Rehabilitation Centre is a unique institution providing comprehensive rehabilitation services. It receives territory-wide referrals from public and private hospitals. After the implementation of new management initiatives in 1994, it has undergone significant changes in the organisation of administrative and clinical services. The strategic vision and directions set out in 1995 guide the hospital to play an important role in the development of rehabilitation services for the whole Hospital Authority organisation. It is also one of the major centres providing clinical training for students in allied health disciplines, and for health care professionals in the related field from local hospitals/institutions as well as those from mainland China.

In the Hong Kong West Cluster, the Centre provides general and specialised rehabilitation services to patients admitted to Queen Mary Hospital, Tung Wah Hospital, Duchess of Kent Children's Hospital at Sandy Bay, and Fung Yiu King Hospital. With progressive development of clinical services, MacLehose Medical Rehabilitation Centre at present provides comprehensive and holistic rehabilitation management for traumatic and non-traumatic spinal cord injury and brain injury clients, and being reputable as one of the best in this field locally. And, it is the only hospital in the Authority to offer life long management for paraplegics and tetraplegics.

The Centre participates in training and development of rehabilitation professionals in mainland China. The signing of a memorandum of understanding with Tongji Medical School Hospital, Wuhan in 1997 helped develop the Department of Rehabilitation of the Hospital into a leading training centre in mainland. A second memorandum of understanding with Sun Yat Sen University of Medical Sciences, Guangzhou, signed in 1998, facilitate the set-up of a "model rehabilitation" department in the 3rd Affiliated Hospital.

1.3 Development of Hospital Governance

The Hospital Governance Committee comprises members nominated by the parent organisation, The Hong Kong Society for Rehabilitation and by the Authority Head Office. The Hospital Governing Committee conducts four meetings a year and the meetings are attended by most of the members. The hospital's annual plan is presented and discussed at the Committee meetings before finalisation. The annual plan's outcomes are reported at the first meeting of the Hospital Governing Committee immediately after the end of fiscal year, i.e. May of each year.

Members of the Hospital Governing Committee also participate in hospital's internal committees. For example, the Chairman of the Committee who is an orthopedic surgeon himself, attends meetings of the Clinical Service Management Team. The hospital's Community Partnership Programme, staff exit interviews and its major refurbishment project steering committee, are participated by some members of the Committee. All the staff and patients have access to the Chairman and some of the Committee members to express their views and comments. Comments, suggestions, and advice from the Chairman and members can be fed back to the Hospital Chief Executive through various channels.

Section 2 Corporate Priority Areas

2.1 Volume and Access

a. Convert 40 beds permanently into "Day Service", to increase the volume of cases treated, shorten the length of stay for inpatients, provide more cost-effective service, and improve outcome quality in patients' social and/or family reintegration process.

2.2 Enhanced Productivity Programme

a. Develop more job rotation and job mix and re-training for front -line supporting staff.

b. Participate actively in Cluster-based Hospital Annual Planning to:

   i. Integrate pharmacy services among MacLehose Medical Rehabilitation Centre, The Duchess of Kent Children's Hospital at Sandy Bay and Fung Yiu King Hospital.

   ii. Develop cluster-based Prosthetic and Orthotic service; Cluster-based speech therapy service.

iii. Establish finance management team for MacLehose Medical Rehabilitation Centre, The Duchess of Kent Children's Hospital at Sandy Bay and Fung Yiu King Hospital, etc.

2.3 Distribution Network and Infrastructure

a. Continue the major renovation work which started in 2Q99 and target for completion in July, 2001.

b. Provide air-conditioning in general patient wards.

c. Integrate patient records by a local area network station at the hospital connected to the Authority's main system and computerise discharge summary and progress notes for each professional discipline using Clinical Management System of the Authority.

2.4 Care Process and Quality

a. Implement daily (5 days/week) Conductive Education Programme for stroke/head injury patients and continue the weekly day-patient programme.

b. Develop clinical pathways (stage I) for five categories of patient groups (Chronic Arthritis; Spinal Cord Injuries; Traumatic and Non-traumatic Head Injuries; Joint Replacements; Amputees).

c. Implement a Behavioural Modification Therapy programme by two trained nurses in collaboration with clinical psychologist for brain injury clients.

d. Develop "Recreational Therapy" to improve the clients' psycho-social outcome and plan reorganisation of existing services and facilities.

e. Continue the "Disability Prevention and Awareness" programme in collaboration with Southern District Office, Social Welfare Department and Non-government Organisations.

f. Implement collaborative patient care programme with "Spastics Association" for post-discharge brain injury/spinal cord injury clients.

g. Implement a horizontal organisation of client services with four major therapeutic categories (Mobility and Endurance; Activities of Daily Living; Recreational and Work) across the existing vertical six categories of patient groups (brain impairment; spinal cord impairment; amputees; chronic arthritis; chronic back pain; and sports related knee and shoulder injuries) to integrate the service of various disciplines and eliminate professional barriers.

h. Reorganise the existing case management model for spinal cord injury and head injury cases with cognitive impairments.

2.5 Human Resource Capabilities and Management

a. Reorganise nursing staff into two main teams — "Neurological Rehabilitation" and "Musculo-skeletal Rehabilitation".

MacLehose Medical Rehabilitation Centre

Budget/Expenditure

	1998/1999 *(Actual $'M)*	1999/2000 *(Projected Outturn $'M)*	2000/2001 *(Budget $'M)*
Personal Emolument	46.4	47.3	50.0
Staff Oncosts	19.1	19.1	18.7
Other Charges	8.6	7.5	9.3
Total	74.1	73.9	78.0

Actual & Projected Activities

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
No. of Inpatient and Day Patient Discharges/Deaths	670	690	730
No. of Patient Days	34,266	32,660	31,910
Inpatient Average Length of Stay (Days)	54.8	48.0	45.0
Attendance at Specialist Outpatient Clinics — Allied Health Services	1,969	15,780	16,000

Queen Mary Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

a. To provide high quality patient-centred service to the community in an effective and efficient manner by optimum utilisation of available resources, through the concerted efforts of satisfying patients' needs, facilitating staff's motivation, and inviting public participation.

b. To capitalise on the expertise that the integrated ex-government and University Units have established in an effort to provide special tertiary care to the community.

c. To provide appropriate environment, staff and facilities for the training of nurses, other allied health workers, medical and dental undergraduates and post-graduates.

d. To facilitate research in health care conducted by and in association with the Medical and Dental Faculties of the University of Hong Kong.

1.2 Hospital Role

Queen Mary Hospital is an acute hospital with 1,400 beds. The Hospital provides a basic spectrum of clinical and ancillary services and is also a tertiary referral centre for many specialty services. As the teaching hospital of the Medical Faculty of the University of Hong Kong , it undertakes an important teaching role for undergraduates and postgraduates in medical, dental and nursing training.

Specialist outpatient and day care services are provided in the Hospital and also at satellite institutions located in the Western and Wanchai districts, namely, Sai Ying Pun Specialist Outpatient Clinic, David Trench Rehabilitation Centre and Tang Chi Ngong Specialist Clinic. Construction of a new specialist clinic block is completed in the Hospital and relocation of the existing services at Sai Ying Pun and Tang Chi Ngong Specialist Clinics will occur in early 2000 by phases.

Queen Mary Hospital is an integral member of the Hong Kong West Cluster of hospitals: The Duchess of Kent Children's Hospital at Sandy Bay, Fung Yiu King Hospital, MacLehose Medical Rehabilitation Centre, Tsan Yuk Hospital and Tung Wah Hospital. As the acute tertiary centre of this cluster, Queen Mary Hospital provides the cluster with cutting-edge diagnostic, therapeutic and research facilities and expertise. Beyond the Hong Kong West Cluster, Queen Mary Hospital has maintained long established connections with Grantham Hospital and Nam Long Hospital, facilitating exchange and teamwork in various clinical services.

Key issues to be addressed: Besides a continuous commitment in strengthening the networking of services to improve the access and quality of patient care in the Authority, Queen Mary Hospital will participate in the proposed consolidation of services across the Hong Kong West Cluster of Hospitals to maximise efficiency and generate savings in support of the corporate strategies.

1.3 Development of Hospital Governance

The hospital governance function at Queen Mary Hospital has been enhanced to strengthen communication with the front-line staff through regular open staff forums and meetings with Chief of Service.

Direct communication with patient self-help groups are also arranged for the members of the Hospital Governing Committee for exchange of views in the provision of services to meeting community needs.

Members of the Hospital Governing Committee are also invited to strategic meetings, to be members of the Ethics Committee, Professional Standard Review Committee and to chair the Finance Committee.

Monitoring of the performance of services and the achievement of planned improvement initiatives is strengthened by the reporting mechanism at the Hospital Government Committee, covering inter-alia reports by the following committees:

a. Main Committees: Ethics Committee, Finance Committee, Hospital Management Committee, Hospital Medical Committee, Planning Committee, Professional Standard Review Committee, Research Committee and Risk Management Committee.

b. Risk Management: Blood Transfusion Committee, Continuous Quality Improvement Sub-committee, Clinical Audit Sub-committee, Infection Control Sub-committee, Patient Safety Sub-committee, Technology and Therapeutics Sub-committee and Resuscitation Sub-committee.

c. Multidisciplinary Centres: Cancer Centre Sub-committee, Diabetes Centre Sub-committee, Transplant Centre Sub-committee and Trauma Centre Sub-committee.

d. Indirect Clinical Services: Adult Intensive Care Unit Sub-committee, Allied Health Services Sub-committee, Diagnostic Radiology Sub-committee, Operating Theatre Sub-committee, Paediatric & Neonatal Intensive Care Unit Sub-committee and Pathology Services Sub-committee.

e. Non-clinical Support Services: Capital Work Sub-committee, Equipment & Supplies Management Sub-committee, Facilities & Environment Management Sub-committee, Human Resources and Manpower Planning Sub-committee, Information Technology and Information System Sub-committee, Medical Records Sub-committee, Patient & Community Relations Sub-committee, Patient Resources Centre Sub-committee, Staff Welfare Sub-committee and Supporting Services Sub-committee.

Section 2 Corporate Priority Areas

2.1 Volume and Access

a. Access to specialist outpatient service based on clinical needs:

   i. Develop triage mechanism to determine priority of specialist outpatient new referrals in Ophthalmology.

   ii. Shorten median actual waiting time by specialty and by category (cancer, low back pain).

b. Initiatives to reduce volume and waiting time:

   i. Manage patient expectation at first consultation.

   ii. Active closure of follow up cases (long term relapse free cancer patient, multiple clinic follow up in Paediatrics and Government Servant patients).

   iii. Organise shared care with Integrated Clinics (Gynaecology, Orthopaedics & Traumatology, stabilised thyrotoxic patients).

   iv. Reply letter and referrals back to Non-government organisations (Family Planning Association).

c. Initiatives to improve waiting time for specific patient groups:

i. Provide Allied Health screening for low back pain.

ii. Implement direct access surgery (Gastro-intestinal endoscopy).

2.2 Enhanced Productivity Programme

a. Achieving Enhanced Productivity Programme savings:

i. Rightsize departments and reorganise beds.

ii. Rationalise laboratory and radiology requests.

b. Commitment on manpower plans and internal communication/staff motivation on lateral transfer:

i. Implement enhanced Productivity Programme by natural wastage.

ii. Re-train, redeploy before recruitment.

c. Cluster-based collaboration/integration:

i. Develop Community Nursing Service collaboration.

ii. Implement cluster integration in Speech Therapy, Prosthetics and Orthotics and Clinical Psychology.

iii. Rationalise Hong Kong West cluster laboratory and radiological services.

iv. Relocate Specialist Clinics from Sai Ying Pun and Tang Chi Ngong.

d. Invest to save projects and business support services initiatives

i. Provide X-ray maintenance service to other hospitals and other in-house maintenance service.

ii. Refurbish hospital to accommodate move of Obstetrics and Neonatology from Tsan Yuk Hospital.

e. Reduce accumulated leave: especially for doctors.

2.3 Financing and Resource Allocation System

a. Assist development of refined resource allocation model: Justify the need for new psychiatric drug, new cancer drugs and drugs for Paediatrics HIV patients.

b. Develop programme costing and internal market for clinical support/business support service: laundry, Operating Theatre.

c. Prepare for possible changes in fees and charges policy: implication on operations and alternative sources of revenue.

d. Establish collaborative schemes with the private sector/welfare sector: Private walk-in clinic.

2.4 Distribution Network and Infrastructure

a. Enhance cluster-based collaboration/integration of clinical services: Roving Hospice service.

b. Formulate cluster-based patient transfer protocols between acute care and extended care institutions.

c. Implement Medical Services Development Committee's recommendations on service networking: Neurosurgery, Paediatrics Surgery and Burns.

d. IT initiatives: Install outpatient Clinical Management System in Block S and phased development of Picture Archiving and Communication System.

e. Capital works:

i. Secure funds for refurbishment of J1 and A1 for relocation of Western Psychiatric Clinic as an "invest to save" exercise.

ii. Develop master development plans in line with cluster development.

f. Equipment: Proactive planning for replacement.

2.5 Care Process and Quality

a. Professional supervision/prescribed quality standards:

   i. Develop audit on professional accountability and performance.

   ii. Develop supervision standards for nurses/allied health.

b. Accountable complaint management system: Enhance thoroughness of internal investigations and accountability at Hospital Chief Executive level.

c. Establish inter-department and cluster-based clinical protocols: colo-rectal cancer, Paediatrics pulmonary disease and eye diseases.

d. Research and technology: Enhance new technology assessment and evidence based practice.

2.6 Human Resource Capabilities and Management

a. Care for carer: Plan relief of excessive work in pressure areas (Neurosurgery and Intensive Care Unit).

b. Training and development: Organise cluster-based rotational training in Paediatrics.

c. Adopt core competency model and 360 degrees feedback in Staff Development Review for doctors.

Queen Mary Hospital

Budget & Expenditure

	1998/1999 *(Actual $'M)*	1999/2000 *(Projected Outturn $'M)*	2000/2001 *(Budget $'M)*
Personal Emolument	1,271.4	1,275.9	1,268.4
Staff Oncosts	563.5	557.5	543.9
Other Charges	382.7	355.9	411.0
Total	2,217.6	2,189.3	2,223.3

Actual & Projected Activities

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
Total Accident & Emergency Attendance	147,707	143,323	143,323
No. of Inpatient & Day Patient Discharges/Deaths	93,420	96,221	96,221
No. of Patient Days	430,029	428,343	428,343
Inpatient Average Length of Stay (Days)	6.1	5.9	5.9
Attendance at Specialist Outpatient Clinics			
— Clinical Services	528,197	514,769	514,769
— Allied Health Services	199,742	220,114	220,114

Key Performance Indicators

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
Specialist Outpatient Service Average Waiting Time (first attendance)	8.5 weeks	8.5 weeks	5.0 weeks *
Specialist Outpatient Service Average Queuing Time	44 mins	45 mins	45 mins
Average Waiting Time for Major Elective Surgery	4.7 mths	2.3 mths	2.3 mths
Accident & Emergency Triage 1 (0 min)	100%	100%	100%
Accident & Emergency Triage 2 (15 mins or less)	93%	95%	95%
No. of Community Nursing Service/Community Psychiatric Nursing Service Home Visits	34,972	40,887	40,887

* Median actual waiting time.

Tsan Yuk Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

a. To provide quality service for pregnant women and their new-borns, including prenatal diagnostic and counselling services by a team of caring staff, and in so doing, to gain the trust and respect of patients and the community and continue to be the leading obstetric hospital of Hong Kong.

b. To provide high standard and friendly service for women detected to have gynaecological abnormalities on health screening.

c. To provide training and research facilities for nurses, doctors and other professionals to enhance knowledge which will lead to better obstetric care.

d. To provide training for medical students of the University of Hong Kong.

1.2 Hospital Role

a. Services Provided and District/Area Served:

i. Obstetric and neonatal services for Hong Kong West and outlying islands.

ii. Territory-wide prenatal diagnostic and counselling services.

iii. Training for medical students of the University of Hong Kong.

iv. Lady Helen Woo Women's Diagnostic and Treatment Centre.

v. Women and Child Health Resource Centre.

vi. Integrated Clinic.

b. External Relations:

i. Tsan Yuk Hospital collaborates with Family Health Service of Department of Health to provide shared antenatal care for low risk obstetric clients.

ii. It works with the University of Hong Kong to facilitate the introduction of advanced technology in obstetric, gynaecological and neonatal care.

iii. The Ma Chung Ho Kei Foundation contributes towards the establishment of the Lady Helen WOO Women's Diagnostic and Treatment Centre and advises the Hospital on the services provided by the Centre.

iv. The hospital works closely with organisations such as Hospital Chaplaincy Association which renders volunteer services.

v. It participates in the Central and Western Districts Health Festival each year. Close relationship is maintained with District Board to facilitate service transformation.

vi. The Breast Screening Referral Centre of Tsan Yuk Hospital accepts referrals from the Hong Kong Family Planning Association.

1.3 Development of Hospital Governance

a. Membership comprises leading members of the community.

b. Hospital Governing Committee meetings held quarterly.

c. Hospital progress reports presented at meetings of the Hospital Governing Committee to monitor hospital performance.

d. Important issues discussed to formulate and make decisions on policies.

e. Active participation of Hospital Governing Committee members in major hospital functions to demonstrate support.

Section 2 Corporate Priority Areas

2.1 Volume and Access

a. Implement Block Appointment System in Outpatient Department and Integrated Clinic.

b. Revise the risk scoring system so that more low risk pregnant ladies will attend antenatal assessment in Maternal and Child Health Centres.

c. Establish network with community health services.

2.2 Enhanced Productivity Programme

a. Re-engineer Medical Records Section and Central Nursing Division to take up the workload of Integrated Clinic.

b. Improve material management through installing Inventory Control System in the Hospital.

c. Improve supplies management through installing Electronic Data Interchange.

d. Delete managerial posts upon transfer of staff to other hospitals.

e. Re-engineer workflow of Prenatal Diagnostic Laboratory to cope with their increasing workload.

2.3 Financing and Resource Allocation System

a. Conduct more fee-for-service women's health programmes which have been launched successfully last year.

b. Collaborate with the Family Planning Association to provide mammogram examination for clients on hormonal replacement therapy. These clients will be charged the same rate as in the private sector. Revenue so generated will be regarded as "Alternative Source of Income".

2.4 Distribution Network and Infrastructure

a. Implement Clinical Management System in Outpatient Department to improve patient management.

b. Implement Ultrasound Management System in Prenatal Diagnostic and Counselling Department to improve workflow.

2.5 Care Process and Quality

a. Enhance two-tier accountability and supervision to ensure adequate senior supervision in the hospital.

b. Introduce screening programme for postnatal depression by Department of Obstetrics in collaboration with YWCA.

c. Provide talks by obstetricians in antenatal classes on the mode of delivery and common obstetric complications.

d. Adopt a multidisciplinary approach involving physiotherapists in the management of patients with subluxation of Pubic Symphysis.

e. Develop a programme for optimal nutritional management of sick neonates.

f. Improve infection control procedures in Neonatal Intensive Care Unit through setting up of protocols, environment cleaning and good housekeeping practice.

g. Conduct regular audits on new born resuscitation to ensure appropriate procedure and rapid response time.

h. Develop clinical protocol for major haemorrhage in collaboration with Blood Bank.

i. Establish rapid mutation scanning and DNA sequencing by the Prenatal Diagnostic and Counselling Department for prenatal analysis of genetic diseases.

j. Evaluate the cost-effectiveness of in-situ cover slip method for prenatal cytogenetic diagnosis.

2.6 Human Resource Capabilities and Management

a. Work out individual career plan for surplus staff.

b. Work closely with the Head Office on staff redeployment.

c. Recruit temporary staff to help maintain service operation as "surplus" staff are being deployed out.

d. Organise open forums or regular meetings with staff to upkeep morale.

Tsan Yuk Hospital

Budget/Expenditure

	1998/1999 *(Actual $'M)*	1999/2000 *(Projected Outturn $'M)*	2000/2001 *(Budget $'M)*
Personal Emolument	133.4	130.7	134.4
Staff Oncosts	58.4	57.3	57.0
Other Charges	23.9	24.5	26.5
Total	215.7	212.5	217.9

Actual & Projected Activities

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
No. of Inpatient & Day Patient Discharges/Deaths	12,858	12,610	13,200
No. of Patient Days	35,407	34,195	35,640
Inpatient Average Length of Stay (Days)	4.1	4.1	4.1
Attendance at Specialist Outpatient Clinics			
— Clinical Services	32,848	34,392	36,000
— Allied Health Services	5,045	5,466	5,625

Key Performance Indicators

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
Specialist Outpatient Service Average Waiting Time (first attendance)	2.2 weeks	2.0 weeks	2.0 weeks *
Specialist Outpatient Service Average Queuing Time	30 mins	30 mins	30 mins
Average Waiting Time for Major Elective Surgery	1.0 mth	1.0 mth	1.0 mth

* Median actual waiting time.

Tung Wah Group of Hospitals Fung Yiu King Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

We are a group of professional, patient-centred staff, who team up with the community in providing holistic and high quality elderly and rehabilitation health services. We also carry one of the Tung Wah Group of Hospitals' missions "to care for the elderly and to rehabilitate the disabled".

1.2 Hospital Role

Fung Yiu King Hospital is a 296-bed extended care hospital specializing in geriatric rehabilitation. Inpatient beds are mainly divided into Medicine and Orthopaedics and Traumatology. Fung Yiu King Hospital runs the only geriatric day hospital in Hong Kong West since 1995. It has 22 places and provides Community Geriatric Assessment Service for Hong Kong West since 1994. It provides assessment, medical consultation, rehabilitation, education and training to the Government subvented Care and Attention Homes and private old age homes in Central, Western and Southern Districts.

Moreover, Fung Yiu King Hospital collaborates with the non-government organisations, the primary health care providers (private and Department of Health), the Social Welfare Department and the universities in service provision, training and education, and research and development in elderly care. Inpatients are transferred from Queen Mary Hospital or directly admitted through the Community Geriatric Assessment Service from the community. The geriatric outpatient service is located at the Sai Ying Pun Specialist Clinic while Continence Clinic is located at Fung Yiu King Hospital. Allied health services are interfaced with Duchess of Kent Children's Hospital, Tung Wah Hospital, Queen Mary Hospital and St John Hospital.

1.3 Development of Hospital Governance

The Hospital Governing Committee was involved in the hospital annual planning process and the endorsement of the final Hospital Annual Plan 2000/2001. 4-monthly progress report of hospital annual plan will be reported to the Committee. Operational statistics on workload and performance, together with management report under the 6 priority areas will be reported at all the Hospital Governing Committee meetings for the Committee to monitor the hospital performance. The Committee will meet the staff several times a year during hospital visits and Staff Recognition Award presentation ceremony.

Section 2 Corporate Priority Areas

2.1 Volume and Access

a. Decrease Accident and Emergency attendance by assessing elderly with fever and deterioration in general conditions in old aged homes at the Elderly Assessment Clinic in Geriatric Day Hospital to determine the appropriate level of care.

b. Better utilisation of beds:

   i. Streamline procedure of clinical admission and Queen Mary Hospital transfer.

   ii. Arrange overflow of patients to another specialty ward to increase uptake of Queen Mary Hospital transfer.

   iii. Organise joint ward round by geriatricians and orthopaedic surgeons to reduce length of stay of elderly orthopaedic patients.

c. Manage upstream to decrease demand: Conduct continence assessment by Nurses of the Community Geriatric Assessment Team on referrals in old aged homes to determine clinical needs for further investigation and treatment.

d. Increase throughput:

   i. Use standardised assessment tool for various disciplines and streamline assessment process in Community Geriatric Assessment Team.

   ii. Use IT to increase efficiency.

e. Need for community health care:

   i. Develop models of collaboration with non-government organisations and primary health care providers to cope with the growing aged population.

   ii. Explore ways to decrease hospital utilisation and improve quality of life of community-dwelling elderly.

2.2 Enhanced Productivity Programme

a. Achieved Enhanced Productivity Programme savings by downsizing management, process reengineering, energy conservation, cook chill catering and integration of business supporting services with cluster hospitals.

b. Redeploy surplus staff to fill internal vacancies or to other hospitals.

2.3 Financing and Resource Allocation System

a. Refine calculation of specialty costing in extended care setting.

b. Explore opportunity for fees and charges, and alternate source of income.

c. Work out costing of cluster-based integrated transport services.

d. Tighten control on drug expenditure via close monitoring of polypharmacy by clinicians, pharmacist and finance officer to cope with increasing patient complexity and acuity.

2.4 Distribution Network and Infrastructure

a. Integrate allied health services with The Duchess of Kent Children's Hospital at Sandy Bay.

b. Integrate pharmacy with MacLehose Medical Rehabilitation Centre and The Duchess of Kent Children's Hospital at Sandy Bay.

c. Integrate finance function with MacLehose Medical Rehabilitation Centre and The Duchess of Kent Children's Hospital at Sandy Bay.

d. Integrate transport services with 6 hospitals in Hong Kong West and one hospital in Hong Kong East.

e. Set up information system to evaluate outcome of Integrated Patient Care Pathway.

2.5 Care Process and Quality

a. Conduct hospital-wide risk management and clinical audit (medical, nursing and allied health departments).

b. Establish mechanism to ensure professional supervision and quality standards.

c. Formulate clinical protocol of common diseases for inpatient and community care.

d. Evaluate outcome of pilot projects in new model of service delivery.

2.6 Human Resource Capabilities and Management

a. Enhance managerial and frontline competence by providing specific training to meet hospital needs.

b. Train primary health care providers in geriatric medicine on shared care of the ageing population.

c. Set up learning Resource Centre with IT system to search and access knowledge to support staff in evidence-based medical practices and research studies.

Tung Wah Group of Hospitals Fung Yiu King Hospital

Budget & Expenditure

	1998/1999 *(Actual $'M)*	1999/2000 *(Projected Outturn $'M)*	2000/2001 *(Budget $'M)*
Personal Emolument	61.6	68.6	70.4
Staff Oncosts	24.1	26.8	26.1
Other Charges	14.3	14.4	14.1
Total	100.0	109.8	110.6

Actual & Projected Activities

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
No. of Inpatient & Day Patient Discharges/Deaths	2,480	2,380	2,380
No. of Patient Days	82,821	82,000	82,000
Inpatient Average Length of Stay (Days)	35.5	35.0	33.0

Tung Wah Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

a. To enhance specialty care service leading to consistent and high-quality health care to the community through continuous improvement in medical, nursing and supportive care services.

b. To be a responsible and responsive hospital service provider through the promotion of efficiency, cost effectiveness, staff dedication and community participation.

c. To collaborate with other health care providers, social service agencies and cluster partners in maximising the hospital's benefits to the local community.

d. To maintain and sustain Tung Wah's tradition of providing medical attention to those in need so that no one should be denied from obtaining adequate medical attention due to lack of means.

1.2 Hospital Role

Tung Wah Hospital is a general district hospital with 707 beds (including 53 day places) which provides mainly subacute services in four specialties including Medicine, Surgery, Otorhinolaryngology (ENT) and Ophthalmology. It also runs a Patient Resource Centre and an Outpatient Department. The arrangement for direct transfer of patients from Queen Mary Hospital to Tung Wah Hospital is in place. While about 55% of inpatients are directly transferred from Queen Mary Hospital for further management, the rest are admitted from specialist outpatient department of Sai Ying Pun Jockey Club Clinic and specialist outpatient department of Tung Wah Hospital.

Tung Wah Hospital focuses on the development of various clinical areas, such as renal, stroke and cardiac rehabilitation, Ophthalmology, Otorhinolaryngology (ENT) and day surgery services. Being a member of the Hong Kong West Cluster of Hospitals, it closely knits with other hospitals in the cluster in the provision of a comprehensive range of secondary and tertiary health care services to the public. Besides, it collaborates with various community agencies in providing outreach programmes to promote better community health.

1.3 Development of Hospital Governance

Hospital Governance in Tung Wah Hospital can be illustrated by active participation of the Tung Wah Group of Hospitals Board and community members in the Hospital Governing Committee with meetings held bi-monthly. The Hospital Governing Committee plays an important role in monitoring and developing hospital services:

a. Hospital Annual Plan and policies endorsed by Hospital Governing Committee.

b. Strategic Planning Session held with the participation of Hospital Governing Committee.

c. Bi-monthly comprehensive management and financial reports to Hospital Governing Committee.

d. Participation of members of the Hospital Governing Committee in hospital functions and visits.

e. Tung Wah Hospital institutionalised for Chiefs of Service and managers to perform and be empowered to lead department success.

f. Hospital Governing Committee participates in the appointment of senior staff.

g. Approval of Tung Wah Hospital Master Re-development Plan for Resource Allocation Exercise bidding as well as the scope of major hospital improvement programme.

Section 2 Corporate Priority Areas

2.1 Volume and Access

a. Continue direct transfer of patients from Queen Mary Hospital to maintain inpatient/ daypatient volume of 22,000 a year.

b. Establish a geriatric urology centre at the Centenary Building to provide one-stop diagnosis and urology treatment to the elderly population on Hong Kong Island.

c. Establish triage referrals for Medical Clinics.

d. Extend consultation location and enlargement of consultation volume for Breast and Urology clinics at C5 centre.

e. Set up of referral triage centre for Otorhinolaryngology (ENT) clinics and develop open access ENT assessment services.

2.2 Enhanced Productivity Programme

a. Develop and implement manpower plan balancing the service requirements and the need for overall budget containment.

b. Restructure and consolidate various services:

   i. Reorganise the quarters management and Receiving Room.

   ii. Cluster pathology service with Queen Mary Hospital.

   iii. Implement cluster speech therapy service through collaboration with the cluster hospitals.

c. Implement supporting services.

d. Streamline the management structure and support for the empowerment of frontline supervisors.

e. Implement prudent drug management policies for cost-effective therapy.

f. Implement water and energy conservation measures.

2.3 Financing and Resource Allocation System

a. Allocate from the Central Development Fund and the "Invest-to-save" Fund to facilitate the full implementation of the central supporting services and the installation of the Clinical Management System for cluster pathology services to achieve savings through staff redeployment.

b. Reduce accumulated leave to free up reserves.

2.4 Distribution Network and Infrastructure

a. Service Networking:

i. Set up geriatric urology centre, breast centre and ambulatory diagnostic unit at the existing site of Ward C5.

ii. Integrate Pathology Service in Tung Wah Hospital with Queen Mary Hospital.

iii. Implement Cluster Messengerial Transport Services.

iv. Cluster Staff Transportation Arrangement during Typhoon Signal No. 8 or above and Rainstorm Black Warning.

v. Set up video Conferencing facilities to link up Queen Mary Hospital and Tung Wah Hospital.

b. Business Support Initiatives:

i. Implement Auto-Refill System of Instrument Stock for Wards and Drug for Inpatients.

ii. Implement Central Domestic Services.

iii. Review repairs and maintenance procedures for medical equipment.

c. Capital Work Programmes:

i. Repair and maintain slopes along Hospital Road.

ii. Replace Boilers of dual-fuel system.

iii. Add one passenger lift and replace 2 passenger and 1 service lifts for Centenary Building.

iv. Renovate lift lobbies for Centenary Building and Yeo Wing.

v. Renovate Medical Wards (Y3, Y4, Y7).

d. IT/IS Development:

i. Implement Clinical Management System.

ii. Implement Material Management System/Inventory Control System.

2.5 Care Process and Quality

a. Develop New Clinical Audit Cycle:

i. Conduct survey of non-compliance return of emergency calls.

ii. Implement Transfusion Incident Reporting System.

b. Evidence-based Health Care:

i. Complete audit on complication, pain control and recurrence of hernia repair.

ii. Arrange Day Case Trans-Urethral Resection of Prostate by Department of Surgery.

iii. Conduct Clinical Study on the effect of balance and locomotion in stroke rehabilitation by Physiotherapy.

c. Risk Management:

i. Review Hospital Contingency Procedures on High Risk Area.

ii. Reduce chemical exposure by both patients and staff by utilising single use dialyser in Haemodialysis Centre.

iii. Conduct survey of non-compliance return of emergency calls by Department of Surgery.

d. Quality Care Programmes:

i. Organise a symposium on "Stroke Rehabilitation: From Acute to Community: Integrative Perspective".

ii. Organise psycho-educational and therapeutic groups for patients and carers.

iii. Set up a Community Reintegration Programme by Occupational Therapy Unit.

iv. Arrange additional volunteer participation in delivering hospital services.

v. Replace water treatment system for Renal Unit.

2.6 Human Resource Capabilities and Management

a. Enhance Clinical Management Team management and effectiveness:

i. Expand the multidisciplinary case management mechanism to patients with discharge problems.

ii. Reinforce Staff Development Review as a tool in performance and development management as well as a process of communication.

b. Conduct training and development activities to meet service requirements and enhance staff's competencies:

i. Organise comprehensive training programme on palliative care to critically ill patients.

ii. Conduct in-house training to serving Ward Attendants.

iii. Provide training on patient-centred services, supervisory and coaching skills and teamwork appreciation.

iv. Enhance the training provided to volunteers on areas of care delivery process and techniques, patient psychology, work safety, etc.

c. Empower frontline supervisors by delegation, job enrichment and equipping staff with supervisory and coaching skills.

d. Develop a caring and motivating job environment by advocating staff suggestion system, provide recognition to good performers and encourage team-based effort.

Tung Wah Hospital

Budget/Expenditure

	1998/1999 *(Actual $'M)*	1999/2000 *(Projected Outturn $'M)*	2000/2001 *(Budget $'M)*
Personal Emolument	237.0	238.3	235.2
Staff Oncosts	99.6	100.1	94.6
Other Charges	63.4	65.1	65.2
Total	400.0	403.5	395.0

Actual & Projected Activities

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
No. of Inpatient & Day Patient Discharges/Deaths	19,993	21,817	22,000
No. of Patient Days	190,033	187,333	190,000
Inpatient Average Length of Stay (Days)	19.6	19.5	19.0
Attendance at Specialist Outpatient Clinics			
— Clinical Services	50,857	49,381	50,000
— Allied Health Services	35,373	34,013	35,000

Key Performance Indicators

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
Specialist Outpatient Service Average Waiting Time (first attendance)	11.9 weeks	6.3 weeks	5.0 weeks *
Specialist Outpatient Service Average Queuing Time	53 mins	50 mins	50 mins
Average Waiting Time for Major Elective Surgery	1.5 mths	4.0 mths	4.0 mths
No. of Community Nursing Service/Community Psychiatric Nursing Service Home Visits	7,137	9,020	9,110

* Median actual waiting time

Background

The Kowloon East cluster covers the district of Kwun Tong and part of Sai Kung, with a total population of 0.87 million. It is projected that by 2006, the population of the cluster will reach 0.94 million with most of the population growth in the Tseung Kwan O new town. On the other hand, the population in Kwun Tong will be ageing with people aged 65 or above constituting 14.7% of its projected population, as against the territory average of 11.2%.

The cluster is served by three hospitals, namely Haven of Hope Hospital, Tseung Kwan O Hospital and United Christian Hospital.

The three hospitals provide a wide range of acute, extended, ambulatory and community care services. As at 31 January, 2000, a total of 1,611 beds were available with 31% of the beds designated for extended care and 69% for acute care. Besides inpatient facilities, specialist outpatient services are provided in United Christian Hospital, Haven of Hope Hospital and Tseung Kwan O Hospital. Geriatric day hospital service is provided at Yung Fung Shee Memorial Centre. The key challenge to the Kowloon East cluster hospitals will be to meet the changing needs of the growing population efficiently and effectively, taking the opportunity for rationalised service planning for new facilities and projects.

To cope with the growing population in Tseung Kwan O new town, the Tseung Kwan O Hospital will commission inpatient service starting April 2000. By July 2000, a total of 358 inpatient beds are planned to be opened. The Accident and Emergency Department will commence service in July. To maximise efficiency with available resources, a cluster-based approach will be taken in planning of services. Cluster hospitals will also collaborate with the Kowloon Hospital in expanding convalescent support to the cluster with opening of new beds in the Kowloon Hospital Rehabilitation Block.

Improving access to service by reducing the waiting time for specialist outpatient clinics will continue to be a priority for this cluster. The expansion of specialist outpatient service in Tseung Kwan O Hospital will relieve the pressure in United Christian Hospital. Besides increasing clinic sessions, cluster hospitals will continue to focus on reengineering the care process aiming at improving access to specialist outpatient services, special investigations and procedures.

On the quality side, cluster hospitals will strive to ensure service quality by focusing on risk management, conducting audits and developing clinical protocols. To ensure continuity of care, care plans will be developed collaboratively with involvement of Clinical Management Teams from cluster hospitals. As a new member to the cluster, Tseung Kwan O Hospital will develop disease management protocols for key disease groups with Haven of Hope Hopsital, taking reference to the experience accumulated from the Haven of Hope Hospital/United Christian Hospital network.

The cluster will continue to build and maintain strong partnership with other health care providers, welfare organisations and the community in developing formal and informal interface to ensure seamless health care across organisation boundaries. A referral network with primary health care providers will be developed in Tseung Kwan O and a pilot integrated medical care model will be implemented in the cluster with participation of two Nursing Homes.

Programmes and Targets

		Completion Date
1.	Open 358 beds in Tseung Kwan O Hospital to increase service provision in inpatient services in Tseung Kwan O area.	*3Q00*
2.	Commission 16-hour Accident and Emergency service in Tseung Kwan O Hospital.	*3Q00*
3.	Develop collaborative network for Otorhinolaryngology (ENT) and Eye services in the cluster.	*4Q00*
4.	Expand convalescent inpatient support to United Christian Hospital and Tseung Kwan O Hospital through maximising the utilisation of additional beds to be commissioned in Kowloon Hospital Rehabilitation Building.	*3Q00*
5.	Consolidate and expand the scope of the rapid sequence clinic in United Christian Hospital to provide efficient specialist assessment for patients referred.	*4Q00*
6.	Pilot specialist-led nurse-run clinics for selective surgical conditions to streamline specialist care for patients.	*3Q00*
7.	Commence operation of endoscopy centre in United Christian Hospital.	*3Q00*

8. Develop disease management protocols for stroke to enhance continuity of care in Haven of Hope Hospital and Tseung Kwan O Hospital. *1Q01*

9. Pilot an integrated medical care model and develop shared clinical protocols with Nursing Homes run by Haven of Hope Christian Service and Nethersole Hospital Board. *1Q01*

Haven of Hope Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

To provide holistic and quality health care service based on the love of Christ, professional excellence and progressive attitudes through which to witness the Christian Gospel; and solemnly care and respect every individuals' life, helping patients and their families to face diseases, suffering and even death with dignity and peace.

1.2 Hospital Role

Haven of Hope Hospital is a 437-bed rehabilitation oriented hospital situated at Tseung Kwan O, providing medical service in Pulmonary Medicine, Geriatric Assessment and Rehabilitation, Palliative Care and Infirmary Care.

As a member of the Kowloon East Cluster, there is a very close collaboration between Haven of Hope Hospital and United Christian Hospital in alleviating the demand of acute beds, especially for patients with those multiple acute admissions.

1.3 Development of Hospital Governance

In Haven of Hope Hospital, the Hospital Governing Committee has an active participation in policy formulation and performance monitoring of the hospital services. Reports are sent to the Hospital Governing Committee members on a monthly basis and meetings are held regularly to review and monitor the hospital performance, risk management and discuss policy issues. To enhance the effectiveness of the committee, presentations and visits are arranged regularly to enrich and update members' understanding on various aspects of hospital services.

Section 2 Corporate Priority Areas

2.1 Volume and Access

a. Provide support to acute hospitals in the cluster by strengthening the integrated pulmonary network between United Christian Hospital and Haven of Hope Hospital.

b. Provide one stop multidisciplinary rehabilitation assessment and treatment service to ensure quality of care and convenience for discharged patients.

c. Pilot integrated medical care model and shared clinical protocols with nursing home operated by the Haven of Hope Christian Service.

2.2 Enhanced Productivity Programme

a. Conduct on-going review of staff and skill mix and mode of operation in order to enhance service productivity and reduce work of low cost-effectiveness.

b. Establish win-win collaboration in laboratory and central sterile supplies service with Tseung Kwan O Hospital to achieve savings.

2.3 Financing and Resource Allocation System

a. Develop evidence-based, high quality, outcome focused care in geriatric, pulmonary, infirmary and palliative care with sound scientific and health care economic basis.

b. Conduct regular review on expenditure, specialty-costing and resource allocation to ensure cost-effective delivery of services.

2.4 Distribution Network and Infrastructure

a. Participate in the "Healthy City — Tseung Kwan O" campaign initiated by the Haven of Hope Christian Service through collaboration with local primary care clinics, community health development centres and social service centres.

b. Develop a new Community Nursing Service model to cover the increasing population in Tseung Kwan O and support community dwelling elderlies referred by Community Nursing Service or social workers.

c. Develop internal IT networking to facilitate information flow and provide basic infrastructure for future implementation of information systems in clinical management.

2.5 Care Process and Quality

a. Draw up shared clinical protocols with Tseung Kwan O Hospital in key disease areas, for example, Stroke Rehabilitation.

b. Train up and recognise informal carers in the community to participate in discharge planning and involve in carer's support and education programme.

c. Ensure quality service and proper risk management by revising the hospital contingency plan and incident reporting mechanism and conducting regular clinical audit.

2.6 Human Resource Capabilities and Management

a. Manage staff's expectations and capability to cope with the changing service demand by actively promoting its core value, fostering team spirit and "high touch" caring culture.

b. Develop Haven of Hope Hospital into a "Healthy Hospital" by promoting occupational safety and health, healthy life style, and creating a caring and mutually supportive working environment.

c. Strengthen support to clinical managers to assist them in managing their staff and financial resources.

d. Organise special in-house training and development programmes to upgrade the skill and knowledge of clerical and secretarial staff to enhance their support to various hospital functions.

e. Organise training programmes to update staff knowledge on the use of IT facilities.

Haven of Hope Hospital

Budget/Expenditure

	1998/1999 *(Actual $'M)*	1999/2000 *(Projected Outturn $'M)*	2000/2001 *(Budget $'M)*
Personal Emolument	141.6	153.2	159.7
Staff Oncosts	56.5	61.5	61.7
Other Charges	33.1	41.6	37.1
Total	231.2	256.3	258.5

Actual & Projected Activities

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
No. of Inpatient & Day Patient Discharges/Deaths	5,322	6,000	6,000
No. of Patient Days	125,279	146,117	147,000
Inpatient Average Length of Stay (Days)	20.8	20.0	20.0
Attendance at Specialist Outpatient Clinics			
— Clinical Services	7,127	7,640	7,800
— Allied Health Services	3,358	10,780	11,000

Key Performance Indicators

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
Specialist Outpatient Service Average Waiting Time (first attendance)	0.9 week	1.0 week	3.0 weeks *
Specialist Outpatient Service Average Queuing Time	20 mins	20 mins	22 mins
No. of Community Nursing Service/Community Psychiatric Nursing Service Home Visits	18,251	21,000	22,100

* Median actual waiting time.

Tseung Kwan O Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

To provide Quality Care to our patients: "To provide patient care and service good enough for our own parents without the need for special arrangements".

1.2 Hospital Role

The new Tseung Kwan O Hospital is located at the intersection of Po Ning Road and Hang Hau Road, on an area of 3.7 hectares. The decision to build Tseung Kwan O Hospital was first announced by the Governor in his 1994 Policy Address. The hospital will serve to meet the demand arising from the growing population in Tseung Kwan O as a result of the development of Tseung Kwan O New Town.

It will be a 458-bed acute general hospital focusing on secondary level of services. It will be clustered with United Christian Hospital and Haven of Hope Hospital for the provision of continuous care to the local community. Ambulatory care services will also play an important role in the Hospital's activities. This is in line with the world-wide trend towards ambulatory care and is particularly suited for the relatively young population of Tseung Kwan O.

Site preparation started in early 1996 and construction completed in mid 1999. The Hospital commenced its service by phases starting December 1999. The total project cost amounts to HK$2,047M. The Hospital is to become a community hospital within the region. On full operation, the hospital will provide outpatient, daypatient as well as inpatient services. Inpatient services encompass Medicine, Surgery, Paediatrics, Orthopaedics and Traumatology, Gynaecology together with Intensive Care beds. Clinical support units including Anaesthesiology, Clinical Pathology and Radiology will be developed in conjunction with the development of the clinical departments. Eventually there will be 24-hour Accident and Emergency service. Otorhinolaryngology (ENT), Ophthalmology and Psychiatry outpatient services will also be provided.

1.3 Development of Hospital Governance

The Hospital Governing Committee for the new hospital is still at the stage of development. The hospital looks forward to setting up the future Hospital Governing Committee with the progressive development in hospital services.

Section 2 Corporate Priority Areas

2.1 Volume and access

a. Commission 354 acute inpatient beds and 4 Intensive Care Unit beds to relieve the congestion in the Kowloon East cluster.

b. Commission specialist outpatient services in Medicine, Surgery, Orthopaedics, Gynaecology, Paediatrics to reduce the high service demand in United Christian Hospital.

c. Commission 16-hour Accident and Emergency service to relieve the workload of the Accident and Emergency Department of the nearby United Christian Hospital.

d. Set up Integrated Rehabilitation Services to shorten the inpatient length of stay.

e. Decrease specialist outpatient waiting time for new cases by Triage and Fast track clinics.

2.2 Enhanced Productivity Programme

a. Contract out non-core services, e.g. security, car-park, staff canteen etc.

b. Recruit General Service Assistants in the provision of domestic services.

c. Reduce accumulated annual leave in all departments by better planning and work schedule monitoring.

d. Set up a flat management structure and minimise the managerial ranks in clinical service.

2.3 Financing and Resource Allocation System

a. Arouse cost awareness in clinical departments.

b. Establish protocols in clinical departments.

2.4 Distribution Network and Infrastructure

The Tseung Kwan O Hospital will:

a. Become the cook chill receptor of Pamela Youde Nethersole Eastern Hospital.

b. Collaborate with Pamela Youde Nethersole Eastern Hospital in the Laboratory Automation Services.

c. Network with clinics of the Haven of Hope Christian Service for seamless health care delivery

d. Network with tertiary centres and cluster hospitals for referral and management of specific conditions.

e. Partner with the community stakeholders to promote self-care awareness and to reinforce the importance of primary health care.

2.5 Care Process and Quality

a. Set up Risk Management Committee to monitor risk management initiatives in a multidisciplinary approach.

b. Perform clinical audit activities in clinical departments.

c. Improve clinical supervision and accountability in all departments by providing senior coverage as far as its resources allow.

d. Train senior doctors and nurses to improve complaint management.

e. Improve communication with patients and carers by replying to the referring doctors upon patients' consents.

f. Collaborate with Haven of Hope Hospital's Community Nursing Service to provide service to the Tseung Kwan O community.

2.6 Human Resource Capabilities and Management

a. Conduct the following Team Building programmes to align the values and expectations of the staff with widely diversified background:

   i. Orientation programmes to acquaint all new staff of the new hospital.

   ii. Team building programmes to align staff values and expectations.

   iii. Care for the staff programmes to address staff sentiment and improve communication with staff.

   iv. Multiskilling of staff for efficient service provision.

b. Inculcate a continuous learning culture and environment.

Tseung Kwan O Hospital

Budget/Expenditure

	1999/2000 *(Projected Outturn $'M)*	2000/2001 *(Budget $'M)*
Personal Emoluments	5.7	188.7
Staff Oncosts	2.9	77.9
Other Costs	16.2	60.2
Total	24.8	326.8

United Christian Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

United Christian Hospital is dedicated to serve the community through the application of Christian Faith and the teachings of Jesus to love and care for the sick, and to promote community participation in attaining a state of physical, mental and social well-being of the individuals in the community. The goals of the hospital are:

a. To provide comprehensive quality health care for the community through provision of medical, nursing and supportive care.

b. To promote community participation among hospital staff, hospital and community.

c. To disseminate knowledge of health, promote healthy life style and to inculcate in each person a responsibility for one's own health.

d. To pursue advancement of medical and health care through training and exchange of knowledge with local and overseas professional organisations.

e. To be a responsible and responsive hospital through promoting dedication, competency and efficiency among staff and the appropriate use of resources.

1.2 Hospital Role

Our hospital was the only acute hospital in East Kowloon until the opening of Tseung Kwan O Hospital. Our service area includes the whole East Kowloon, Tseung Kwan O and part of Sai Kung. We provide comprehensive acute hospital service and specialist outpatient service. Ambulatory and outreach services are also provided in selected areas, including Geriatrics and Psychiatry.

1.3 Development of Hospital Governance

United Christian Hospital was under the United Christian Medical Service Board before the take over by the Hospital Authority. On formation of the Hospital Governing Committee, all members of the United Christian Medical Service Board were appointed as Hospital Governing Committee members, while Hospital Authority Head Office appointed additional members into the Hospital Governing Committee.

The senior management reported regularly to the Hospital Governing Committee and sought advice from the Committee regarding the hospital plans and performances. Hospital Governing Committee members were invited to join our strategic planning workshops. Hospital visits, presentations, and meetings with Chief of Services were arranged for members of the Committee to better understand the hospital services.

Section 2 Corporate Priority Areas

2.1 Volume and access

Address the problem of overcrowding and increasing workload resulting from:

a. Ageing population in East Kowloon.

b. Increasing population in Tseung Kwan O.

c. Shift of the East Kowloon/Tseung Kwan O patients back to United Christian Hospital from other clusters.

by implementing the following initiatives to improve access to specialist outpatient services, surgical procedures and to relieve congestion in wards:

a. Increase capacity of specialist outpatient departments and operating theatres by additional sessions.

b. Reduce in-patient stay by enhancing day surgery service.

c. Improve efficiency by consolidating Rapid Sequence Clinic services.

d. Review triage mechanism to determine priority of specialist outpatient new referrals.

2.2 Enhanced Productivity Programme

a. Save electricity expenditure by implementing Energy Conservation (phase 2).

b. Save security staff manpower by implementing Security System.

c. Save energy cost by implementing Ozone Laundry System.

d. Save supervisory staff manpower by implementing Automatic Despatch System.

2.3 Financing and Resource Allocation System

a. Rationalise service development after Tseung Kwan O Hospital opens.

b. Deploy Nursing School staff to service posts to tie in with changes in training programme.

c. Train radiographer to perform echocardiogram for reporting by cardiologists.

d. Complete new site for Family Medicine Clinic and Podiatry Department to create more space for specialist outpatient departments.

2.4 Distribution Network and Infrastructure

a. Collaborate with Tseung Kwan O Hospital to establish a single Ophthalmology and Otorhinolaryngology team for the whole cluster.

b. Collaborate with Haven of Hope Hospital and Kowloon Hospital to delineate convalescent and rehabilitation support for United Christian Hospital and Tseung Kwan O Hospital.

c. Take over the management of Pamela Youde Polyclinic.

d. Renovate office building to meet statutory requirements.

2.5 Care Process and Quality

a. Open Diabetes Centre to improve quality of care.

b. Open Endoscopy Centre to improve quality and reduce waiting list.

c. Commence small scale in-house Prosthetic and Orthotic service to reduce inter-hospital transfer of patients requiring the service.

d. Enhance clinical audit and risk management.

2.6 Human Resource Capabilities and Management

a. Re-train staff re-deployed internally and from other hospitals.

b. Maintain morale by open communication.

c. Improve effectiveness of Clinical Management Teams by enhancing planning process, management capabilities and communication.

d. Organise team building programmes to enhance team spirit.

United Christian Hospital

Budget/Expenditure

	1998/1999 *(Actual $'M)*	1999/2000 *(Projected Outturn $'M)*	2000/2001 *(Budget $'M)*
Personal Emolument	840.3	874.3	974.9
Staff Oncosts	372.5	387.6	418.1
Other Charges	231.7	274.7	273.4
Total	1,444.5	1,536.6	1,666.4

Actual and Projected Activities

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
Total Accident & Emergency Attendance	273,295	277,000	277,000
No. of Inpatient & Day Patient Discharges/Deaths	72,421	77,200	80,000
No. of Patient Days	344,556	362,000	375,000
Inpatient Average Length of Stay (Days)	5.3	5.2	5.3
Attendance at Specialist Outpatient Clinics			
— Clinical Services	358,050	376,000	390,000
— Allied Health Services	210,690	223,000	230,000

Key Performance Indicators

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
Specialist Outpatient Service Average Waiting Time (first attendance)	15.9 weeks	14.0 weeks	5.0 weeks *
Specialist Outpatient Service Average Queuing Time	37 mins	33 mins	35 mins
Average Waiting Time for Major Elective Surgery	4.3 mths	3.5 mths	3.5 mths
Accident & Emergency Triage 1 (0 min)	100%	100%	100%
Accident & Emergency Triage 2 (15 mins or less)	—	95%	95%
No. of Community Nursing Service/Community Psychiatric Nursing Service Home Visits	87,978	88,000	90,000

* Median actual waiting time.

Background

Kowloon Central Cluster includes Hong Kong Buddhist Hospital, Kowloon Hospital and Queen Elizabeth Hospital. They have complementary roles in the provision of services. Queen Elizabeth Hospital mainly provides 24-hour emergency services and acute services. Kowloon Hospital provides psychiatric, respiratory medicine, rehabilitation and infirmary services. Hong Kong Buddhist Hospital provides hospice and general outpatient services. Both Kowloon Hospital and Hong Kong Buddhist Hospital support Queen Elizabeth Hospital in convalescent care.

The ageing population, increasing number of old aged homes, and the shift in disease patterns towards chronic diseases, such as stroke, diabetes and coronary heart diseases, have led to a high demand for rehabilitation services, long stay care and outreach services to support discharge planning. The development of Kowloon Hospital Rehabilitation Building at Kowloon Hospital and the Rehabilitation Block at Queen Elizabeth Hospital will go some way towards coping with this increasing demand. Newly opened beds will be redesignated to provide convalescent support to the United Christian Hospital, to alleviate the overcrowdedness there.

The long term direction for psychiatric services is towards cluster-based provision of comprehensive secondary services, instead of confining the services in large psychiatric hospitals. The acute/gazetted/inpatient/ambulatory psychiatric services in the cluster need to be developed.

While the demand for rehabilitation and long stay care is increasing, the facilities at Kowloon Hospital and Hong Kong Buddhist Hospital are deteriorating. Redevelopment plans would be worked on, so that the hospitals can discharge their roles to meet the increasing demand in the cluster.

In order to assure standard and cost-effectiveness of services, services would be streamlined towards cluster-based provision and coverage. Infrastructure to enhance the interface among cluster hospitals would be worked on.

Programmes and Targets

	Completion Date
1. Strengthen cross cluster support to United Christian Hospital.	*3Q00*
2. Develop cluster-based services in Pathology.	*1Q01*
3. Draw up cluster plan for information technology.	*1Q01*
4. Draw up the cluster-based service development plan for psychiatric services.	*1Q01*

Hong Kong Buddhist Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

The Hong Kong Buddhist Hospital has a mission to develop into a community hospital that provides quality primary and secondary care with choices of services meeting the need of the community.

The Hong Kong Buddhist Hospital is situated at Lok Fu in close proximity to the Lok Fu MTR station. Being a sub-acute and extended care hospital, Hong Kong Buddhist Hospital provides care to patients admitted through the outpatient department or transferred from other hospitals.

1.2 Hospital Role

Hong Kong Buddhist Hospital provides both general and specialist services in Medicine, Surgery, Ophthalmology, Gynaecology, Otorhinolaryngoly (ENT) and Hospice services. The hospital has a total of 356 beds providing both acute and convalescent services. It is equipped with an operating theatre with three major and one minor suites; a Day Surgery Centre with 12 beds; a High Dependency Unit with 2 beds; and comprehensive allied health services including Diagnostic Radiology, Laboratory, Physiotherapy and Occupational Therapy.

The Hospital recognises the importance of "Community as Partner" through co-operation with local organisations and the volunteer service.

The Hospital together with Queen Elizabeth Hospital and Kowloon Hospital form the Central Kowloon Cluster. Most of the hospital services needed by the residents in the Central Kowloon region are made available within our three clustering hospitals. Queen Elizabeth Hospital is mainly responsible for acute hospital care while Kowloon Hospital and Hong Kong Buddhist Hospital are responsible for sub-acute and extended care.

1.3 Development of Hospital Governance

The Hospital was founded by Hong Kong Buddhist Association. In December, 1991, the Hospital joined the Hospital Authority. A Hospital Governing Committee was then set up. The Committee performed its governance role in the formulation of policy and strategy, endorsement of the Hospital Annual Plan and monitoring of hospital performance.

Section 2 Corporate Priority Areas

2.1 Volume and Access

a. Shorten waiting time in Specialist Outpatient Department through increase in clinic sessions, adjustment of work pattern and flexible scheduling.

b. Receive new cases diverted from Queen Elizabeth Hospital to help shorten waiting time.

c. Provide convalescent and rehabilitation support to United Christian Hospital.

2.2 Enhanced Productivity Programme

a. Freeze recruitment exercise and review duties and responsibilities of the vacant post to be taken up by other staff through reengineering.

b. Achieve savings through cost effective use of resources in areas like energy conservation and control of drug budget.

2.3 Financing and Resource Allocation System

a. Computerised Tomography Scanning: Conduct utilisation review on the computerised tomography scanning service purchased from Princess Margaret Hospital.

b. Magnetic Resonance Imaging: Explore accessibility to more magnetic resonance imaging service.

2.4 Distribution Network and Infrastructure

Achieve savings by standardizing items of bedding and uniform for procurement by bulk contracts.

2.5 Care Process and Quality

a. Ensure quality care process by regularly monitoring the status and progress of the following:

   i. Occupational Safety and Health.

   ii. Security.

iii. Patient Care Delivery.

iv. Quality Assurance.

v. Risk Management.

b. Implement two-tier professional accountability system in the delivery of clinical care.

c. Provide one-stop immediate assessment and preoperative advice to all day surgery patients right after specialist outpatient consultation in outpatient department.

d. Establish performance pledges in human resource functions and conduct annual assessment on the pledges.

e. Implement nurse-led sessions in health education and diet counselling.

f. Extend the on-call service of the home care support to 24-hours for discharged hospice patients.

g. Conduct hospital-wide audits on fall prevention and oxygen therapy to improve patient care and nursing standards.

2.6 Human Resource Capabilities and Management

Continuing organisation of Quality Service Training refresher course on skills of delivering quality service to customers, importance of body language and managing emotion to enhance staff's commitment in the delivery of quality care.

Hong Kong Buddhist Hospital

Budget/Expenditure

	1998/1999 *(Actual $'M)*	1999/2000 *(Projected Outturn $'M)*	2000/2001 *(Budget $'M)*
Personal Emolument	106.4	108.0	113.2
Staff Oncosts	44.1	44.8	44.5
Other Charges	23.7	26.1	25.8
Total	174.2	178.9	83.5

Actual & Projected Activities

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
No. of Inpatient & Day PatientDischarges/Deaths	9,263	8,930	9,000
No. of Patient Days	94,561	103,129	103,000
Inpatient Average Length of Stay (Days)	12.5	15.2	15.0
Attendance at Specialist Outpatient Clinics			
— Clinical Services	31,368	32,576	32,000
— Allied Health Services	6,090	5,364	5,400

Key Performance Indicators

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
Specialist Outpatient Service Average Waiting Time (first attendance)	13.1 weeks	9.0 weeks	5.0 weeks *
Specialist Outpatient Service Average Queuing Time	39 mins	45 mins	45 mins

* Median actual waiting time.

Kowloon Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

We are committed to serve and to provide high touch quality care to our patients.

1.2 Hospital Role

a. Role in whole organisation

Kowloon Hospital mainly serves patients from Kowloon. Only 20% of its patients were from the Hong Kong Island and the New Territories. Kowloon Hospital provides inpatient, daypatient, outpatient, outreach and community services. It is also providing psychiatric support to Kowloon West Cluster. The Hospital also trains nurses and allied health workers for the whole territory.

With the opening of Kowloon Hospital Rehabilitation Building, and the merging of Margaret Trench Medical Rehabilitation Centre, the Kowloon Hospital also took up the role of providing rehabilitation and acute convalescent support to the Kowloon East Cluster, and specialised rehabilitation support to patients in other clusters.

b. Strategies to achieve the role in local cluster

At present, only Kowloon Hospital provides psychiatric support to the Kowloon Central and West clusters. The role of psychiatric support would have to be further enhanced as the long term direction for psychiatric services is towards cluster-based provision of comprehensive secondary service.

The hospital plans to provide gazetted beds in 2002 upon the completion of its Phase I Refurbishment and Redevelopment Plan. It is also planning for the reprovisioning of the psychiatric outpatient clinic in Yaumatei Polyclinic together with the supporting inpatient facilities in its Phase II Refurbishment and Redevelopment Plan.

Historically, Kowloon Hospital has one of the strongest respiratory team working hand in hand with Queen Elizabeth Hospital to provide a cluster-based respiratory service.

The ageing population, increasing number of old aged homes, and the shift in disease patterns towards chronic diseases such as stroke, diabetes and coronary heart disease, have led to a high demand for sub-acute rehabilitation services, long stay care and outreach services to support discharge planning. The completion of the Kowloon Hospital Rehabilitation Building enables Kowloon Hospital to help in coping with this demand. Kowloon East Cluster is the cluster with new town development and increase in population. Thus, there is an increasing demand for convalescent and rehabilitation services. Support to this cluster is imminent.

With the opening of Kowloon Hospital Rehabilitation Building and the merging of Margaret Trench Medical Rehabilitation Centre with Kowloon Hospital, it is also possible to implement programme-based rehabilitation service.

To set up a strong outreach and community team, community resources are developed. By collaborating with non-government organisations, government departments and other organisations, the hospital aims to provide service to patients and carers and to add life to years besides adding years to life.

1.3 Development of Hospital Governance

a. Development of hospital governance:

i. Hospital Governing Committee's role: The Hospital Governing Committee is established in accordance with the Hospital Authority Ordinance. The Committee is involved in hospital planning and monitoring of hospital services via its two subcommittees, namely, the Hospital Planning and Services Development Sub-Committee and the Community Relations Sub-Committee. The issues discussed in the sub-committees would be reported back at the Hospital Governing Committee meeting.

b. The major roles of the Hospital Governing Committee are as follows:

i. The Committee is involved in hospital policy making, annual planning and future development and re-development plan of Kowloon Hospital.

ii. The Committee members participate in community relations and health promotion activities.

iii. The Committee ensures optimal utilisation of hospital resources.

iv. The Committee ensures equity and fairness in human resources functions, including recruitment and appointment of senior staff; staff complaints and appeal, and termination of senior staff.

v. The Committee reviews public complaints.

vi. The Chairman of the Committee serves in the Regional Advisory Committee as a link between the community and the hospital.

c. The Committee monitors hospital service by receiving regular reports for its subcommittees, conducting site-visits and participating in the Committee of Inquiry, staff recruitment panel, Hospital Consultative Committee meetings and community relations activities.

Section 2 Corporate Priority Areas

2.1 Volume and access

a. Enhance Community Nursing Service and Community Psychiatric Nursing Service to cope with growing demand on outreach and community services.

b. Maintain the average waiting time for first attendance to less than 4 weeks despite increasing workload.

2.2 Enhanced Productivity Programme

a. Maintain tight control on staffing level by taking into account the natural staff wastage and transfer, and the opening of new services at Kowloon Hospital Rehabilitation Building.

b. Achieve Enhanced Productivity Programme saving by service re-organisation and restructuring eg. combination of the General Registry with the Human Resources Office, reengineering of services of the repair workshop, linen service, duties of the nursing quarters, contracting out the pupil nurse canteen services and reducing the administrative staff and cost.

2.3 Financing and Resource Allocation System

a. Redeploy resources to improve the standard of extended care service; enhance psychogeriatric day hospital, outpatient, community and outreach services; improve the ward environment; and improve access by patients.

b. Implement programme-based clinical service with spinal rehabilitation as a priority with the opening of Kowloon Hospital Rehabilitation Building.

c. Strengthen laboratory support, improve day care facilities, increase the drug vote of outpatient clinic and strengthen the Community Nursing Service, outreach team and community service to facilitate early discharge.

d. Set up central medical record office in the Kowloon Hospital Rehabilitation Building.

e. Re-designate hospital beds in Kowloon Hospital Rehabilitation Building to accommodate the sub-acute convalescent patients from United Christian Hospital to relieve its overcrowding.

f. Prioritise resources appropriately for facility management like the maintenance of the old buildings, control of termite infestation to prevent further structural damage to its buildings.

g. Enhance transportation within the hospital and among the cluster hospitals.

h. Enhance information system to ensure continuity of patient care.

2.4 Distribution Network and Infrastructure

a. Rehabilitation service: Explore implementation of protocols for programme-based rehabilitation and other specialised rehabilitation programmes.

b. For psychiatric service: Plan comprehensive cluster-based psychiatric service with gazetted wards for 2002 upon the completion of the Phase I Refurbishment and Redevelopment plan. Plan the reprovisioning of the psychiatric outpatient clinic in Yaumatei Polyclinic together with the supporting inpatient facilities in Phase II of the plan.

c. Respiratory medical service:

   i. Enhance inter-hospital and multidisciplinary support to Chronic Obstructive Pulmonary Disease patients.

   ii. Reduce cross infection by Tuberculosis patients by better service coordination.

   iii. Collaborate with the Departments of Ear, Nose, Throat and Medicine of Queen Elizabeth Hospital to provide a cluster-based service for sleep related breathing disorder.

d. Pathology service: Work closely with Queen Elizabeth Hospital to draw up a service provision plan to cater for the relocation of existing laboratory under the management of the Department of Health in 2001/2002.

e. Allied health service:

   i. Implement cluster-based "rigid dressing" amputee protocol to reduce the existing length of stay.

   ii. Continue to enhance the cluster-based rotation programme for staff development.

f. Buildings: Consider a comprehensive maintaince plan for the Hospital which was built in 1920s with many old and worn out buildings requiring intensive maintenance.

g. IT system support: Develop Clinical Management System or extend Rehabilitation Management System to ensure continuity of patient care.

h. Central medical record store: Plan a central medical record store to facilitate retrieval and management of medical records currently kept by different departments.

i. Others:

   i. Roll out inventory control system.

   ii. Improve intra-hospital transportation.

2.5 Care Process and Quality

a. Assure 2-tier supervision through Clinical Management Team.

b. Enforce compliance with the clinical guidelines and develop protocols and indicators for quality care.

c. Screen new case referrals by senior doctors and extend joint rounds with other specialties.

d. Conduct clinical audit by different disciplines on drug administration.

2.6 Human Resource Capabilities and Management

a. Manage surplus staff arising from reorganised Hospital's organisation structure, work flow redesign, reduction in staff wastage rate and downsizing of the nursing school.

b. Manage the merging of Margaret Trench Medical Rehabilitation Centre with different background, culture, rules and regulation with Kowloon Hospital .

c. Enhance human resource capabilities by communicating with staff, redeploying staff to work at Kowloon Hospital Rehabilitation Building and retraining staff to adapt to new jobs.

Kowloon Hospital

Budget/Expenditure

	1998/1999 *(Actual $'M)*	1999/2000 *(Projected Outturn $'M)*	2000/2001 *(Budget $M)*
Personal Emolument	339.0	354.4	389.1
Staff Oncosts	137.8	144.4	151.0
Other Charges	56.8	56.5	67.2
Total	533.6	555.3	607.3

Actual & Projected Activities

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
No. of Inpatient & Day PatientDischarges/Deaths	12,921	13,000	14,300
No. of Patient Days	258,661	258,000	262,000
Inpatient Average Length of Stay (Days)	24.7	25.0	24.0
Attendance at Specialist Outpatient Clinics			
— Clinical Services	56,712	57,000	57,500
— Allied Health Services	137,265	140,000	150,000

Key Performance Indicators

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
Specialist Outpatient Service Average Waiting Time (first attendance)	3.4 weeks	4.5 weeks	4.5 weeks
Specialist Outpatient Service Average Queuing Time	40 mins	40 mins	45 mins
No. of Community Nursing Service/ Community Psychiatric Nursing Service Home Visits	34,497	35,257	35,000

Queen Elizabeth Hospital

Section 1 Hospital Mission

1.1 Mission Statement

Based on the past seven years of experience of active and intensive service and management reform, the Hospital Mission Statement was recently re-evaluated by the hospital management and representatives of service staff. Although some refinement is still required, it was generally agreed that Queen Elizabeth Hospital's aims should be:

a. Providing quality hospital care to patients delivered by a team of competent professional staff using advanced facilities and technologies.

b. Educating and training health professionals who care for patients, their families and the community, and who strive for professional and team development.

c. Establishing partnerships with like-minded community organisations to achieve a healthy, progressive and productive community.

d. Promoting health and a healthy lifestyle; and advocating a compassionate community and a caring family culture for the Hong Kong community.

1.2 Hospital Role

Queen Elizabeth Hospital is the largest institution of the Hospital Authority in terms of service capacity, facilities, expertise and resources. It is the only acute hospital in the Central Kowloon Cluster, supported by Kowloon Hospital and Hong Kong Buddhist Hospital for mental health services and convalescent/rehabilitation/hospice care. Realizing its tertiary role for the whole of Hong Kong, the hospital has been accepting all referrals from the community as well as overseas, and investing in appropriate technologies and facilities. Queen Elizabeth Hospital has also established professional relationships with the two university hospitals, Grantham Hospital and other hospitals of the Authority to form a network for tertiary referrals.

1.3 Development of Hospital Governance

The Hospital Governing Committee has earned great respect from hospital staff and the general public through its wisdom and integrity. The four standing committees of the Hospital Governing Committee: Finance, Planning, Standards and Quality, Patient and Community Relations Committees, and the Hospital Governing Committee together shape the hospital's direction, external and internal policies, and monitor the implementation and performance of hospital strategies and plans. The Committee also provides backup for hospital management in handling sensitive, complex and controversial issues relating to staff disciplinary decisions and patient complaints. Through the strong commitment, professionalism and integrity of individual members of the Committee, and the leadership of the two chairmen for the past seven years, the Hospital Governing Committee is now an important factor in Queen Elizabeth Hospital's values and culture.

1.4 Issues

The issues facing Queen Elizabeth Hospital (and Hospital Authority) can be attributed to the reforms and policies of the Authority, and the progress in the Hong Kong community. The current major issue is the paradoxical mismatch between health care providers and patients: whilst the public hospitals are facing longer queues, the private sector counterparts are being driven out of business. This also forms the basis for many issues facing the Authority and its hospitals: resource allocation, service planning, overworked staff, unsustainable quality of care, low staff morale, frustrated management, peer antagonism and public discontent. Concerted efforts between the government, the Authority and the hospital are needed to address the root of the problem.

Section 2 Corporate Priority Areas

The hospital will be implementing strategies and activities to achieve some of the six Corporate Priority Areas within existing means.

2.1 Volume and Access

Address volume and access by increasing the service capacity in different specialties by:

a. Readjusting human and other resources levels.

b. Developing appropriate staff expertise.

c. Minimising non-value-added work, service and resource consumption through process re-engineering and restructuring.

d. Introducing triage systems in the Accident and Emergency Department and specialist outpatient clinics to ensure patients with more serious conditions would be attended to promptly.

e. Establishing a contingency plan for inpatient admissions to address the seasonal influx of medical patients in winter months.

f. Implementing double queuing at specialist outpatient clinics.

2.2 Enhanced Productivity Programme

Achieve Enhance Productivity Programme Savings by improving staff quality and responsibility, management restructuring, integration of professional and service teams, prioritisation of services by categorisation and process re-engineering.

2.3 Financing and Resource Allocation System

a. Address the cost of patient care using the available information systems, taking into account case-mix, medical severity, treatment protocols, continuity of care and health outcome indicators.

b. Collaborate with other teams of the Authority to refine the specialty cost/Patient related Group (PRG) processes.

2.4 Distribution Network and Infrastructure

Provide pathology and laboratory services to the other two hospitals in the cluster to achieve better cost-effectiveness overall.

2.5 Care Process and Quality

Implement and refine the Five "Rights" (time, place, expertise, decision, and attitude) principles which are well-accepted by clinical leaders with the following targets for 2000:

a. Named "in-charge" doctor for all patients.

b. 24-hour coverage by specialists in all specialties, either on-site or on-call, depending on specialty and service demands.

c. Guidelines on the adoption of new technology/procedures.

d. Service categorisation and clinical standards and quality indicators.

e. Service grouping and "service programme" organisational changes.

f. Follow-up on the acquisition of technologies such as Positron Emission Tomography and Open Magnetic Resonance Imaging.

2.6 Human Resource Capabilities and Management

a. Coordinate with the Authority Head Office in the redeployment of staff to other new services of the Authority, and the necessary restructuring of basic nursing education.

b. Continue staff training and development, together with regular communication with staff through formal and informal channels to enhance human resource capabilities.

Queen Elizabeth Hospital

Budget/Expenditure

	1998/1999 *(Actual $'M)*	1999/2000 *(Projected Outturn $'M)*	2000/2001 *(Budget $M)*
Personal Emolument	1,555.9	1,566.1	1,539.1
Staff Oncosts	717.4	719.1	694.0
Other Charges	417.8	425.7	415.0
Total	2,691.1	2,710.9	2,648.1

Actual & Projected Activities

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
Total Accident & Emergency Attendance	227,531	222,707	222,000
No. of Inpatient & Day Patient Discharges/Deaths	123,252	127,344	127,000
No. of Patient Days	561,834	571,013	570,000
Inpatient Average Length of Stay (Days)	5.8	5.9	5.9
Attendance at Specialist Outpatient Clinics			
— Clinical Services	692,064	664,111	658,000
— Allied Health Services	241,773	239,486	228,000

Key Performance Indicators

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
Specialist Outpatient Service Average Waiting Time (first attendance)	9.1 weeks	6.5 weeks	5.0 weeks *
Specialist Outpatient Service Average Queuing Time	90 mins	93 mins	90 mins
Average Waiting Time for Major Elective Surgery	1.5 - 2.0 mths	1.5 - 2.0 mths	1.5 -2.0 mths
Accident & Emergency Triage 1 (0 min)	100%	100%	100%
Accident & Emergency Triage 2 (15 mins or less)	80%	95%	95%

* Median actual waiting time.

Background

The Kowloon West cluster comprises Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital. They serve a population of around 0.62 million covering Shumshuipo, Mongkok and Wong Tai Sin. It is projected that by the year 2006, 13.2% of the Cluster's population will be aged 65 or above, as against the territory average of 11.2%.

The 3 hospitals together provide a wide range of acute, extended, ambulatory and community care services. As at 31 March 1999, there were a total of 2,692 beds available, with 62% designated for acute care and 38% for extended care. The cluster runs 2 geriatric day hospitals. The Kwong Wah Hospital also operates the Pamela Youde Polyclinic Renal Dialysis Centre. Specialist and general outpatient services are available in Kwong Wah Hospital and Our Lady of Maryknoll Hospital.

Both Kwong Wah Hospital and Our Lady of Maryknoll Hospital are community-orientated hospitals with good access for outpatient services. Patient volume is a challenge for medical and surgical specialties, especially Kwong Wah Hospital, which is not charging for its outpatient services. Nevertheless, the median actual waiting time of 5 weeks will be achieved through enhancing throughput in integrated clinics, shared care programmes, streamlining inter-specialty referrals and direct access to endoscopic, minor procedural sessions. Feasibility of specialists from Tung Wah Group of Hospitals Wong Tai Sin Hospital to see new Specialist Outpatient referrals will be explored.

The hospitals are preparing for possible policy changes in fees and charges to be announced in the forthcoming Green Paper on Health Care Reform. There will be great impact particularly on Kwong Wah Hospital whose parent organisation, Tung Wah Group of Hospitals, is now paying the outpatient fees for the patients.

Cluster collaboration has worked well in this cluster with clearly defined roles in the 3 hospitals. Better coordinated care to patients will be enhanced through formulating cluster-based clinical protocols in the management of Stroke, Hip Fracture and Chronic Obstructive Pulmonary Diseases. Clinical audits on these disease modalities and basic care eg bed sores and patient falls will be conducted on the care processes covering both the acute and extended phases. Emphasis will also be put on safe patient transfer by reviewing guidelines for transfer.

Rationalisation and integration of services eg in Paediatrics, Orthopaedics, Radiology and Pathology, community nursing, geriatric day service will be planned on a cluster basis. Such principle will also apply to business support services such as procurement and warehousing functions. Apart from improving health care quality, such cluster integration will also achieve efficiency and cost-effectiveness through appropriate designation of service distribution. Service coverage and professional training especially in Anaesthesiology, Paediatrics and Orthopaedics will be reinforced. It has been agreed that organisation of training and development programmes will also follow this cluster-based approach in the coming year.

Priority Areas

1. Volume and Access

a. Achieve the median actual waiting time of 5 weeks through enhancing throughput in integrated clinics, shared care programmes, streamlining inter-specialty referrals and direct access to endoscopic, minor procedural sessions.

b. Explore feasibility of specialists from extended care hospital to see new referrals for specialist outpatient service.

2. Enhanced Productivity Programme

a. Enhance cluster-based integration in clinical services: Paediatrics, Orthopaedics, stroke, Chronic Obstructive Pulmonary Disease, Radiology, Pathology, community geriatric programmes, community nursing service.

b. Promote cluster-based integration in management and/or functions in business support services.

3. Financing and Resource Allocation System:

Prepare possible changes in fees and charges policy as stipulated in the forthcoming Green Paper on Health Care Reform.

4. Distribution Network and Infrastructure

a. Develop cluster-based patient transfer protocols for medical/geriatric patients between acute and extended care hospitals.

b. Reinforce service coverage and training arrangement in Anaesthesiology, Paediatrics and Orthopaedics.

c. Integrate Community Geriatric Assessment Service and Community Nursing Service and enhance Community Geriatric Assessment Team's coverage to private elderly homes.

d. Rationalise geriatric day service.

5. Care Process and Quality

a. Review transfer protocol between acute and extended care hospitals.

b. Develop cluster-based clinical protocols in management of stroke, hip fracture and Chronic Obstructive Pulmonary Disease.

c. Conduct cluster-based clinical audit on bed sores, falls, stroke, hip fracture.

6. Human Resource Capabilities and Management

a. Conduct care for carer programmes on cluster basis.

b. Organise cluster level training and development programmes.

Programmes and Targets

	Completion Date
1. Establish structured mechanism of patient transfer especially for medical and geriatrics patients and during long holidays.	*3Q00*
2. Organise cluster-based procurement and warehousing support services on common consumables.	*4Q00*
3. Conduct cluster-based audit of bed sores and fall with recommendations for preventive measures.	*1Q01*

Kwong Wah Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

The vision of the hospital is to develop Kwong Wah Hospital into the most preferred hospital. We aim to provide a comprehensive range of multispecialty services of the highest possible standard, effectively and efficiently within available resources; maintain the Tung Wah spirit and tradition in providing patient-centred, quality services to the community; provide a safe and comfortable environment for patients and staff; provide a challenging, rewarding, harmonious and warm working environment with good training and career development opportunities; collaborate with the community and other health care providers in achieving a seamless health care system for the maximum health benefit of the community.

1.2 Hospital Role

Kwong Wah Hospital is a 1,400 bedded acute general hospital providing a full range of acute care services. It also operates Ngau Tau Kok Geriatric Day Hospital and Pamela Youde Polyclinic Renal Dialysis Centre. It belongs to Kowloon West cluster which includes Our Lady of Maryknoll Hospital and Wong Tai Sin Hospital. Together the 3 hospitals provide a comprehensive range of secondary care and some tertiary care services.

1.3 Development of Hospital Governance

Hospital Governing Committee provides input to Kwong Wah Hospital's strategic annual planning and monitors hospital performance. It is a key vehicle to ensure public accountability. In 2000/2001, the hospital will further enhance its accountability to the Hospital Governing Committee by improving the format and content of the management report. It will be more user-friendly and contains more relevant information/subjects. Review of individual specialty service lines and programme areas will be presented to the Committee for discussion and advice.

There has been close partnership between Kwong Wah Hospital and Tung Wah Group of Hospitals, the parent body. In particular, through its annual planning process, Tung Wah Group of Hospitals donates a sizeable amount of resources to Kwong Wah Hospital each year.

Section 2 Corporate Priority Areas

2.1 Volume and access

Implement initiatives to achieve a median actual waiting time of 5 weeks by establishing an effective triage mechanism on actual clinical needs, increasing throughput, setting up of integrated clinics, shared care, cluster collaboration, streamlining inter-specialty referral, appropriate discharge of follow up patients, and improving partnership with referring doctors.

2.2 Enhanced Productivity Programme

a. Cultivate a concept and culture of critically revisiting works and activities to identify more effective, efficient and innovative ways of delivering services.

b. Explore alternative ways of delivering clinical care which is more effective as well as removing unnecessary workload and stress from staff members.

c. Implement key initiatives include energy conservation, job and workflow review, service re-engineering (e.g. relocation of Ngau Tau Kok Geriatric Day Hospital back to Kwong Wah Hospital, centralisation of domestic service, restructuring of milk kitchen etc), critical review of unnecessary job allowances etc.

d. Enhance cluster-based collaboration/integration of various clinical and non-clinical services to achieve quality gain and better resource management.

e. Review critically the need for inpatient facilities vis a vis other ambulatory and community care modalities.

f. Identify opportunities of revenue generation in line with corporate policies.

2.3 Financing and Resource Allocation System

a. Work closely with Tung Wah Group of Hospitals to prepare for possible changes, especially over Medical Social Worker and shroff functions.

b. Support Head Office's refinement/development of resource allocation models.

2.4 Distribution Network and Infrastructure

a. Implement recommendations of the Medical Services Development Committee on service networking.

b. Work with Our Lady of Maryknoll Hospital and Wong Tai Sin Hospital to develop cluster-based collaboration/integration of various clinical and non-clinical services.

c. Enhance continuity of acute/extended care through cluster-based clinical protocols and audit, and structured patient transfer mechanism between Kwong Wah Hospital and Wong Tai Sin Hospital.

d. Enhance day surgery service and day rehabilitation for chronically ill cardiac patients.

e. Deliver better coverage to private elderly homes within its catchment area by partially integrating its Community Nursing Service and Community Geriatric Assessment Team and, collaborating with Our Lady of Maryknoll Hopsital.

2.5 Care Process and Quality

a. Implement the specialist-led 2-tier accountability concept to explicitly account for the role and responsibilities of specialists of each and every clinical department.

b. Set hospital-wide professional supervision and relevant quality standards.

c. Handle complaint and medicolegal cases more diligently with participation of the Hospital Chief Executive.

d. Enhance peer review, risk management and Continuous Quality Improvement mechanisms.

e. Strength and establish mechanism to monitor research activities and introduction of new procedures.

2.6 Human Resource Capabilities and Management

a. Set priority on caring for carers, and critically review work pressure and stress management.

b. Revisit the whole communication mechanism to enhance internal communication.

c. Focus training and development and management transformation on empowering managers, team work and cultivation of clinical service driven culture.

d. Develop Clinical Management Teams planning process and mechanism.

e. Prepare for the future in acquiring/developing more knowledge and understanding about Chinese Medicine.

2.7 Tung Wah Group of Hospitals Tsui Tsin Tong Outpatient Building

a. Commission the building without additional recurrent resources from the Government when 3 out of 7 floors are built using donation.

b. Identify ways and means to open the day surgery suite in line with corporate and Kwong Wah Hospital's strategic direction in developing ambulatory surgery.

2.8 Chinese Medicine Development

a. Prepare for the future, in line with policy direction of Government, Hospital Authority and Tung Wah Group of Hospitals, in supporting the development of Chinese Medicine services in Hong Kong.

Kwong Wah Hospital

Budget/Expenditure

	1998/1999 *(Actual $'M)*	1999/2000 *(Projected Outturn $'M)*	2000/2001 *(Budget $'M)*
Personal Emolument	886.3	896.1	901.7
Staff Oncosts	390.7	396.4	387.5
Other Charges	178.9	172.6	188.5
Total	1,455.9	1,465.1	1,477.7

Actual & Projected Activities

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
Total Accident & Emergency Attendance	249,743	248,867	252,102
No. of Inpatient & Day Patient Discharges/Deaths	86,036	88,111	94,102
No. of Patient Days	404,993	398,936	406,915
Inpatient Average Length of Stay (Days)	5.5	5.4	5.4
Attendance at Specialist Outpatient Clinics			
— Clinical Services	319,795	333,462	340,131
— Allied Health Services	174,975	167,164	170,507

Key Performance Indicators

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
Specialist Outpatient Service Average Waiting Time (first attendance)	9.2 weeks	8.1 weeks	5.0 weeks *
Specialist Outpatient Service Average Queuing Time	40 mins	36 mins	36 mins
Average Waiting Time for Major Elective Surgery	3.2 mths	2.8 mths	3.0 mths
Accident & Emergency Triage 1 (0 min)	100%	100%	100%
Accident & Emergency Triage 2 (15 mins or less)	100%	100%	100%
No. of Community Nursing Service/Community Psychiatric Nursing Service Home Visits	25,662	30,812	31,000

* Median actual waiting time.

Our Lady of Maryknoll Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

a. Vision: Founded by the Maryknoll Sisters of St. Dominic to give witness to the love of Christ by ministering to the total man with a deep respect for his/her human dignity.

b. Mission: As a Catholic hospital, we provide holistic care to patients, particularly those who are needy, and we commit ourselves to health promotion in the community. This mission is carried out as an expression of the ministry of Jesus Christ with a concern and deep respect for the dignity of each person.

c. Objectives:

i. To be a community hospital.

ii. To maintain the Maryknoll Spirit and tradition in providing patient centred, quality service to the community.

iii. To provide a safe and comfortable environment for patients and staff.

iv. To provide a harmonious, rewarding and warm working environment for our staff.

v. To collaborate with the community and other health care providers in achieving a seamless health care system.

1.2 Hospital Role

The main role of Our Lady of Maryknoll Hospital is to act as a community hospital with the ultimate aim of providing a 24-hour walk-in General Outpatient service and by providing some inpatient services to meet the needs of the residents in the area. Presently, the inpatient clinical specialties include Surgery, Medicine, Geriatrics, Hospice, Paediatrics and Gynaecology.

The Hospital provides the following ambulatory services:

a. General Outpatient Service extends to Sundays and Public Holidays.

b. Specialist Outpatient Service (Clinical and Allied Health Service).

c. Day Surgery Service.

d. Outpatient Endoscopy.

In Hospice Service, Our Lady of Maryknoll Hospital provides a holistic care with inpatient, outpatient, home care and bereavement service to patients and their families. This service is backed up by a strong team of volunteers.

In Community Care, Our Lady of Maryknoll Hospital provides Community Nursing Services for discharged patients and provides assessment to patients of Wong Tai Sin Hospital. It also collaborates with local community groups in providing health checks, health talks and exhibition to the residents of Wong Tai Sin and the Elderly Centers.

1.3 Development of Hospital Governance

Two-third of the members of the Hospital Governing Committee are nominated by the Board of Governors and one-third by Hospital Authority.

The Senior Management staff attend the Hospital Governing Committee meetings, report the progress of the Hospital Annual Plan, and seeks advice from the Committee regarding the hospital plan and performance. Members of the Committee are invited to join the strategic planning workshops, hospital visits, presentations, so that members can be familiar with hospital activities.

Section 2 Corporate Priority Areas

2.1 Volume and Access

a. Review protocols in transferring patients from Medical Specialist Outpatient Department to Integrated Clinics and discharge patients to General Outpatient Department.

b. Establish direct access to endoscopy, minor operations and other allied health services.

c. Implement work re-engineering in Radiology Department to cope with the increased workload arising from increased Medical and Geriatrics beds.

2.2 Enhanced Productivity Programme

a. Network anaesthetic services with other hospitals of the Authority to save the cost of a Senior Medical Officer.

b. Combine Community Nursing Service sub-centres to save the rents and rates and other related costs on Other Charges.

c. Review possibility of combining central sterile supply service with clustered hospitals or other hospitals within the Authority to save costs on utilities, replacement and maintenance of the sterilisers.

2.3 Financing and Resource Allocation System

a. Achieve stringent control on budget distributed after the deduction of 1% savings and 0.5% deflation through conjoined efforts of clinical and administrative managers.

2.4 Distribution Network and Infrastructure

a. Continue to collaborate with Kwong Wah Hospital for Radiology, Pathology, Orthopaedics and Neurology service.

b. Continue to provide Radiology, blood bank and emergency laboratory service to Wong Tai Sin Hospital.

2.5 Care Process and Quality

a. Improve medication safety by educating patients on appropriate drug use.

b. Improve patient safety by piloting a programme in reducing "run-away" patients.

c. Continue to conduct audits on clinical procedures, protocols with proper documentation.

d. Review Internal Disaster Plan, conduct regular drills on fire fighting equipment and communication drill.

2.6 Human Resource Capabilities and Management

a. Strengthen staff morale and sense of belonging by launching Best Staff Awards.

b. Provide all staff with education and training opportunities.

Our Lady of Maryknoll Hospital

Budget/Expenditure

	1998/1999 *(Actual $'M)*	1999/2000 *(Projected Outturn $'M)*	2000/2001 *(Budget $'M)*
Personal Emolument	165.9	165.8	167.7
Staff On costs	69.3	69.0	68.5
Other Charges	28.9	29.6	28.9
Total	264.1	264.4	265.1

Actual & Projected Activities

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
No. of Inpatient & Day Patient Discharges/Deaths	11,217	8,716	10,125
No. of Patient Days	61,851	55,427	63,015
Inpatient Average Length of Stay (Days)	6.3	6.7	6.8
Attendance at Specialist Outpatient Clinics			
— Clinical Services	69,732	49,700	50,000
— Allied Health Services	21,093	22,426	23,243

Key Performance Indicators

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
Specialist Outpatient Service Average Waiting Time (first attendance)	6.1 weeks	9.0 weeks	5.0 weeks *
Specialist Outpatient Service Average Queuing Time	35 mins	60 mins	60 mins
Average Waiting Time for Major Elective Surgery	1.0 mth	1.0 mth	1.0 mth
No. of Community Nursing Service/Community Psychiatric Nursing Service Home Visits	28,863	29,000	29,000

* Median actual waiting time.

Tung Wah Group of Hospitals Wong Tai Sin Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

a. To uphold the spirit of Tung Wah Group of Hospitals in serving the community and to fulfill the mission of the Hospital Authority.

b. To pursue excellence in the management of tuberculosis and chest diseases, rehabilitation and infirmary care.

c. To deliver quality and patient-centred services in collaboration with the community.

d. To develop and nurture strong and dedicated teams.

1.2 Hospital Role

The hospital has taken up a more proactive role in the health care system as a supportive institution for Tuberculosis and Chest service, extended care and rehabilitation for post-acute cases. Patients with complicated tuberculosis and chronic lung diseases are referred from the Department of Health and other hospitals of the Authority for management. The hospital has also developed respiratory supportive programmes, specialist outpatient care and sleep studies in recent years.

A wide range of services from convalescent care to active rehabilitation, palliative and infirmary care are also provided. A transdisciplinary approach is adopted in designing case management programmes and discharge plans for rehabilitating patients. Ambulatory care and community outreach will be emphasised to ensure early and effective reintegration into community.

For those who are chronically/terminally ill, we try to promote quality and dignity in the infirmary and palliative care settings.

In addition, the hospital also provides ambulatory service in its 30-place Geriatric Day Hospital.

1.3 Development of Hospital Governance

The Hospital Governing Committee discharged its role as the monitoring body to the performance of the hospital through regular reviews of the Hospital Annual Plan progress and targets. Opinions and comments from the Hospital Governing Committee were usually sought for hospital policies, developmental issues, complaints and staff termination cases.

Section 2 Corporate Priority Areas

2.1 Volume and Access

a. Collaborate with Kwong Wah Hospital in patient care management to ensure continuum of care, shortening of the total length of stay and improve patient outcomes.

b. Review clinical standards and service delivery models continuously of different care types to enable early patient discharge and improve patient outcomes.

c. Enhance active discharge planning and hospital-based community outreach programmes to facilitate earlier discharges and satisfactory integration into community life.

d. Avoid stress and disadvantages of institutionalisation of patients whose medical conditions can be treated similarly well in ambulatory settings of an outpatient clinic, day rehabilitation or day hospital.

2.2 Enhanced Productivity Programme

a. Identify ways for enhancing productivity and savings to cover the budget deficit through freezing of posts from natural staff attrition; reengineering clinical and non-clinical services; reducing wastage and implementing cook-chilled meals.

b. Implement the following Enhanced Productivity Programme initiatives:

   i. Create integration within own department to eliminate non-value added procedures and streamline operational procedures.

   ii. Explore integration with other departments to attain higher overall efficiency.

iii. Explore integration with cluster hospitals to achieve quality improvement, cost-effectiveness and economies of scale.

2.3 Financing and Resource Allocation System

a. Continue to report activities and expenditure for specialty cost calculation utilising information as basis for adjusting resources internally.

2.4 Distribution Network and Infrastructure

a. Amalgamate patient management between Kwong Wah Hospital and Wong Tai Sin Hospital to achieve continuum of care.

b. Establish joint protocols for acute and convalescence care to enhance care management and outcomes.

c. Explore cluster integration in facility management and business support initiatives to maximise utilisation of resources for the benefits of patient care in the Kowloon West Cluster.

2.5 Care Process and Quality

a. Promulgate benchmarks of clinical standards, Continuous Quality Improvement and audit activities.

b. Define explicit process indicators and specialist accountability in extended care settings.

c. Reinforce accountability on risk and complaint management to be undertaken by all executives and senior managers.

2.6 Human Resource Capabilities and Management

a. Roll out core competency of staff in various ranks as basis for defining performance targets and assessment.

b. Promote continuous professional training and development to upgrade staff capabilities and competency.

c. Arrange rotational training opportunity in acute hospitals for professional staff to enable completion of basic or higher specialist training.

d. Co-organise training programmes with the Human Resources Division of the Authority Head Office to improve communication skills and people management for front-line staff and managers.

e. Formulate IT development strategy to enhance access to more learning modalities.

Tung Wah Group of Hospitals Wong Tai Sin Hospital

Budget/Expenditure

	1998/1999 *(Actual $'M)*	1999/2000 *(Projected Outturn $'M)*	2000/2001 *(Budget $'M)*
Personal Emolument	175.3	177.8	179.2
Staff Oncosts	70.0	71.5	69.2
Other Charges	33.0	31.3	33.1
Total	278.3	280.6	281.5

Actual & Projected Activities

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
No. of Inpatient & Day Patient Discharges/Deaths	6,733	7,799	8,500
No. of Patient Days	267,003	260,831	261,000
Inpatient Average Length of Stay (Days)	45.2	41.2	42.0
Attendance at Specialist Outpatient Clinics			
— Clinical Services	—	384	1,152
— Allied Health Services	22,663	19,957	19,900

Key Performance Indicators

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
Specialist Outpatient Service Average Waiting Time (first attendance)	1.0 week	3.0 weeks	5.0 weeks *
Specialist Outpatient Service Average Queuing Time	—	30 mins	30 mins

* Median actual waiting time.

Background

The New Territories East Cluster covers the districts of Shatin, Ma On Shan, Sai Kung, Tai Po, and part of North District. Based on the 1999 estimate, it has a population of 1.024 million. The Cluster is served by a network of hospitals which include the Alice Ho Miu Ling Nethersole Hospital, Bradbury Hospice, Cheshire Home, Shatin, Prince of Wales Hospital, Shatin Hospital and Tai Po Hospital, providing a comprehensive range of services. These include acute secondary and tertiary care, extended care with active rehabilitation, ambulatory care with day hospitals and community care with outreach services.

The commissioning of Alice Ho Miu Ling Nethersole Hospital and Tai Po Hospital has expanded considerably the capacity of the Cluster to address the increase in service demands resulting from factors such as growing and ageing population. Current issues faced by the Cluster include improving access to services, achieving enhanced productivity programmes, and assuring quality of clinical care. To help meet these challenges, the Cluster will further enhance collaboration and co-operation amongst hospitals to ensure delivery of services in a cost effective manner. Service networking within the Cluster will be strengthened. Additionally, family medicine training and use of technology will be enhanced to facilitate clinical care.

Programmes and Targets

		Completion Date
1.	Increase medical input by designating one medical officer for the home care component of palliative care at Bradbury Hospice.	*2Q00*
2.	Enhance service networking through integration of clinical supporting services between Cheshire Home, Shatin & Prince of Wales Hospital.	*2Q00*
3.	Implement Clinical Management System at Shatin Hospital to facilitate patient care.	*3Q00*
4.	Commission a 12-bedded ward with modern isolation facility in Tai Po Hospital.	*3Q00*
5.	Increase capacity by 20% to better meet the clinical needs of severely disabled client groups in Cheshire Home, Shatin.	*4Q00*
6.	Expand psychiatry services by opening 34 inpatient beds in Tai Po Hospital.	*4Q00*

7. Expand renal dialysis service at Alice Ho Miu Ling Nethersole Hospital to improve care for patients with end stage renal failure. *1Q01*

8. Upgrade Accident and Emergency and trauma care in the Prince of Wales Hospital through integration of observation area and provision of modern resuscitation facility in the new Trauma Emergency Centre. *1Q01*

Alice Ho Miu Ling Nethersole Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

The mission of the hospital is to bring life to mankind in its fullness through enhancement of wellness of the total person and compassionate care of the sick. The goals of the hospital are to provide quality hospital service to meet the needs and in the interest of the clients; build a caring, dedicated, frugal and efficient health care team and establish a healthy community where everybody takes up personal health responsibility and a health-promoting environment is created.

1.2 Hospital Role

Alice Ho Miu Ling Nethersole Hospital is an acute district general hospital with a comprehensive range of secondary care services serving principally Tai Po residents. Services provided include General Medicine, General Surgery, Paediatrics, Orthopaedic & Traumatology, Otorhinolaryngology (ENT), Ophthalmology, Gynaecology and a 24-hour Accident and Emergency service.

1.3 Development of Hospital Governance

a. Maintain good communication through regular reports to Hospital Governing Committee, hospital bulletin and "Hospital Chief Executive's message".

b. Invite Hospital Governing Committee members to meet staff at hospital functions and department visits after Hospital Governing Committee meetings.

c. Invite members of Hospital Governing Committee to participate in Weekend Workshops and Strategic Planning Retreats, as well as seminars organised by the Authority Head Office.

Section 2 Corporate Priority Areas

2.1 Volume and access

a. Expand family medicine based integrated clinics.

b. Introduce additional screening and follow up clinics.

c. Increase same day admission for elective surgery patients.

d. Streamline inpatient overflow system to maximise bed utilisation.

2.2 Enhanced Productivity Programme

a. Streamline administration and management to reduce duplication.

b. Implement invest to save projects:

   i. Install ticketing machine to alleviate shroff workload.

   ii. Install additional CCTV cameras to save security manpower.

   iii. Install water saving valve for domestic hot water shower heads and faucets.

   iv. Replace fluorescent light control gears with electronic ballasts.

c. Minimise accumulated leave through better leave planning.

d. Re-engineer work processes to achieve efficiency:

   i. Centralise counter service at Specialist Outpatient Departments.

   ii. Reduce turn-around time to increase productivity in operating suites.

e. Enhance staff skill-mix to increase productivity:

   i. Train radiographers on ultrasonography.

   ii. Train cardiac nurses to perform echocardiogram.

2.3 Financing and Resource Allocation System

a. Participate in specialty costing exercise to ensure service efficiency.

b. Better utilisation of day care facilities.

c. Outsource more supporting, maintenance and repair services.

2.4 Distribution Network and Infrastructure

a. Strengthen clinical services networking with the nearby Authority hospitals.

b. Develop interdisciplinary management protocols in diabetic care.

c. Develop "Nethersole-on-Line" for individual clinical department.

2.5 Care Process and Quality

a. Roll out holistic care delivery model.

b. Conduct disease based clinical audits in stroke.

c. Implement evidence-based clinical protocols in Paediatrics.

d. Conduct clinical pastoral education programmes to ensure spiritual and emotional well being of patients and staff.

e. Implement hospital-wide risk management strategy.

2.6 Human Resource Capabilities and Management

a. Implement job enrichment initiatives including rotation between clinical departments.

b. Conduct training seminars to enhance multi-skilled capability.

c. Organise communication workshops.

Alice Ho Miu Ling Nethersole Hospital

Budget/Expenditure

	1998/1999 *(Actual $'M)*	1999/2000 *(Projected Outturn $'M)*	2000/2001 *(Budget $'M)*
Personal Emolument	380.4	423.7	434.0
Staff Oncosts	169.7	192.5	186.2
Other Charges	148.9	128.3	148.1
Total	699.0	744.5	768.3

Actual & Projected Activities

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
Total Accident & Emergency Attendance	135,604	134,800	135,000
No. of Inpatient & Day Patient Discharges/Deaths	36,638	40,500	40,500
No. of Patient Days	154,499	159,100	159,300
Inpatient Average Length of Stay (Days)	4.9	4.7	4.8
Attendance at Specialist Outpatient Clinics			
— Clinical Services	138,858	160,200	163,400
— Allied Health Services	81,131	106,700	108,900

Key Performance Indicators

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
Specialist Outpatient Service Average Waiting Time (first attendance)	11.4 weeks	7.9 weeks	5.0 weeks *
Specialist Outpatient Service Average Queuing Time	28 mins	31 mins	32 mins
Average Waiting Time for Major Elective Surgery	1.9 mths	2.0 mths	2.0 mths
Accident & Emergency Triage 1 (0 min)	100%	100%	100%
Accident & Emergency Triage 2 (15 mins or less)	90%	95%	95%
No. of Community Nursing Service/Community Psychiatric Nursing Service Home Visits	10,695	11,500	12,000

* Median actual waiting time.

Bradbury Hospice

Section 1 Hospital Mission

1.1 Hospital Mission Statement

Bradbury Hospice is a leading centre in Hong Kong specialising in palliative care. It seeks to maintain and improve the quality of life of terminally ill patients and their family members, enabling them to be content, worry-free and being in control, realise peace, comfort and growth in a sense of fulfilment.

Bradbury Hospice engages the public and providers to integrate the palliative approach in the care of patients. It also contributes as an internationally recognised centre of education and research. Its staff emphasise quality and innovative practices in order to be a model of others.

The institution values the contribution and innovativeness of its team members, including volunteers. It offers staff and other team members an open, supportive and caring environment. It also provides education and development opportunities to continuously enhance their professional knowledge and skills.

1.2 Hospital Role

Bradbury Hospice belongs to the New Territories East Cluster. The services are mainly provided for patients from the same cluster, i.e. patients referred from Prince of Wales Hospital, Alice Ho Miu Ling Nethersole Hospital, Tai Po Hospital, Shatin Hospital and Cheshire Home, Shatin as well as patients referred from other hospitals but residing in this geographic region. When demand arises, services are also provided for patients outside the Cluster, especially patients with severe symptoms who require specialised hospice care. The Home Care Service serves patients from the whole territory, except Hong Kong Island. The Home Care Unit is also supporting the patients discharged from the Hospice Units in Shatin Hospital and Tai Po Hospital.

1.3 Development of Hospital Governance

Regular Hospital Governing Committee meetings are convened to consider the hospital management report with statistics on essential services. Reports of staff opinion survey, patient and family satisfaction survey, quality audit etc. are also discussed. Members of the Committee are involved in formulating the Hospital Plan by participating in the Hospital Planning Workshop with hospital staff.

Section 2 Corporate Priority Areas

2.1 Volume and access

a. Increase medical input for the home care component of palliative care.

b. Increase the home care patient service load by 15%.

2.2 Enhanced Productivity Programme

a. Contract out security service.

b. Implement Phase II of "Kitchenless Hospital" programme.

c. Implement a more effective inpatient service delivery model.

d. Enhance the efficacy of nursing care particularly in psychosocial aspect so as to take up 10% of the total bereavement cases.

e. Pilot ward follow-up for appropriate patients.

2.3 Financing and Resource Allocation System

a. Develop options to achieve cost savings and income generations.

2.4 Distribution Network and Infrastructure

a. Participate in an integrated model of pharmacy service with the nearby Authority hospitals.

b. Establish a Hospital Support Team cum Consultative Team in Prince of Wales Hospital's Oncology Unit.

c. Extend the hospice link nurse system to include Alice Ho Miu Ling Nethersole Hospital and Tai Po Hospital.

d. Improve the intra and inter hospital communication by providing e-mail service to all clinical staff.

e. Launch a Bradbury Hospice Internet Home Page.

f. Promote partnership with private old aged homes.

g. Organise support groups for carers of home care patients.

2.5 Care Process and Quality

a. Sustain the ISO 9002 Quality Management System.

b. Introduce complementary therapies to appropriate patients.

c. Implement hospice care service protocols.

2.6 Human Resource Capabilities and Management

a. Participate in training seminars and communication workshops to enhance the skills and knowledge of staff.

b. Facilitate research and development initiatives.

Bradbury Hospice

Budget/Expenditure

	1998/1999 *(Actual $'M)*	1999/2000 *(Projectet Outturn $'M)*	2000/2001 *(Budget $'M)*
Personal Emolument	22.8	22.8	23.7
Staff Oncosts	9.5	9.5	9.9
Other Charges	4.2	3.7	4.1
Total	36.5	36.0	37.7

Actual & Projected Activities

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
No. of Inpatient & Day Patient Discharges/Deaths	681	680	680
No. of Patient Days	7,631	7,650	7,650
Inpatient Average Length of Stay (Days)	11.3	12.5	12.0
Attendance at Specialist Outpatient Clinics			
— Clinical Services	334	400	440
— Allied Health Services	1,938	2,000	2,200

Cheshire Home, Shatin

Section 1 Hospital Mission

1.1 Hospital Mission Statement

The mission of the Home is to provide care and support for people with disabilities to restore their health and function to optimal levels such that they may lead an active and dignified life and where possible, to enhance and sustain their re-integration into the society.

1.2 Hospital Role

Cheshire Home, Shatin is an extended care institution providing multidisciplinary extended care and rehabilitation service for people with temporary or permanent physical disabilities. Its facilities include a convalescent unit in support of Prince of Wales Hospital, 96 bedded chalet area for ambulatory disabled clients, and an infirmary unit for patients with severe disabilities.

1.3 Development of Hospital Governance

The Hospital Governing Committee is a mature one with the majority of the members serving over 7 years. Members are quick and positive in responding to invitations to participate in committee work. They enjoy the opportunities of interacting with staff members and patients directly. Hospital Governing Committee meets on a regular basis.

Section 2 Corporate Priority Areas

2.1 Volume and access

a. Set up an effective mechanism to improve bed utilisation and cope with the potential surge in demand for convalescent beds.

b. Facilitate direct admission of selected patients in the Convalescent Unit into the Disabled Unit as half-way house residents.

c. Improve turn over of patients through enhanced care in the newly set up day rehabilitation unit.

d. Provide ten extra beds for the Severely Disabled Unit.

2.2 Enhanced Productivity Programme

a. Efficient use of existing manpower through job redesign.

b. Integrate supplies and house keeping functions to achieve economies of scale.

c. Change staff-mix by pooling Artisans in physiotherapy and occupational therapy to meet service needs.

d. Implement cluster service collaboration in allied health and pharmacy services

e. Contract out supporting services to achieve cost savings.

f. Implement auto-refill supplies system to save manpower.

g. Implement corporate maintenance contract and introduce cook-chilled food to achieve cost savings.

2.3 Financing and Resource Allocation System

a. Outsource non-clinical services and "job re-engineering" to ensure cost efficiency.

b. Implement cost saving measures to contain expenditure on food, electricity, laundry, other utilities and facilities maintenance.

c. Formulate a 3-year manpower plan to control expenditure on staff.

2.4 Distribution Network and Infrastructure

a. Expand service networking with other hospitals through training, rotation and pooling of staff of allied health services and development of common protocols.

b. Expand the common platform of the information technology systems of Prince of Wales Hospital and Cheshire Home, Shatin.

c. Transfer patients from the convalescent unit to the disabled unit to enhance continuity of care.

2.5 Care Process and Quality

a. Enhance "pre-discharge planning", "case management", "named-nurse" and "post-discharge support" programmes to improve quality of care to patients.

2.6 Human Resource Capabilities and Management

a. Implement skill training for artisans in occupational therapy and physiotherapy departments to facilitate more efficient staff deployment.

b. Broaden portfolio for managerial and supervisory staff to improve productivity and make their job more challenging.

c. Establish a simple and efficient staff-mix with central support functions to reduce administrative functions for professional staff and enhance patient care.

Cheshire Home, Shatin

Budget/Expenditure

	1998/1999 *(Actual $'M)*	1999/2000 *(Projected Outturn $'M)*	2000/2001 *(Budget $'M)*
Personal Emolument	54.5	54.6	54.9
Staff Oncosts	21.3	20.9	20.7
Other Charges	9.4	9.6	9.7
Total	85.2	85.1	85.3

Actual & Projected Activities

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
No. of Inpatient & Day Patient Discharges/Deaths	2,567	3,279	3,500
No. of Patient Days	92,126	92,910	93,500
Inpatient Average Length of Stay (Days)	37.5	29.5	30.0
Attendance at Specialist Outpatient Clinics — Allied Health Services	376	770	1,090

Prince of Wales Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

The mission of the hospital is to provide the highest quality services in total patient care, education of health care personnel, and research, in partnership with the Medical Faculty of Chinese University of Hong Kong (CUHK), other health care institutions and organisations in the community. Our mission statement is "we care, we serve".

1.2 Hospital Role

Prince of Wales Hospital is a 3,364 bedded major acute general hospital providing a full range of acute secondary services to the population of Shatin and surrounding areas. It also provides a wide range of tertiary referral services including Neurosurgery, Burns and cancer services, primarily to New Territories East but also cross-cluster and territory-wide. It is the teaching hospital for the Medical Faculty of the Chinese University of Hong Kong. It also offers general nursing and midwifery training.

Prince of Wales Hospital is supported by Shatin Hospital, Cheshire Home, Shatin and Tai Po Hospital for convalescent and rehabilitation care. It has also formed a close service liaison and integration on secondary services with Alice Ho Miu Ling Nethersole Hospital in Medicine, Surgery, Paediatrics, Gynaecology, Otorhinolaryngology (ENT), Ophthalmology and Clinical Oncology.

1.3 Development of Hospital Governance

The Hospital Governing Committee of Prince of Wales Hospital has a well-established role, under the Chairmanship of Mr. John Chan. The Committee concentrates its activity on monitoring hospital performance, and setting strategic direction for service development.

Strong community liaison has been developed through the Committee with the Shatin District Council. The Hospital is working with the Council in promoting patient care and volunteer services. The membership of the Hospital Governing Committee has also been further expanded to strengthen community participation, transparency and accountability.

Section 2 Corporate Priority Areas

2.1 Volume and access

a. Develop family medicine clinics for stable patients with chronic diseases.

b. Skill up Accident and Emergency doctors to minimise inappropriate admissions.

c. Re-engineer care processes and implement treatment protocols.

d. Formalise triage process in outpatient appointment bookings.

2.2 Enhanced Productivity Programme

a. Streamline administrative functions to reduce duplications.

b. Enhance functions of Central Nursing Division to ensure efficiency.

c. Contract out supporting services to reduce cost.

d. Introduce centralised procurement to minimise waste.

e. Implement energy conservation to achieve cost savings.

f. Consolidate pathology system towards automation.

2.3 Financing and Resource Allocation System

a. Ensure accurate input of hospital activity data.

b. Participate in speciality costing exercise to ensure service efficiency.

2.4 Distribution Network and Infrastructure

a. Strengthen collaboration with the nearby Authority hospitals.

b. Enhance networking of clinical services.

c. Implement IT innovations to facilitate patient care.

d. Network pharmacy and physiotherapy services with nearby hospitals.

2.5 Care Process and Quality

a. Implement hospital-wide risk management initiatives.

b. Conduct regular clinical audits.

c. Operationalise treatment protocols.

d. Establish drug prescription monitoring mechanism.

2.6 Human Resource Capabilities and Management

a. Organise regular training and development seminars.

b. Enhance staff communication using web-based technology.

Prince of Wales Hospital

Budget Expenditures

	1998/1999 *(Actual $'M)*	1999/2000 *(Projected Outturn $'M)*	2000/2001 *(Budget $'M)*
Personal Emolument	1,219.3	1,246.9	1,214.3
Staff Oncosts	539.4	550.0	518.9
Other Charges	390.3	405.4	353.1
Total	2,149.0	2,202.3	2,086.3

Actual & Projected Activities

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
Total Accident & Emergency Attendance	192,841	191,278	200,000
No. of Inpatient & Day Patient Discharges/Deaths	91,135	95,059	97,000
No. of Patient Days	414,580	421,956	425,000
Inpatient Average Length of Stay (Days)	5.8	5.8	5.5
Attendance at Specialist Outpatient Clinics			
— Clinical Services	550,186	596,037	620,000
— Allied Health Services	220,632	212,365	225,000

Key Performance Indicators

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
Specialist Outpatient Service Average Waiting Time (first attendance)	13.2 weeks	11.0 weeks	5.0 week *
Specialist Outpatient Service Average Queuing Time	70 mins	70 mins	65 mins
Average Waiting Time for Major Elective Surgery	3.6 mths	3.6 mths	3.6 mths
Accident & Emergency Triage 1 (0 min)	100%	100%	100%
Accident & Emergency Triage 2 (15 mins or less)	100%	100%	99%

* Median actual waiting time.

Shatin Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

The mission of the hospital is "Providing quality service to improve the quality of our clients", reflecting Hospital Authority's core value of "Quality Patient-centred care through Teamwork".

1.2 Hospital Role

Shatin Hospital is a rehabilitation hospital providing medical and geriatric, psychogeriatric, long-stay psychiatric convalescent, spinal and special rehabilitation, hospice, infirmary and sleep assessment services. It also provides community outreach services for geriatric, psychogeriatric and psychiatric patients.

Due to its geographical location, the Hospital is one of the principal hospitals providing rehabilitation support to patients from the Prince of Wales Hospital. The patients come mainly from the specialties of Medicine, Clinical Oncology, Orthopaedics & Traumatology and Psychiatry. The aim of the rehabilitation programme is to facilitate early reintegration of patients back into the community.

Shatin Hospital also has a collaborative working arrangement with the nearby Bradbury Hospice and Cheshire Home. Additionally, there is a close partnership with the voluntary agencies.

1.3 Development of Hospital Governance

The Hospital Governing Committee consists of leaders of the community and members of the general public. The Committee holds regular meetings to oversee the operation of the hospital. Active participation of its members helps to assure the governance function of the hospital.

Section 2 Corporate Priority Areas

2.1 Volume and Access

a. Implement community-based innovations to cope with volume demand, including telemedicine, Jockey Club Centre for Positive Ageing and Therapeutic Gardens and Rehabilitation Station.

b. Implement treatment protocols to enhance patient rehabilitation.

c. Operationalise transfer protocols to provide better support to the Prince of Wales Hospital.

d. Extend the coverage of community geriatric ambulatory services to private old aged homes.

e. Develop community psychiatric services.

2.2 Enhanced Productivity Programme

a. Emphasise community care and outreach work.

b. Introduce measures to reduce duplication and wastage.

c. Implement energy conservation initiatives.

d. Develop measures to facilitate rational planning.

2.3 Financing and Resource Allocation System

a. Shift emphasis from inpatient services to community care.

b. Participate in specialty costing exercises to ensure service efficiency.

c. Develop options to secure alternative sources of income.

2.4 Distribution Network and Infrastructure

a. Strengthen IT development by implementing Clinical Management System to enhance patient care.

b. Enhance collaborative partnership with cluster hospitals and voluntary organisations.

2.5 Care Process and Quality

a. Promote community services, self care and health education.

b. Enhance quality and care process through knowledge management.

c. Disseminate knowledge actively through formal and informal channels.

d. Undertake regular clinical audits.

e. Establish effective complaints and risk management systems.

f. Implement Linen Cart Exchange System, auto-refill, central plating to enhance clinical care.

2.6 Human Resource Capabilities and Management

a. Facilitate wider use of electronic library services and internet literature.

b. Establish hospital forums for shared learning.

c. Organise regular training and development activities.

d. Develop Shatin Hospital homepage to facilitate communication flow.

Shatin Hospital

Budget/Expenditure

	1998/1999 *(Actual $'M)*	1999/2000 *(Projected Outturn $'M)*	2000/2001 *(Budget $'M)*
Personal Emolument	217.8	216.1	216.0
Staff Oncosts	88.3	90.1	85.7
Other Charges	32.7	34.4	42.5
Total	338.8	340.6	344.2

Actual & Projected Activities

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
No. of Inpatient & Day Patient Discharges/Deaths	4,826	5,121	5,152
No. of Patient Days	194,003	198,615	201,682
Inpatient Average Length of Stay (Days)	36.3	44.3	44.3
Attendance at Specialist Outpatient Clinics			
— Clinical Services	1,293	993	958
— Allied Health Services	31,626	34,481	34,481

Key Performance Indicators

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
Specialist Outpatient Service Average Waiting Time (first attendance)	2.0 weeks	2.0 - 4.0 weeks	2.0 - 4.0 weeks
Specialist Outpatient Service Average Queuing Time	75 mins	75 mins	75 mins
No. of Community Nursing Service/Community Psychiatric Nursing Service Home Visits	25,506	21,365	23,609

Tai Po Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

The mission of the hospital is to respect individual's dignity in providing holistic and evidence-based care to patients through a dedicated team, to value the contribution and development of staff towards establishing a caring and learning organisation, and to collaborate with community partners to achieve improvement in community health.

1.2 Hospital Role

Tai Po Hospital is a purpose-built extended care hospital. It has 1,020 beds providing a full spectrum of integrated rehabilitation services to meet the needs of the New Territories East Cluster for assessment, rehabilitation and extended care of the elderly and the chronically ill. The New Territories East Psychiatric Service Network was established and the Department of Psychiatry works in partnership with Alice Ho Miu Ling Nethersole Hospital, Prince of Wales Hospital and Shatin Hospital to provide both acute and rehabilitation psychiatric service in Tai Po Hospital, ambulatory psychiatric care at Alice Ho Miu Ling Nethersole Hospital and consultation liaison service for inpatients of Alice Ho Miu Ling Nethersole Hospital and Tai Po Hospital. Comprehensive Community Psychiatric Services are also provided to adult residents in Tai Po.

1.3 Development of Hospital Governance

The Hospital Governing Committee with representation of community members was formed in February 1999. This governing structure has enhanced public participation in the operation of the hospital. The Hospital Governing Committee meetings were held bi-monthly. Human resources, financial and operational matters are reported regularly. Delegated authority/involvement of Hospital Governing Committee in hospital operation issues has also been formulated and endorsed. In addition, mechanism of informing members of the Committee on critical incidents has been discussed and agreed by members.

Section 2 Corporate Priority Areas

2.1 Volume and access

a. Provide effective convalescent support to Alice Ho Miu Ling Nethersole Hospital and other cluster hospitals.

b. Strengthen psychiatry service networking and expand capacity in Tai Po Hospital.

c. Establish isolation facility for effective management of airborne diseases.

d. Develop guidelines for tube-feeding practices for Old Age Homes.

2.2 Enhanced Productivity Programme

a. Contract out part of the domestic services.

b. Reduce bulk store stock level by 15% to ensure efficient operation.

c. Implement approved "Invest to Save" projects:

   i. Replace conventional ballast with electrical ballast for 17 wards.

   ii. Replace existing tungsten lamps with compact fluorescent lamps for 17 wards.

2.3 Financing and Resource Allocation System

a. Finance Management:

   i. Maintain consistent communication on Enhanced Productivity Programme savings with the Authority Head Office and hospital management.

   ii. Ensure continuous monitoring of budget.

b. Annual Costing: Perform specialty costing exercise.

2.4 Distribution Network and Infrastructure

a. Establish computerised File Tracking System.

b. Pilot run Clinical Management System (Allied Health).

c. Live-run Clinical Management System.

d. Live-run Staff Rostering System.

e. Enhance local Medical Records Tracing System.

2.5 Care Process and Quality

a. Develop treatment protocols to enhance quality of care:

   i. Tracheotomy.

   ii. Neurogenic dysphasia.

   iii. Blood monitoring for patients on special psychiatric drugs.

   iv. Handling psychiatric emergencies in Community Psychiatric Service Office and wards.

b. Start antibiotic surveillance in infirmary care.

c. Establish Stress Management Programme for psychiatric patients.

d. Organise psycho-education programme for patients and carers.

e. Conduct focus group/relative forum for psychiatric patients.

2.6 Human Resource Capabilities and Management

a. Conduct sharing sessions with frontline supervisors on relevant topics.

b. Establish Training Resource Library to collect information of courses systematically.

c. Develop Health Care Assistant assessor handbook and update Health Care Assistant ward manual.

d. Organise Nursing Auditor Training.

Tai Po Hospital

Budget/Expenditure

	1998/1999 *(Actual $'M)*	1999/2000 *(Projected Outturn $'M)*	2000/2001 *(Budget $'M)*
Personal Emolument	92.0	137.6	195.9
Staff Oncost	35.5	53.9	75.2
Other Charges	37.5	34.3	60.5
Total	165.0	225.8	331.6

Actual & Projected Activities

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
No. of Inpatient & Day Patient Discharges/Deaths	3,570	5,102	5,947
No. of Patient Days	111,015	197,204	276,497
Inpatient Average Length of Stay (Days)	18.9	22.7	34.0
Attendance at Specialist Outpatient Clinics — Allied Health Services	20	317	186

Key Performance Indicators

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
No. of Community Nursing Service/Community Psychiatric Nursing Service Home Visits	—	586	1,080

Background

The New Territories South cluster comprises Caritas Medical Centre, Kwai Chung Hospital, Lai Chi Kok Hospital, Princess Margaret Hospital and Yan Chai Hospital. It serves a population of around 1.2 million covering Kwai Tsing, Tsuen Wan and Shamshuipo districts and North Lantau area. It is projected that by the year 2006, 12.8% of cluster's population will be aged 65 or above, as against the territory average of 11.2%.

The three general hospitals together provide a wide range of acute, extended, ambulatory and community care services. Kwai Chung Hospital and Lai Chi Kok Hospital provide psychiatric service for the cluster as well as Kowloon Central and Kowloon West clusters. As at 31 March 1999, there was a total of 5,542 beds, with 47% designated for acute care, 10.8% for extended care and 42.8% for mentally ill and mentally handicapped services. The cluster provides both geriatric day and psychiatric day services. Specialist outpatient services are available in Caritas Medical Centre, Kwai Chung Hospital, Princess Margaret Hospital and Yan Chai Hospital. The Caritas Medical Centre and Yan Chai Hospital also provide general outpatient service.

Ambulatory/Community Care is one of the focuses of service development for the New Territories South hospitals. Outreach teams pioneered by the medical and geriatric departments of Caritas Medical Centre and Princess Margaret Hospital and community psychiatric service at Kwai Chung Hospital are being developed. Kwai Chung Hospital has planned to reduce 50 psychiatric inpatient beds as the phased approach toward hospital rightsizing with emphasis on community care. The Community Care Development Programme initiated by Princess Margaret Hospital for the Cluster will mobilise inter-sectoral collaboration to promote home safety, occupational safety and elderly health.

Major service rationalisation and streamlining within the New Territories South Cluster included:

a. Merging of management between Kwai Chung Hospital and Lai Chi Kok Hospital.

b. Integration of Paediatric service between Princess Margaret Hospital and Yan Chai Hopsital.

c. Enhancement of core laboratory Pathology service at Caritas Medical Centre, Princess Margaret Hospital and Yan Chai Hopsital through process re-engineering.

On major capital works projects, the new Specialist Outpatient Department Block at Princess Margaret Hospital has started service since early 2000. Superstructure of Caritas Medical Centre Phase I Re-development is under construction. Construction of Lai King Hospital will be completed in early 2001. Radiotherapy Block at Princess Margaret Hospital is also under planning. Other projects that require further consideration are Caritas Medical Centre Phase II Redevelopment, redevelopment of Blocks C, D, E and F of Yan Chai Hospital and Kwai Chung Hospital Refurbishment/Redevelopment. For Lai Chi Kok Hospital, the proposal of converting the site into a long stay care home for discharged psychiatric patients under the management of the welfare sector is being actively pursued.

Programmes and Targets

		Completion Date
1.	Integrate management of Kwai Chung Hospital and Lai Chi Kok Hospital.	*3Q00*
2.	Relocate special skin in-patient service from Lai Chi Kok Hospital to Princess Margaret Hospital.	*2Q00*
3.	Enhance coverage of community geriatric outreach service for private old aged homes from existing 50% to 70%.	*1Q01*
4.	Plan for relocation of Ngau Tau Kok Psychiatric Day Hospital to East Kowloon Polyclinic.	*4Q00*
5.	Reduce 50 beds in Kwai Chung Hospital.	*1Q01*
6.	Consolidate core laboratory services at Caritas Medical Centre and Yan Chai Hopsital.	*1Q01*

Caritas Medical Centre

Section 1 Hospital Mission

1.1 Hospital Mission Statement

In the Caritas spirit of "Love in the Service of Hope", Caritas Medical Centre aims to provide care in a setting which supports the physical, emotional and spiritual needs of our patients and their families.

1.2 Hospital Role

Caritas Medical Centre is an acute general hospital of 1,396 beds mainly serving the population of Shamshuipo. Clinical services include the major acute clinical specialties, namely Accident and Emergency, Medical and Geriatrics, Surgery, Orthopaedics, Paediatrics, Gynaecology, ambulatory Obstetrics, Ophthalmology, Anaesthesiology, Pathology, Radiology and allied health services. It provides a comprehensive range of primary, secondary and some specialised services in a continuum of acute, extended, ambulatory, community and outreach models of care. There is cluster collaboration.

1.3 Development of Hospital Governance

a. Hospital Governing Committee:

- 8 members nominated by Caritas-Hong Kong
- 4 members nominated by Hospital Authority
- Meetings: 3 monthly (4 per year)
- Venues: alternating between Caritas Medical Centre and Caritas-Hong Kong
- Open to staff: 1 time in past one year

b. 5 Subcommittees:

i. Service Development

- Clinical audit reporting
- Departmental review
- Annual Plan review
- Linkage with institutes in China
- Policy on clinical services, e.g. integration between Medicine and Geriatrics
- Discussion on Chinese Medicine

ii. Finance:	• Accountability on expenditure-led budget (including on-costs) • Specialty costing • Define problem areas • Project Sunshine Fund monitoring
iii. Public Relations:	• Review of appreciations, complaints, medical incidents • Patient satisfaction surveys • Media coverage review • Phase I communication strategy • Community outreach programmes
iv. Community and Planning:	• Review of capital works activities • Phase I redevelopment: monitoring of work progress • Phase II: planning • Facilities management
v. Staff:	• All staff related issues • Appointment recommendations • Disciplinary proceedings

Section 2 Corporate Priority Areas

2.1 Volume and access

a. Achieve corporate targets in waiting time and queuing time:

i. Maximise pre-admission clinic capacity to meet day surgery targets.

ii. Further develop Integrated Clinics.

iii. Review default appointments in Specialist Outpatient Department.

iv. Review activities in Accident and Emergency/General Practice Clinic following proposed introduction of Accident and Emergency charges.

2.2 Enhanced Productivity programmme

a. Change staff mix in 3-year manpower plan to achieve the 5% target for Enhanced Productivity programmme.

b. Implement five approved "Invest to Save" projects.

2.3 Financing and Resource Allocation System

a. Align specialty costs for acute/outpatient services.

b. Work out costing of extended care services and episodes of care for major disease groups.

c. Reactivate Patient Related Group data capture.

d. Explore alternative source of income.

e. Prepare for changes in fees and charging policy.

2.4 Distribution Network and Infrastructure

a. Explore Intra cluster and cross cluster collaboration.

b. Align specialist services according to recommendations of the Medical Services Development Committee.

c. Enhance recognition of training for academic accreditation.

d. Upgrade facilities as resources and opportunities are identified (Support, IT, Capital Works).

e. Proceed with following capital works projects:

   i. Phase I redevelopment: under construction.

   ii. Phase II: under planning with critical review of existing ageing facilities.

2.5 Care Process and Quality

a. Develop improved data on health care needs of local community, especially chronic disease groups.

b. Enhance accountability to public for quality and scope of care provided.

c. Further develop continuous quality improvement, risk management, clinical audit: reports to Quality Council and Hospital Governing Committee.

d. Enhance Evidence-based Medicine:

   i. Application of known effective care.

   ii. Development of clinical pathways/models for major patient groups.

e. Strengthen specialist supervision and accountability: Review staff mix of specialists/trainees.

f. Improve interface with primary care: Develop Family Medicine/General Practice Clinic/ Integrated Clinic; and interface with Department of Health.

g. Improve interface with community care: Telehealth clinic, mobile elderly clinic, hospice home care, Community Geriatric Assessment Service/Community Nursing Service and outreach bereavement service.

2.6 Human Resource Capabilities and Management

a. Promote Continuing education for all.

b. Participate in Grade review of professional staff (doctors, nurses and allied health professionals).

c. Introduce core competencies for Clinical Management Team members.

d. Organise planning workshops for:

   i. Front-line staff: follow-up on staff opinion survey.

   ii. Rehabilitation, ambulatory care, acute services.

Caritas Medical Centre

Budget/Expenditure

	1998/1999 *(Actual $'M)*	1999/2000 *(Projected Outturn $'M)*	2000/2001 *(Budget $'M)*
Personal Emolument	631.0	634.8	614.0
Staff On-costs	278.3	281.1	265.9
Other Charges	122.9	120.5	122.1
Total	1,032.2	1,036.4	1,002.0

Actual and Projected Activities

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
Total Accident & Emergency Attendance	127,778	130,134	136,500
No. of Inpatient & Day Patient Discharges/Deaths	52,783	53,409	53,120
No. of Patient days	348,162	341,491	335,972
Inpatient Average Length of Stay (Days)	10.0	8.9	8.9
Attendance at Specialist Outpatient Clinics			
— Clinical Services	301,913	308,901	313,220
— Allied Health Services	101,440	105,877	106,026

Key Performance Indicators

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
Specialist Outpatient Service Average Waiting Time (first attendance)	4.7 weeks	4.3 weeks	4.4 weeks *
Specialist Outpatient Service Average Queuing Time	60 mins	60 mins	60 mins
Average Waiting Time for Major Elective Surgery (excluding Ophthalmology)	0.9 mth	1.0 mth	1.1 mths
Accident & Emergency Triage 1 (0 min)	100%	100%	100%
Accident & Emergency Triage 2 (15 mins or less)	96%	96%	95%
No. of Community Nursing Service/ Community Psychiatric Nursing Service Home Visits	41,163	49,163	45,270

* Median actual waiting time.

Kwai Chung Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

Kwai Chung Hospital exists to provide adequate, appropriate and acceptable community-oriented clinical and rehabilitation services for people disabled by serious mental health problems. It aims to develop an excellent quality service through team work in the context of the service priorities of the Hospital Authority.

1.2 Hospital Role

In line with Hospital Authority's strategy to amalgamate the psychiatric clusters with the general hospital clusters to maximise the efficiency and effectiveness of the service, Kwai Chung Hospital forms one of the three major hospital networks in the provision of tertiary level psychiatric care covering the Kwai Tsing, Tsuen Wan, West and Central Kowloon and Tung Chung areas.

Kwai Chung Hospital provides general adult psychiatric services in both acute and sub-acute nature. The Hospital specialises in sub-specialties including Child and Adolescent Psychiatry, Psychogeriatrics, Community Psychiatry, consultation-liaison Psychiatry, Substance Abuse and Mental Handicap services. Outpatient and daypatient specialist services are delivered at cluster psychiatric clinics in Yaumatei, South Kwai Chung and East Kowloon.

1.3 Development of Hospital Governance

Hospital Governing Committee meetings are held on a bi-monthly basis and are open to all staff (except confidential items). In each meeting, progress reports on hospital activities are submitted to the Hospital Governing Committee:

a. Incident reports.

b. Complaints and appreciations (staff and patient).

c. Service performance.

d. Initiatives in hospital annual plan.

e. Building works.

f. Financial position and donations.

Hospital services are presented to the Hospital Governing Committee with visits to wards and service units arranged for its members on regular basis. Members of Hospital Governing Committee are invited to visit the hospital and participate in various hospital programmes.

Section 2 Corporate Priority Areas

2.1 Volume and Access

Work towards the target of <5 weeks in specialist outpatient service waiting time in all cluster psychiatric clinics through:

a. Triaging referrals.

b. Development of screening criteria.

c. Setting up of referral guidelines.

d. Managing upstream.

e. Improving efficiency.

f. Enhancement of collaboration with General Practitioners and doctors of General Outpatient Departments.

2.2 Enhanced Productivity programmme

Achieve target for Enhanced Productivity by:

a. Downsizing e.g. in Pharmacy and clerical/secretarial grades staff.

b. Rationalising services.

c. Implementing business support services initiatives.

   i. Energy saving programmes.

   ii. Out-sourcing.

   iii. Central plating and dishwashing system.

d. Revising manpower plan, arranging staff re-deployment as well as training for displaced staff.

2.3 Financing and Resource Allocation System

a. Decentralise hospital budget to Clinical Management Teams/Departments, depending on the nature of activities.

b. Incorporate the seed money concept in line with the resource allocation direction of the Authority Head Office.

2.4 Distribution Network and Infrastructure

a. Review and redefine psychiatric service network by working closely with Coordinating Committee (Psychiatry) to determine the distribution network.

b. Plan for the proposal of converting Lai Chi Kok Hopsital into a Long Stay Care Home and the management integration between Kwai Chung Hospital and Lai Chi Kok Hospital.

2.5 Care Process and Quality

a. Promote Evidence-based Medicine by developing and conforming to clinical protocols.

b. Set up two-tier structure to enhance clinical supervision and care quality.

c. Set up Quality Management Committee to monitor implementation of risk management initiatives and clinical audits.

d. Enhance complaint management by Hospital Governing Committee to scrutinise all complaint cases.

2.6 Human Resource Capabilities and Management

a. Develop core competencies for nurses and organise on-going training.

b. Cultivate continuous quality improvements culture.

c. Expand the scope of responsibilities of clerical and supporting grade staff to enhance efficiency and flexibility.

Kwai Chung Hospital

Budget/Expenditure

	1998/1999 *(Actual $'M)*	1999/2000 *(Projected Outturn $'M)*	2000/2001 *(Budget $'M)*
Personal Emolument	413.2	423.3	429.2
Staff Oncosts	177.0	182.5	179.1
Other Charges	57.4	55.7	54.7
Total	647.6	661.5	663.0

Actual & Projected Activities

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
No. of Inpatient & Day Patient Discharges/Deaths	3,923	3,850	3,830
No. of Patient Days	499,657	485,974	484,000
Inpatient Average Length of Stay (Days)	160	155	150
Attendance at Specialist Outpatient Clinics			
— Clinical services	135,488	139,663	143,000
— Allied Health Services	71,779	85,000	93,500

Key Performance Indicators

	1998/99 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Budget)*
Specialist Outpatient Service Average Waiting Time (first attendance)	7.9 weeks	6.3 weeks	5.0 weeks *
Specialist Outpatient Service Average Queuing Time	32 mins	25 mins	24 mins
No. of Community Nursing Service/ Community Psychiatric Nursing Service Home Visits	10,428	12,000	13,000

* Median actual waiting time.

Lai Chi Kok Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

The current Hospital Mission Statement, reached with staff participation at Strategic Review Workshop held on 26 September, 1997 is: "We pledge to provide quality rehabilitation care to our psychiatric patients through a multidisciplinary team approach in order to reintegrate them into the community, and continue to improve their quality of life."

1.2 Hospital Role

a. The Hospital Role is:

i. With 412 beds designated for psychiatric patients and 12 beds designated for special skin patients, Lai Chi Kok Hospital is mainly providing extended care to psychiatric patients, and acute/extended care to the special skin (leprosy) patients.

ii. The Hospital aims to rehabilitate psychiatric patients to facilitate their discharge and reintegrate them into the community. The Hospital provides convalescent to infirmary care to those who might not be successfully rehabilitated to improve their quality of life within the hospital through collaboration with other interested parties.

b. Relation to Cluster and Whole Organisation:

i. Lai Chi Kok Hospital is currently grouped under the New Territories South Cluster.

ii. As there is no Accident and Emergency Department or outpatient service at Lai Chi Kok Hospital, the hospital does not admit psychiatric patients directly. Majority of cases are referred from Kwai Chung Hospital.

iii. Lai Chi Kok Hospital provides extended care psychiatric service support to Kwai Chung Hospital, thereby indirectly serving the general hospitals.

iv. Princess Margaret Hospital supports the hospital in diagnostic imaging and medical laboratory.

v. Kwai Chung Hospital is providing support to the Hospital in clinical dietetic and electro-encephalography service.

1.3 Development of Hospital Governance

a. The Hospital Authority Head Office is the major monitor of the hospital.

Section 2 Corporate Priority Areas

2.1 Volume and access

Collaborate with Kwai Chung Hopsital to provide two specialist consultation sessions per week at a specialist clinic.

2.2 Enhanced Productivity programme

Draw up the related Enhanced Productivity Programme plan to achieve the 1% target for Enhanced Productivity Programme in 2000/2001.

2.3 Financing and Resource Allocation System

Use specialty costing or similar reference in internal resource allocation and hospital planning.

2.4 Distribution Network and Infrastructure

Relocate special skin inpatient service at Lai Chi Kok Hospital to Princess Margaret Hospital with effect from April, 2000.

2.5 Care Process and Quality

a. Implement two-tier professional accountability and conduct clinical audit in psychiatric services.

b. Cultivate risk awareness and management.

2.6 Human Resource Capabilities and Management

a. Continue staff training on patient-centred care, complaint and media handling.

b. Encourage teamwork and collaborations to continue organising health and community oriented activities.

Lai Chi Kok Hospital

Budget/Expenditure

	1998/1999 *(Actual $'M)*	1999/2000 *(Projected Outturn $'M)*	2000/2001 *(Budget $'M)*
Personal Emolument	58.1	59.3	58.7
Staff Oncosts	22.8	23.2	22.9
Other Charges	8.8	7.0	7.8
Total	89.7	89.5	89.4

Actual & Projected Activities

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
No. of Inpatient & Day Patient Discharges/Deaths	179	170	170
No. of Patient Days	144,429	135,386	133,000
Inpatient Average Length of Stay (Days)	1,251.1	1,462.9	1,462.9

Princess Margaret Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

Princess Margaret Hospital is a caring, forward looking, acute tertiary community oriented hospital for the New Territories South cluster. We provide high quality hospital service to meet different needs of the community; we provide a pleasant and challenging environment for staff training and development; and we continuously search for excellence and value-for-money management initiatives.

1.2 Hospital Role

In the Year 2000, Princess Margaret Hospital has entered her 25th Anniversary. Besides serving as an acute tertiary general hospital, Princess Margaret Hospital is a territory wide referral centre for Renal and Urology disorders, Infectious Diseases, and Burns and Plastic Surgery. Within the New Territories South cluster, Princess Margaret Hospital is the local referral centre for Neurosurgery, Renal Transplant, Lithotripsy Service and Pulmonary Tuberculosis. We provide cluster support for Pathology and Virology services, foetal medicine, cardiac catheterisation, magnetic resonance imaging and mammography. In line with the Authority's direction of service rationalisation, Princess Margaret Hospital is the hospital to provide inpatient Obstetric and Neonatal service in the New Territories South cluster, and is also the control centre for Non-emergency Ambulance Transfer Service for New Territories North and South clusters.

With the opening of the new Chep Lap Kok Airport and the development of Tung Chung, Princess Margaret Hospital provides support to and is the first major receiving Trauma Centre for international air travellers and Tung Chung residents.

1.3 Development of Hospital Governance

To facilitate effective governance of the Hospital Governing Committee in hospital planning and monitoring of hospital services, focus has been placed on the following areas:

a. Include annual planning process in Hospital Governing Committee agenda and invite the Committee members to workshop on hospital strategic planning to enhance the Committee's understanding and participation in the annual planning process.

b. Regular reporting of hospital incidents, complaints/appreciation to Hospital Governing Committee and timely provision of hospital information/newspaper cuttings concerning Princess Margaret Hospital to ensure effective communication on crisis management and sharing of information.

c. Invite Hospital Governing Committee to participate in hospital functions and organise hospital visits to establish a close working relationship between Hospital Governing Committee and hospital.

d. Open Hospital Governing Committee meetings to staff to enhance transparency of the work of Hospital Governing Committee.

Section 2 Corporate Priority Areas

2.1 Volume and access

a. Provide additional quotas to various clinic sessions to shorten specialist outpatient service new case waiting time.

b. Facilitate early discharge of specialist outpatients back to their primary health carers, especially patients with mild chronic illness through close communication with local private practitioners to effective patient care.

c. Provide post-discharge support via telephone follow-up calls and home visits at Community Nursing Service and Community Geriatric Assessment Service to reduce unplanned readmission rate for private aged home patients.

d. Promote ambulatory care through delineating more day activities and creating day wards.

2.2 Enhanced Productivity programmme

a. Develop the Community Care Development programmme for New Territories South cluster in collaboration with Department of Health, Social Welfare Department, District Council and Non-Government Organisations to promote occupational safety, home safety and elderly health.

b. Relocate the special skin inpatient service from Lai Chi Kok Hospital to Princess Margaret Hospital.

c. Alleviate non-clinical duties from clinical staff through strengthened central administrative support:

   i. Provide one-stop service for various administrative divisions.

   ii. Re-engineer supporting services to streamline workflow and save manpower by 30%.

   iii. Re-engineer catering service with central plating and dish washing.

   iv. Streamline existing committees.

   v. Reduce work for data collection and reports.

   vi. Expand electronic communication channels and office automation.

d. Provide pathology service, Computerised Tomography service, milk kitchen service, financial service and allied health services to other institutions within and outside the New Territories South cluster to achieve economies of scale.

e. Use generic drugs, reagents and consumables.

f. Review and audit on the usage of medication and expensive tests.

g. Review and rationalise the manpower indicators for the clinical and non-clinical areas.

h. Implement the "5 S" method throughout the hospital to achieve work efficiency and saving.

i. Increase staff's awareness on occupational safety and health to minimise injury or loss.

2.3 Financing and Resource Allocation System

a. Enforce good leave planning to reduce leave accumulation and financial liability.

b. Explore alternative sources of income to finance hospital services.

c. Implement semi-centralised budget in the hospital to improve flexibility of resource allocation.

d. Implement zero-based budgeting by phases to link departments' input with output/outcome.

2.4 Distribution Network and Infrastructure

a. Plan and commission Lai King Hospital.

b. Plan the Radiotherapy Block and Accident and Emergency improvement projects.

c. Support cluster collaboration in Paediatric service rationalisation with Yan Chai Hopsital with effect from July 2000.

d. Provide cluster-based services including the delivery and provision of services such as Neurosurgery, Pathology, Special Radiology, Renal Transplant, Renal Dialysis, Cardiac Catheterisation, Extracorporeal Shockwave Lithotripsy, Community Nursing Service and Community Geriatric Assessment Service, milk kitchen services etc.

e. Set up cluster-based outpatient services such as Paediatric Physiotherapy and Occupational Therapy, and Work Rehabilitation Service.

f. Develop a tertiary referral centre for Infectious Diseases, Burns and Plastic Surgery, Nephrology and Urology.

2.5 Care Process and Quality

a. Strengthen the core competencies for nurses in clinical practice through continuous education, performance feedback and mentorship.

b. Organise safety programmes to prevent patient fall, medication errors and pressure sores.

c. Establish communication channel on complaint handling to encourage proactive communication with staff through openness and transparency.

d. Seek continuous improvement by implementing clinical audit and quality assurance programmes to safeguard professional standards and accountability.

e. Implement the quality indicators and specialist-led two-tier system.

f. Reinforce the formulation of and compliance with protocols and guidelines.

g. Support Evidence-based Medicine and knowledge management, and roll out the web-based training tutorial.

2.6 Human Resource Capabilities and Management

a. Strengthen staff training in leadership, occupational safety and health, supervision, communication and job skills.

b. Provide effective communication channels while avoiding information overflow.

c. Strengthen the 2-tier system by reinforcing the frequency of rounds and senior coverage after normal hours.

Princess Margaret Hospital

Budget/Expenditure

	1998/1999 *(Actual $'M)*	1999/2000 *(Projected Outturn $'M)*	2000/2001 *(Budget $'M)*
Personal Emolument	1,009.4	1,030.4	999.1
Staff Oncosts	462.7	470.1	444.4
Other Charges	221.9	228.4	239.5
Total	1,694.0	1,728.9	1,683.0

Actual & Projected Activities

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
Total Accident & Emergency Attendance	141,792	139,625	141,690
No. of Inpatient & Day Patient Discharges/Deaths	85,886	88,562	90,300
No. of Patient Days	418,199	428,326	433,730
Inpatient Average Length of Stay (Days)	6.1	6.1	5.6
Attendance at Specialist Outpatient Clinics			
— Clinical Service	335,951	318,680	325,054
— Allied Health Service	149,797	141,621	144,454

Key Performance Indicators

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
Specialist Outpatient Service Average Waiting Time (first attendance)	6.6 weeks	6.2 weeks	5.0 weeks *
Specialist Outpatient Service Average Queuing Time	50 mins	43 mins	40 mins
Average Waiting Time for Major Elective Surgery	1.8 mths	1.8 mths	1.8 mths
Accident & Emergency Triage 1 (0 mins)	100%	100%	100%
Accident & Emergency Triage 2 (15 mins or less)	91%	95%	95%
No. of Community Nursing Service/ Community Psychiatric Nursing Service Home Visits	55,499	58,000	61,000

* Median actual waiting time.

Yan Chai Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

With kindness of heart and concern for other's sickness and distress, we serve the community by putting health care in the front.

1.2 Hospital Role

Yan Chai Hospital is a community-based hospital within the New Territories South cluster providing acute general medical services primarily to the residents of Tsuen Wan and Kwai Tsing areas. The Accident and Emergency Department caters for emergencies of all kinds. Major clinical services provided at Yan Chai Hospital range from Medical, Surgical, Orthopaedics and Traumatology and Paediatrics, along with specialised services like Ophthalmology (Eye) and Otorhinolaryngology (ENT). Supportive medical services include Anaesthesiology, Pathology and blood bank, and Radiology. Auxiliary support is provided by Departments/Units of Physiotherapy, Occupational Therapy, Speech Therapy, Audiology, Podiatry and Dietetics. The service emphasis will be on primary, secondary, extended care and selected tertiary services and to work in close collaboration with other hospitals in the cluster to provide comprehensive service to the community.

1.3 Development of Hospital Governance

The Hospital Governing Committee serves as a vital link between the community and the Hospital. It enables the Hospital to be more responsive and accountable to the public. Its input is essential to define the Hospital's vision for the future. To facilitate governance by the Hospital Governing Committee, management reports on achievement status of performance indicators and quality standards are presented on quarterly basis to Hospital Governing Committee for discussion and advice on overall strategic direction.

Section 2 Corporate Priority Areas

2.1 Volume and access

a. Aim to achieve the Corporate target for specialist outpatient service waiting time.

b. Enhance day surgery service.

c. Integrate specialist outpatient appointment with Princess Margaret Hospital.

2.2 Enhanced Productivity Programme

a. Reorganise Paediatric service delivery.

b. Set up core laboratory to tie in with the implementation of cluster laboratory service.

c. Implement energy conservation measure through modification of the existing lighting system.

d. Reduce accumulated leave.

e. Realign existing manpower.

f. Reengineer operation of Specialist Outpatient Departments and operating theatre.

g. Simplify administrative structure.

2.3 Financing and Resource Allocation System

a. Make up the shortfall in maintenance requirement for Clinical Management System, as well as biomedical and X-ray equipment.

2.4 Distribution Network and Infrastructure

a. Explore further cluster cooperation opportunities to maximise efficiency and improve quality.

b. Implement linen cart exchange system.

c. Improve efficiency through implementation of the one stop maintenance service for biomedical and Electrical and Mechanical plants/equipment as well as building facilities.

d. Refurbish areas vacated upon relocation of Laundry into store to meet the acute shortage of storage areas in the Hospital.

e. Plan for redevelopment of the dilapidated Blocks C, D, E, and F.

2.5 Care Process and Quality

a. Implement hospital-wide cross-departmental occupational safety and health audit.

b. Arrange multidisciplinary joint conference for problematic Orthopaedic extended care cases with participation of doctors, nurses, occupational therapists, physiotherapist, medical social workers, patients and patients' relative to formulate management plan.

c. Carry out Quality of life study to find out how voice affects the well being of school teachers in Tsuen Wan.

d. Provide fast-track referral service from general practitioners for simple surgery.

2.6 Human Resource Capabilities and Management

a. Arrange Building Wellness at Work training to staff to enhance staff's morale through achievement of satisfaction at work.

b. Continue organising individual interview sessions by Hospital Chief Executive with frontline staff.

Yan Chai Hospital

Budget/Expenditure

	1998/1999 *(Actual $'M)*	1999/2000 *(Projected Outturn $'M)*	2000/2001 *(Budget $'M)*
Personal Emolument	500.2	512.4	517.6
Staff Oncosts	222.9	228.4	221.9
Other Charges	94.8	104.8	113.9
Total	817.9	845.6	853.4

Actual & Projected Activities

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
Total Accident & Emergency Attendance	165,810	157,027	160,000
No. of Inpatient & Day Patient Discharges/Deaths	37,903	36,196	37,000
No. of Patient Days	245,950	248,784	248,000
Inpatient Average Length of Stay (Days)	7.0	7.4	7.0
Attendance at Specialist Outpatient Clinics			
— Clinical Services	147,712	147,676	150,000
— Allied Health Services	66,275	69,370	72,003

Key Performance Indicators

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
Specialist Outpatient Service Average Waiting Time (first attendance)	9.9 weeks	10.3 weeks	5.0 weeks *
Specialist Outpatient Service Average Queuing Time	50 mins	52 min	60 mins
Average Waiting Time for Major Elective Surgery	1.5 mths	1.5 mths	1.5 mths
Accident & Emergency Triage 1 (0 min)	100%	100%	100%
Accident & Emergency Triage 2 (15 mins or less)	93%	95%	95%

* Median actual waiting time.

Background

The New Territories North cluster comprises Castle Peak Hospital, Fanling Hospital, North District Hospital, Pok Oi Hospital, Siu Lam Hospital and Tuen Mun Hospital. They serve the districts of Tuen Mun, Yuen Long and North. A continuing issue facing the cluster is the increasing demand for beds and medical services due to population growth, in particular in North-West New Territories. There is also an increasing demand for ambulatory and extended care services, particularly the provision of rehabilitation and convalescent beds while the facilities in a number of older hospitals are deteriorating and need improvement.

Tuen Mun Hospital and North District Hospital provide a wide range of acute, extended, ambulatory and community care services. Pok Oi Hospital provides some acute services, as well as extended care and ambulatory care services. Castle Peak Hospital and Siu Lam Hospital provide psychiatric care services for both mentally ill and mentally handicapped patients. As at end December 1999, there were a total of 4,694 beds available, comprising 1,972 acute, 347 extended care and 2,375 mentally ill/mentally handicapped beds. The cluster has a geriatric day hospital at Tuen Mun Hospital. Specialist outpatient services are available at Tuen Mun Hospital, North District Hospital, Pok Oi Hospital and Castle Peak Hospital. General outpatient services are provided by Fanling Hospital and Pok Oi Hospital.

The full opening of North District Hospital will provide the opportunity to enhance the networking of tertiary services, including Neurosurgery and Ophthalmology. The management of Fanling and North District Hospitals has also been integrated to streamline operations.

Within the cluster, an integrated cluster pathology and cook-chill food service will be set up to improve quality and efficiency and achieve economies of scale. With the aim of reforming warehousing services to reduce costs and improve quality of service, a pilot project involving external expertise will be implemented in New Territories North Cluster to assess the benefit/impact of developing one central warehouse for the Authority.

The Government has also endorsed in principle the long-awaited and much needed redevelopment of Pok Oi Hospital. After redevelopment, the capacity of the hospital will be increased by 272 to a total of 622 beds. There will also be expansion of ambulatory care and upgrading of inpatient and supporting services.

Phase II redevelopment of Castle Peak Hopsital continues apace, and is on target for full completion in 2004. Planning for the Tuen Mun Hospital Rehabilitation Block, the refurbishment of Siu Lam Hospital as well as increasing convalescent and rehabilitation services in North District Hospital will commence to improve the quality of services.

Corporate Priority Areas

1. Volume and Access

a. Pilot the setting up of a private clinic adjacent to Accident and Emergency service for non-urgent cases in co-operation with Hong Kong Medical Association.

b. Enhance the liaison between Hospital Authority and other care providers in the community by organizing regular cluster educational forums and operational liaison meetings.

2. Enhanced Productivity Programme

a. Enhance cluster-based integration and networking of clinical services: Obstetrics and Gynaecology, Neurosurgery, Orthopaedics, Radiology, Pathology, community geriatric programmes, community nursing service.

b. Implement cluster-based business support services programmes, e.g. central kitchen provision.

3. Financing and Resource Allocation System

a. Reduce allowances and leave accumulation through enhanced feedback and monitoring at individual hospitals in the cluster.

b. Explore possible sources of revenue permissible under government and Hospital Authority policies.

4. Distribution Network and Infrastructure

a. Enhance cluster-based collaboration/integration of clinical and non-clinical services.

b. Develop cluster-based patient transfer protocols for medical/geriatric patients between acute and extended care hospitals (Tuen Mun Hospital and Pok Oi Hospital, North District Hospital and Fanling Hospital).

c. Enhance coverage of Community Geriatric Assessment Team to private elderly homes.

d. Formulate cluster-based master development plans to deal with increasing population in New Territories North.

5. Care Process and Quality

a. Implement process indicators as defined by Specialty Service Coordinating Committees.

b. Set up hospital executive-led accountable complaint management system.

c. Interface with primary care to further develop family medicine/integrated clinics.

d. Promote awareness on environmental protection in the care processes, e.g. study the effect of disposable items used in wards.

6. Human Resource Capabilities and Management

a. Promote proactive complaint management.

b. Organise cluster level training and development programmes.

c. Arrange staff rotation for training and development programmes (in particular, to prepare for the newly redeveloped Pok Oi Hospital).

d. Arrange cluster-based rotation of management staff.

Programmes and Targets

	Completion Date
1. Initiate programme for Pok Oi Hospital Redevelopment: subject to Finance Committee approval.	*1Q01*
2. Enhance cluster co-operation to improve cluster support and co-operation by other hospitals to Pok Oi Hospital during its redevelopment.	*1Q01*
3. Enhance general outpatient service by piloting 24-hour clinic in Pok Oi Hospital to cater for non-urgent Accident and Emergency attendees, following closure of Pok Oi Hospital's Accident and Emergency service.	*4Q00*

4.	Implement Cluster Cook-chill Programme to all involved New Territories North hospitals.	*4Q00*
5.	Plan development of Tuen Mun Hospital Rehabilitation Block.	*3Q00*
6.	Plan redevelopment of Siu Lam Hospital.	*3Q00*
7.	Organise 2 cluster seminars for experience sharing.	*1Q01*
8.	Downsize 50 beds in Castle Peak Hospital.	*1Q01*
9.	Pilot business support services programme on Third Party Logistics Management Service in the cluster.	*1Q01*

Castle Peak Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

The Hospital aims to provide treatment and rehabilitative services for psychiatric patients, serving the interests of both patients and the community at the same time. The Hospital strives to achieve the mission of providing the catchment population with a comprehensive psychiatric service, which is patient-centred, of the highest quality within the resources available, and to be achieved through multidisciplinary teamwork.

1.2 Hospital Role

Castle Peak Hospital is a psychiatric hospital admitting patients mainly in accordance with the Mental Health Ordinance, including, voluntary, involuntary and forensic admissions. It has a bed complement of 1,683, with acute, subacute and extended care beds. Comprehensive psychiatric services including inpatient, outpatient, outreach and day hospital services, sub-specialty services, and support to general hospitals are provided to the New Territories West and North Districts. Psychiatric support is provided to general hospitals in the cluster, as well as other carer agencies of psychiatric patients. Mental health educational programmes are regularly organised as part of the preventive work. The hospital also provides recognised training for trainees in medical, nursing, and other professional fields.

1.3 Development of Hospital Governance

The Hospital Governing Committee of Castle Peak Hospital was established in 1994. The Committee meets around four times per year to oversee the management of the hospital. The Committee's role is to provide strategic directions to the management and to ensure that agreed standards of care and performance are achieved. It further serves as a vital link between the community and the hospital to enable the hospital to be more responsive and accountable to the public. The Committee endorses the hospital annual plan prior to its finalisation.

Section 2 Corporate Priority Areas

2.1 Volume and Access

a. Increase psychiatric outpatient services in North District Hospital to meet the increasing demand.

b. Further improve the waiting time for first appointment of outpatients, meeting the Authority's target of 5-week waiting time.

c. Enhance services provided by the Community Psychiatric Nursing Service.

d. Set up an additional community psychiatric team for Yuen Long and North Districts.

2.2 Enhanced Productivity Programme

a. Achieve Enhanced Productivity Programme saving of over 5%.

b. Continue redeployment of staff to other hospitals to comply with the manpower plan and hospital budget.

c. Combine the management of extended care wards to allow greater flexibility and economies of scale in the use of ward staff.

d. Re-engineer rehabilitation services to achieve quality and productivity gain.

e. Install water saving devices as an Invest-to-Save Project.

2.3 Financing and Resource Allocation System

a. Formulate cost-containment manpower plan.

b. Continue development on hospital-based costing to support fees/charges and related pricing review.

c. Further develop Alternative Source of Income for appropriate resource recovery.

d. Establish and attain saving targets with hospital departments.

2.4 Distribution Network and Infrastructure

a. Further develop hospital information systems and hospital intranet to facilitate collection and utilisation of clinical data.

b. Plan, co-ordinate and commission Phase II Stage I Redevelopment Project, targeted for completion in April 2001.

c. Implement Computerised Automatic Refill System in Pharmacy service.

2.5 Care Process and Quality

a. Continue development of community mental health work, including the 3-year project on Defeat Depression.

b. Extend compassionate rehousing scheme for suitable patients.

c. Enhance community re-entry and community reintegration (occupational rehabilitation) services.

d. Right-size the hospital by reducing 50 inpatient beds in 2001.

e. Further develop clinical audit and risk management initiatives to achieve full compliance with all the Hospital Authority-Related Ordinances.

f. Further rollout Patient Worker Scheme.

g. Streamline workflow in billing for Community Psychiatric Nursing services, Comprehensive Social Security Allowance and wavier procedure.

h. Continue Continuous Quality Improvement programme initiatives for all Clinical Management Teams and services in addition to compliance with Section 3 requirements.

i. Open more informal wards to cater for patient needs.

2.6 Human Resource Capabilities and Management

a. Strengthen staff management in terms of re-training, communication, motivation and team building to enable the hospital to cope with environmental changes and challenges ahead.

b. Continue project steering for the hospital redevelopment to facilitate improvement in service delivery and treatment models.

c. Review all clerical and secretarial posts for improvement of services.

d. Enhance training for nurses in accordance with nursing core competencies.

e. Improve staff motivation and communication.

f. Implement staff re-training programmes.

g. Organise 6 management forums a year.

h. Organise at least 2 open forums for staff each year.

Castle Peak Hospital

Budget/Expenditure

	1998/1999 *(Actual $'M)*	1999/2000 *(Projected Outturn $'M)*	2000/2001 *(Budget $'M)*
Personal Emolument	366.2	365.7	362.0
Staff Oncosts	151.7	152.6	145.4
Other Charges	51.1	49.6	54.6
Total	569.0	567.9	562.0

Actual & Projected Activities

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
No. of Inpatient & Day Patient Discharges/Deaths	2,323	2,270	1,900
No. of Patient Days	601,712	600,000	585,000
Inpatient Average Length of Stay (Days)	294.5	248.1	200.0
Attendance at Specialist Outpatient Clinics			
— Clinical Services	49,729	51,000	53,000
— Allied Health Services	15,155	23,400	24,500

Key Performance Indicators

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
Specialist Outpatient Service Average Waiting Time (first attendance)	7.0 weeks	10.0 weeks	5.0 weeks *
Specialist Outpatient Service Average Queuing Time	37 mins	35 mins	35 mins
No. of Community Nursing Service/ Community Psychiatric Nursing Service Home Visits	9,128	7,800	9,500

* Median actual waiting time.

North District Hospital & Fanling Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

With the integration of Fanling Hospital into North District Hospital, North District Hospital is dedicated to provide comprehensive quality health care services to the community of the New Territories North Region; with major focus on ambulatory care, community care and collaboration with other health care providers. The hospital mission is "we serve, we care and we create a happy hospital".

1.2 Hospital Role

The opening of North District Hospital has provided the opportunity to reorganise the networking of tertiary services within the cluster, in particular Pathology, Neurosurgery, Ophthalmology, Otorhinolaryngology (ENT) and psychiatric services; as well as business support services like catering and laundry services.

The amalgamation of North District Hospital and Fanling Hospital would result in better utilisation of resources and more cost-effective operations.

1.3 Development of Hospital Governance

The Hospital Governing Committee was formed in April 1999. With the establishment of the Committee, members of the public have the opportunities to be directly involved in setting hospital strategic directions, shaping hospital vision, formulating policies and overseeing management of the hospitals for the provision of high quality service to meet community needs.

Section 2 Corporate Priority Areas

2.1 Volume and Access

a. Ensure access for the needy through screening specialist outpatient service referrals (including screening systems for eye cases and diabetic patients), and accord priority to urgent cases.

b. Provide additional specialist outpatient sessions for Ophthalmology and Otorhinolaryngology (ENT) to shorten specialist outpatient service waiting times.

c. Relocate a ward of 40 beds from Fanling Hospital to North District Hospital to address the rising demand for eye and convalescent beds in the local district.

d. Establish outreach orthopaedics and traumatology service at special schools and conduct workshops to provide services to children with physical disability.

e. Establish outreach paediatric neurology service to special schools /special childcare centres.

f. Install Express Dispensing System in outpatient Pharmacy to reduce patient waiting time.

g. Conduct survey to collect feedback on the willingness of Accident and Emergency patients to be followed up by their own General Practitioners.

2.2 Enhanced Productivity Programme

a. Fully integrate Fanling Hospital and North District Hospital to enhance efficiency.

b. Continue contracting out domestic and security services for better efficiency and long-term savings.

c. Reduce energy consumption and minimise wastage by promoting staff awareness on energy conservation and environmental protection, and launching Environmental Protection Project Competition.

d. Upgrade North District Hospital central food production unit to provide patient meal service to own hospital and other hospitals.

2.3 Financing and Resource Allocation System

a. Integrate the budget and manpower plan of North District Hospital and Fanling Hospital.

b. Decentralise budget for Other Charges to departments to enhance ownership of departmental expenditures by department heads.

c. Start collecting specialty costing data.

2.4 Distribution Network and Infrastructure

a. Improve capability of cluster pathology service by providing uninterrupted microbiology service and broadening service scope of Emergency Laboratory at North District Hospital.

b. Relocate physiotherapy and occupational therapy specialist outpatient clinics of Fanling Hospital to North District Hospital.

c. Establish activity of Daily Living Assistive Device Loan Bank.

2.5 Care Process and Quality

a. Develop integrated acute/extended care model, eg implementation of the multidisciplinary Pulmonary Rehabilitation Programmme to reduce re-admission rate and length of stay in hospital.

b. Strengthen risk management and clinical audit through implementation of hospital-wide audit and quality management programmes.

c. Implement 2-tier professional accountability structure in all clinical specialties.

d. Provide acute pain management services for post-operative patients.

2.6 Human Resource Capabilities and Management

a. Launch programmes on organisation development priority areas, viz quality assurance, care for the carers, and professional accountability and ethics.

b. Appoint Chiefs of Service and Department Managers to strengthen the development of Clinical Management Teams.

c. Develop core competencies for nurses.

d. Enhance training of staff on patient-centred care, managerial skills, teamwork and collaborating skills, health and community orientation, evidenced-based practice and clinical audit.

North District Hospital & Fanling Hospital

Budget/Expenditure

	1998/1999 *(Actual $'M)*	1999/2000 *(Projected Outturn $'M)*	2000/2001 *(Budget $'M)*
Personal Emolument	254.9	342.7	423.0
Staff Oncosts	113.4	149.9	188.4
Other Charges	84.3	128.2	151.2
Total	452.6	620.8	762.6

Actual & Projected Activities

	1998/1999 *(Actual)*		1999/2000 *(Projected)*		2000/2001 *(Projected)*
	NDH	FH	NDH	FH	NDH & FH
Total Accident & Emergency Attendance	73,584	27,408	120,000	—	122,000
No. of Inpatient & Day Patient Discharges/Deaths	14,015	504	25,000	550	27,000
No. of Patient Days	72,327	16,668	138,000	13,300	160,000
Inpatient Average Length of Stay (Days)	5.2	31.0	5.9	17.8	5.9 #
Attendance at Specialist Outpatient Clinics					
— Clinical Services	51,036	3,367	100,000	—	120,000
— Allied Health Services	14,559	9,010	40,000	10,000	50,000

5.9 days for acute care and 30 days for rehabilitation/infirmary

Key Performance Indicators

	1998/1999 *(Actual)*		1999/2000 *(Projected)*	2000/2001 *(Projected)*
	NDH	FH	NDH	NDH & FH
Specialist Outpatient Service Average Waiting Time (first attendance)	13.0 weeks	—	13.0 weeks	5.0 weeks *
Specialist Outpatient Service Average Queuing Time	42 mins	—	40 mins	40 mins
Average Waiting Time for Major Elective Surgery	2.0 mths	—	3.0. mths	2.5 mths
Accident & Emergency Triage 1 (0 min)	100%	100%	100%	100%
Accident & Emergency Triage 2 (15 mins or less)	97%	96%	95%	95%

* Median actual waiting time.

Pok Oi Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

We Love We Care We Serve

1.2 Hospital Role

Pok Oi Hospital is a community hospital providing basic secondary inpatient care; ambulatory care and extended care complimentary to New Territories North Cluster hospitals (i.e. Tuen Mun Hospital, North District Hospital, Siu Lam Hospital and Castle Peak Hospital).

Pok Oi Hospital redevelopment project was supported by the Government in October 1998. The project will proceed in two phases at the original site. Before the completion of Phase I redevelopment, Accident and Emergency service will cease and there will be a reduction of 81 beds in South Wing (between 2000 to 2004).

1.3 Development of Hospital Governance

Hospital Governing Committee supports and contributes significantly in hospital strategic/annual planning and performs the monitoring role in hospital activities. Members are accountable to different subcommittees for better monitoring of hospital programmes. Regular reports on different specialties will be presented to Hospital Governing Committee for further discussion and advice.

Section 2 Corporate Priority Areas

2.1 Volume and access

a. Implement a shared care programme between Internal Medicine and Family Medicine to manage specialist outpatient volume.

b. Provide outreach services by nurses through pre-discharge domiciliary visit and telephone support to reduce unplanned re-admissions.

c. Screen referral to other specialist outpatient departments by the senior doctor in Family Medicine clinic to ensure appropriateness.

d. Set up the 24-hour clinic to relieve the workload of Tuen Mun and North District Hospital upon cessation of Accident and Emergency services before completion of Phase I redevelopment.

e. Enhance Family Medicine to cater for the needs of the community for specialist outpatient service.

2.2 Enhanced Productivity Programme

a. Review and identify areas for more effective delivery of health care services through work redesign and re-engineering.

b. Implement initiative to cut down drug wastage by establishing compliance and refill clinic.

c. Enhance internal communication with inter-departmental electronic communicatio such as e-mail to reduce messengerial demand and paper consumption.

d. Implement cluster-based collaboration/integration of various clinical and non-clinical supporting services such as courier service to achieve quality gain and better resource management.

e. Act as cook chill receptor of the central food production unit at North District Hospital to reduce food cost.

2.3 Financing and Resource Allocation System

a. Observe the development of new Government polices on fees and charges and prepare to adopt such changes on outpatient and shroff services.

b. Explore the possibility of revenue generation with a view to providing resources for better services in line with corporate policies.

2.4 Distribution Network and Infrastructure

a. Collaborate with other New Territories North cluster hospitals to provide more rehabilitative services during its Phase I redevelopment.

b. Enhance outpatient and community care services through the development of 24-hour clinic, Family Medicine clinic and community services.

c. Provide additional convalescent/rehabilitation support to Tuen Mun Hospital during its Phase I redevelopment.

d. Develop Community Health Projects and Volunteer services to meet the needs of the care and attention homes.

e. Provide training for the carers of elderly homes to improve their skill and knowledge in nursing

f. Arrange on-site visits to deliver care and support to elderly homes.

2.5 Care Process and Quality

a. Further develop clinical protocols and guidelines in various specialities.

b. Implement risk management, clinical audit and Continuous Quality Improvement mechanism to improve the standard of clinical services.

2.6 Human Resource Capabilities and Management

a. Provide training on rehabilitative skills for staff before completion of Phase I redevelopment.

b. Enhance staff expertise and competency on acute services to cater for the changing role of Pok Oi Hospital after redevelopment.

c. Enhance Clinical Management Team performance through better collaboration with the Central Nursing Division.

d. Set up a proper mechanism to improve staff sentiment and morale.

e. Conduct stress management programme to address stress of staff.

Pok Oi Hospital

Budget/Expenditure

	1998/1999 *(Actual $'M)*	1999/2000 *(Projected Outturn $'M)*	2000/2001 *(Budget $'M)*
Personal Emolument	177.6	177.7	177.5
Staff Oncosts	78.1	77.9	74.2
Other Charges	35.9	34.5	35.9
Total	291.6	290.1	287.6

Actual & Projected Activities

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
Total Accident & Emergency Attendance	68,906	68,298	6,000
No. of Inpatient & Day Patient Discharges/Deaths	15,551	13,268	3,500
No. of Patient Days	126,782	103,473	63,000
Inpatient Average Length of Stay (Days)	10.5	16.8	18.0
Attendance at Specialist Outpatient Clinics			
— Clinical Services	36,030	36,575	37,307
— Allied Health Services	16,813	19,492	19,882

Key Performance Indicators

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
Specialist Outpatient Service Average Waiting Time (first attendance)	6.1 weeks	4.0 weeks	4.0 weeks
Specialist Outpatient Service Average Queuing Time	47 mins	47 mins	47 mins
Average Waiting Time for Major Elective Surgery	0.9 -1.4 mths	—	—
Accident & Emergency Triage 1 (0 min)	100 %	100 %	—
Accident & Emergency Triage 2 (15 mins or less)	100 %	100 %	—

Siu Lam Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

a. To provide quality and comprehensive rehabilitation care to severe grade mentally handicapped under efficient management.

b. To promote staff morale in areas including improvement in working environment, career development and positive team spirit.

c. To form partnership with government departments and the community in formulation and implementation of policies on mentally handicapped services.

1.2 Hospital Role

The role of the hospital is to provide comprehensive and integrated services to severe grade mentally handicapped adult patients.

The hospital has taken up a proactive role in the delivery of services to the severely mentally handicapped patients. This include the provision of six beds to cater for the needs of severely mentally handicapped patients requiring urgent admission; extending the outreach service by the deployment of a Registered Nurse (Psychiatric)) to provide follow-up visits to discharged patients.

Other facilities to cater for the needs of severely mentally handicapped patients include the construction of a hydrotherapy pool, multi-sensory room, rehabilitation garden, rehabilitation bus and rehabilitation beds etc. To keep the staff abreast of the development in the service, there is a library with the latest editions of books, periodicals and journals on topics relating to mentally handicapped.

Section 2 Corporate Priority Areas

2.1 Volume and Access

a. Provide more outreach service to Care and Attention homes and patients on waiting list.

2.2 Enhanced Productivity Programme

a. Freeze vacant posts arising from natural staff wastage, i.e. retirement, deaths, transfer-outs etc.

b. Implement cook-chill scheme.

c. Organise staff re-training and development programme.

d. Reshuffle departmental functions to streamline work processes.

e. Use more economical service without compromising quality.

f. Reduce wastage on food, drugs and consumables to achieve cost savings.

2.3 Financing and Resource Allocation System

a. Decentralise Other Charges down to unit level for better resource management.

b. Redistribute budget to respective units after deduction of 1% saving and 0.5% deflation.

c. Liaise with respective unit heads to gain commitment on implementation of Enhanced Productivity Programmes.

2.4 Distribution Network and Infrastructure

a. Distribution network

i. Co-operate with Castle Peak Hospital on library service.

ii. Collaborate with Princess Margaret Hospital on Non-emergency Ambulance Transport service.

iii. Collaborate with Tuen Mun Hospital on central sterile supply and laboratory services.

iv. Collaborate with Castle Peak Hospital on dietetics service.

v. Collaborate with Castle Peak Hospital on Pharmacy service.

vi. Collaborate with North District Hospital on catering service.

vii. Collaborate with all institutions on mentally handicapped service within the territory through training, seminars etc to ensure provision of high quality services to severely mentally handicapped patients.

b. Distribution Network and Infrastructure: Enhance outreach service to minimise the no of patients requiring hospital inpatient care.

2.5 Care Process and Quality

a. Implement key nurse system for individualised care.

b. Provide group and individual skill training programmes for progressive improvement for severely mentally handicapped patients.

c. Organise recreational and therapeutic activities for severely mentally handicapped patients.

d. Provide mobility training to severely mentally handicapped patients in walking exercise.

e. Provide self-help skill training for severely mentally handicapped patients.

f. Provide oral hygiene training for severely mentally handicapped patients.

g. Provide seating therapy for patients with physical impairment.

h. Provide hydrotherapy for severely mentally handicapped patients.

2.6 Human Resource Capabilities and Management:

Enhance human resource capabilities by:

a. 6 nursing staff taking various Bachelor of Arts degree courses in Nursing.

b. 3 nursing staff taking master degree courses relating to health care services.

c. 1 Hospital Administrator I and Finance Officer taking the master degree course in Health Care Management and Master of Business Administration in Finance respectively.

d. 1 Occupational Therapist I taking a master degree course in Occupational Therapy.

Siu Lam Hospital

Budget/Expenditure

	1998/1999 *(Actual $'M)*	1999/2000 *(Projected Outturn $'M)*	2000/2001 *(Budget $'M)*
Personal Emolument	69.7	70.9	70.0
Staff Oncosts	26.8	27.1	25.7
Other Charges	7.8	9.6	8.6
Total	104.3	107.6	104.3

Actual & Projected Activities

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
No. of Inpatient & Day Patient Discharges/Deaths	80	86	86
No. of Patient Days	106,856	106,160	106,160
Inpatient Average Length of Stay (Days)	604.7	614.0	614.0

Tuen Mun Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

The mission of the Hospital is to provide comprehensive patient-centred quality health care within obtainable resources, treasure and honour individuals and team work, provide an environment for continuous improvement, achieve excellence, co-operate with other hospitals and develop partnership with the community.

1.2 Hospital Role

Tuen Mun Hospital is a major acute general hospital with a designed capacity of 1,606 beds serving the population of the New Territories North Region. It is the only tertiary referral centre in the cluster with 24-hour Accident and Emergency service and comprehensive range of clinical services.

1.3 Development of Hospital Governance

The Hospital Governing Committee has shown much concern over its contribution to the Hospital's annual planning process and its authority in deciding the priority of annual plan programmes and the distribution of resources to implement these programmes.

Section 2 Corporate Priority Areas

2.1 Volume and Access

a. Set up the planned Private Walk-in Clinic near the Accident and Emergency Department to cease the pressure on long waiting time for Accident and Emergency service.

b. Further develop day surgeries and short stay ward to improve the occupancy rate and excess bed situation.

c. Continue strategy of community networking and sharing through the Community Medical Programme, shared-care programme development and referral system with general practitioners to optimise the use of hospital resources.

2.2 Enhanced Productivity Programme

a. Exercise very tight budget control on drug consumption and personal emolument.

b. Submit proposals for various Invest-to-save projects in water and energy saving, linen-cart exchange, automatic dispatch system, cook-chill receptor, and combined laboratories to achieve savings in the long run.

c. Control growth in headcount by manpower planning, redundant staff re-training and redeployment and freezing of vacancies, introduction of more honorary appointments, recruitment of more volunteers, contracting out of services, employment of part-time and temporary staff, and administrative down-sizing.

2.3 Financing and Resource Allocation System

Consider new alternative sources of income to generate useful funding to improve hospital services.

2.4 Distribution Network and Infrastructure

a. Promote service networking with designated centres for better coverage and volume handling.

b. Achieve further clustering in supporting services including laundry, catering and central warehousing.

c. Submit plan for the construction of the Rehabilitation Block and Eye Centre to provide the needed rehabilitation facilities and ophthalmology services for the region.

2.5 Care Process and Quality

a. Enhance doctor-patient communication to improve the quality of service delivery and complaints handling.

b. Further promote clinical audit and treatment protocols to enhance the quality of service delivered.

c. Implement Two-tier accountability system and proper senior supervision.

d. Enhance risk management efforts to reduce clinical and non-clinical risks.

2.6 Human Resource Capabilities and Management

a. Introduce the 360 degree review system for senior management to enhance management skills and competency.

b. Promote core competence development and grade review.

c. Establish a cluster training centre on professional and management training areas to enhance staff's capabilities.

Tuen Mun Hospital

Budget/Expenditure

	1998/1999 *(Actual $'M)*	1999/2000 *(Projected Outturn $'M)*	2000/2001 *(Budget $'M)*
Personal Emolument	1,076.0	1,123.5	1,094.7
Staff Oncosts	487.4	508.9	481.3
Other Charges	270.6	276.3	268.5
Total	1,834.0	1,908.7	1,844.5

Actual & Projected Activities

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
Total Accident & Emergency Attendance	213,620	217,896	220,729
No. of Inpatient & Day Patient Discharges/Deaths	105,374	107,945	110,104
No. of Patient Days	535,409	550,004	561,004
Inpatient Average Length of Stay (Days)	5.7	5.6	5.7
Attendance at Specialist Outpatient Clinics			
— Clinical Services	493,609	517,624	527,976
— Allied Health Services	219,039	222,007	226,447

Key Performance Indicators

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
Specialist Outpatient Service Average Waiting Time (first attendance)	10.2 weeks	6.7 weeks	5.0 week *
Specialist Outpatient Service Average Queuing Time	40 mins	44 mins	44 mins
Average Waiting Time for Major Elective Surgery	15.2 mths	9.9 mths	9.7 mths
Accident & Emergency Triage 1 (0 min)	100 %	100%	100%
Accident & Emergency Triage 2 (15 mins or less)	99%	97%	95%
No. of Community Nursing Service/ Community Psychiatric Nursing Service Home Visits	53,905	70,469	74,000

* Median actual waiting time.

Non-Cluster Hospitals

- Grantham Hospital
- Hong Kong Eye Hospital
- Nam Long Hospital

Non-Cluster Institutions

- Hong Kong Red Cross Blood Transfusion Service
- Rehabaid Centre

Grantham Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

We are committed to be and remain Hong Kong's BEST hospital for caring of patients with heart and lung diseases. We will achieve our mission through:

a. Focusing on patients and providing competent and dedicated care beyond their expectations.

b. Building an enthusiastic and effective team with shared core values.

c. Involving all levels of staff to continuously improve on all of our activities.

d. Enhancing training and continuous education for staff and professionals.

e. Undertaking innovative research projects to the benefit of the scientific and medical community.

f. Establishing partnership with the community in the prevention of heart and lung diseases.

1.2 Hospital Role

Grantham Hospital is a specialised hospital for heart and lung diseases with 579 beds. It is the major tertiary referral centre for the comprehensive management of adult and children cardiothoracic diseases in Hong Kong. The hospital also provides extended care in its cardiothoracic infirmary beds. Referral and admission are open to all public and private hospitals. Day care service for cardiac catheterisation and related procedures and comprehensive rehabilitation service for cardiac and chest patients in the community are provided.

Our services and relations with other hospitals can be summarised as follows:

a. 24-hour service for emergency cardiac catheterisation, cardiac intervention and cardiothoracic surgery for adult and paediatric patients.

b. Major admission centre for chest diseases engaging in postgraduate training in respiratory diseases and tuberculosis research.

c. Strong link with the University of Hong Kong providing training to undergraduates and postgraduates in respect of Adult and Paediatric Cardiology, Cardiothoracic Surgery, General, Internal and Respiratory medicine, Intensive Care, Cardiac Anaesthesiology and Pathology.

d. Post-basic education for nurses including the certificate course in Cardiothoracic Intensive Care Nursing, Cardiac Paediatric Intensive Care Nursing, Cardiothoracic Operating Theatre Nursing, etc.

e. Inter-hospital cooperation to achieve intra-thoracic organ transplantation and networking in thoracic surgery.

f. General medical beds for patients of Queen Mary Hospital.

g. X-ray, Pathology, dietetic and central sterile supplies services provided to Nam Long Hospital and Wong Chuk Hang Hospital.

h. Thoracic surgical network with Ruttonjee Hospital.

i. Comprehensive service for Chronic Obstructive Pulmonary Disease patients networking with Queen Mary Hospital and Fung Yiu King Hospital, and shared care effort with Hong Kong West Community Geriatric Assessment Service and with rehabilitation service in Tung Wah Hospital.

1.3 Development of Hospital Governance

a. Monitor management and clinical issues at various meetings with unit heads, i.e. Hospital Management Committee, Medical Committee, Department Operations Management Committee, Allied Health Coordinating Committee.

b. Monitor and review specific and risk management issues in various task-oriented sub-committees, e.g. Drugs and Therapeutic Committee, Clinical Audit Committee, Nursing Committee, Occupational Safety and Health Sub-Committee, Transfusion Committee and twice per year clinical audit presentation.

c. Departmental committees to discuss and monitor clinical and management issues in operations.

d. Regular monthly report by unit heads on annual plan achievements and progress.

e. Regular reporting and monitoring at Hospital Governing Committee meetings.

Section 2 Corporate Priority Areas

2.1 Volume and Access

a. Manage volume of specialist outpatient service attendance by referring out cases for pharmcotherapy to secondary level care centres, audit of outpatient management record by senior medical staff, establishment of guidelines to ensure high quality and accurate patient care etc.

b. Improve patient care process for cardiac and pulmonary patients through coordinated efforts and collaboration amongst hospitals in the cluster eg establishment of comprehensive Chronic Obstructive Pulmonary Disease Clinic to provide better support and coordination for patients on a cluster basis.

c. Implement action plan to maximise resource utilisation through reallocation of manpower and space to meet the increasing demand for major elective cardiothoracic surgery in adults.

2.2 Enhanced Productivity Programme

a. Integrate management and operation of staff canteen and main kitchen.

b. Implement laboratory automation and process re-engineering in Pathology Department.

c. Streamline supporting services and central cleaning services.

d. Re-train Supplies Attendant to fill suitable posts in hospital.

e. Train Laundry staff to work in Central Sterile Supplies Department.

f. Implement process re-engineering and re-scheduling of the duty hours of staff in Radiodiagnostic Department.

g. Re-design services in line with advancing surgical technologies.

2.3 Financing and Resource Allocation System

a. Prepare staff and finance functions for pricing changes.

b. Explore opportunities in generating additional income at hospital level.

c. Provide angiogram records for patients undergoing diagnostic catheterisation procedures.

d. Provide laboratory services on Tuberculosis culture to other hospitals.

e. Seek funding to improve the condition of ageing hospital facilities as an interim arrangement while awaiting implementation of master redevelopment project.

2.4 Distribution Network and Infrastructure

a. Establish networking programme for Paediatric Cardiac patients with various hospitals to save patients from travelling to Grantham Hospital, provide opportunity to upgrade medical knowledge on the care of congenital heart disease for the medical officers in the networking hospitals, and avoid unnecessary duplication of work at both the referring hospitals and Grantham Hospital.

b. Implement community care programme for Chronic Obstructive Pulmonary Disease patients to:

   i. Reduce unplanned admission to acute medical wards.

   ii. Provide better care to Chronic Obstructive Pulmonary Disease patients at primary care level.

   iii. Enhance networking relationship in the delivery of care to patients and training of staff.

   iv. Improve quality of life.

2.5 Care Process and Quality

a. Organise a new comprehensive outreach programme of Nurse Specialist to patients and parents of the cardiac paediatric unit to minimise the stress on parents/children after discharge and provide continuous support, medical advice and home care to paediatric patients.

b. Implement preoperative risk stratification assessment for cardiac surgical patients scheduled for coronary artery bypass grafting and/or valve surgery as a quality assurance initiative to analyse patient outcome.

c. Enhance outcome management of coronary artery bypass grafting to other operations, ie. valuvlar surgery, repair of septal defects and lung resection surgery.

d. Implement 5S (Structurise, Systemise, Sanitise, Standardise and Self-discipline) to improve productivity.

e. Improve the outpatient medical records of Cardiac and General Medical Unit by standardizing the paper documentation (instead of different size and material) and implementing ID terminal digit filing system for easy storage and retrieval.

f. Implement multidisciplinary approach to enhance end-of-life palliative care to terminally ill patients.

2.6 Human Resource Capabilities and Management

a. Organise skill-mix training for supporting staff to enable internal re-deployment to fill vacancies arising from natural wastage and resignation, eg. Laboratory Attendants, Artisan for boilers.

b. Enhance training of community nurses to provide specific care to Chronic Obstructive Pulmonary Disease patients at community level.

c. Conduct survey to review the performance and effectiveness of Clinical Management Teams with the objectives of assessing the current status and devising further advancement.

Grantham Hospital

Budget/Expenditure

	1998/1999 *(Actual $'M)*	1999/2000 *(Projected Outturn $'M)*	2000/2001 *(Budget $'M)*
Personal Emolument	245.5	249.6	248.0
Staff Oncosts	106.4	108.8	104.0
Other Charges	72.5	69.1	70.3
Total	424.4	427.5	422.3

Actual & Projected Activities

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
No. of Inpatient & Day Patient Discharges/Deaths	11,684	12,900	13,100
No. of Patient Days	123,715	129,100	131,000
Inpatient Average Length of Stay (Days)	14.2	13.7	13.2
Attendance at Specialist Outpatient Clinics			
— Clinical Services	44,889	50,000	51,000
— Allied Health Services	5,458	5,500	5,600

Key Performance Indicators

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
Specialist Outpatient Service Average Waiting Time (first attendance)	6.0 weeks	4.0 weeks	4.0 weeks *
Specialist Outpatient Service Average Queuing Time	60 mins	60 mins	45 mins
Average Waiting Time for Major Elective Surgery	3.0 mths	4.0 - 5.0 mths	4.0 mths
No. of Community Nursing Service/ Community Psychiatric Nursing Service Home Visits	198	210	270

* Median actual waiting time.

Hong Kong Eye Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

To provide high quality, cost effective, secondary and tertiary eye service to meet the demand and satisfy public needs for eye care in Hong Kong and be recognised as a centre of excellence.

1.2 Hospital Role

The Hong Kong Eye Hospital provides the highest possible quality of Ophthalmic service for patients in the central Kowloon region and for tertiary referral throughout the territory by a team of caring and dedicated staff.

With integration of academic and service sector, we can rely on the expertise available to develop subspecialty service. This will include attracting, developing and retaining high calibre staff in the public service.

The ultimate aim of the Hong Kong Eye Hospital is to become a centre of excellence for Ophthalmic service. With aspirations based on sound day-to-day operational management, the Hospital will focus on corporate strategic development and will continue to enhance its role by identifying and delivering benefits for the whole organisation.

We are aiming to extend our development programme in partnership and strengthened links with the Head Office and institutions in the local cluster.

1.3 Development of Hospital Governance

Members of Hospital Governing Committee are involved in shaping hospital visions and overseeing hospital management for the provision of high quality ophthalmic service and to meet community needs. Reports on Hospital programmes, financial review as well as reports on appreciation and complaints will be regularly reviewed by the Hospital Governing Committee.

Section 2 Corporate Priority Areas

2.1 Volume and Access

a. Manage rising ophthalmic service volume by establishing triage units with clinical guidelines to triage patients according to their needs and ensure that patients with urgent eye conditions are seen immediately by doctors.

b. Deploy more experienced doctors to handle new cases and minimise unnecessary follow-up attendance.

2.2 Enhanced Productivity Programme

a. Reengineer workflow and implement multi-skill staff training.

b Implement energy conservation proposals made by the Electrical and Mechanical Services Department.

c. Purchase food from the Kowloon Hospital to achieve savings from food production.

2.3 Financing and Resource Allocation System

Monitor the 3-year indicative budget of the Hong Kong Eye Hospital Development Fund to ensure resources available for subspecialty development and equipment procurement.

2.4 Distribution Network and Infrastructure

a. Continue playing an important role in providing inpatient services with rationalisation of services in collaboration with other hospitals in Kowloon.

b. Install Electronic Messaging System and e-mail system to facilitate internal communication of fast and accurate information to assist professionals in the delivery of quality eye care services.

2.5 Care Process and Quality

a. Conduct close surveillance of post-operative endophthalmitis.

b. Conduct telephone interview with discharged patients to seek their opinion on inpatient service.

c. Provide two sessions of health talks to inpatients weekly.

d. Update Hospital Risk Management Handbook regularly.

e. Implement Occupational Safety and Health recommendations made by the Labour Department after audit inspection.

2.6 Human Resource Capabilities and Management

a. Organise certificate and diploma courses in ophthalmic nursing for experienced nursing staff for professional development.

b. Establish Continuing Nursing Education System to support nursing development.

c. Enhance Grand Round to attract doctors from other teams and private practice.

d. Continue to reinforce the patient-centred concept, such as appropriate patient caring attitude and empathy as well as sensitive to patients' needs.

e. Assist managers and staff in using information technology to their advantage.

f. Further strengthen the existing education programme for medical, nursing and allied health staff.

Hong Kong Eye Hospital

Budget/Expenditure

	1998/1999 *(Actual $'M)*	1999/2000 *(Projected Outturn $'M)*	2000/2001 *(Budget $'M)*
Personal Emolument	78.2	84.5	91.2
Staff Oncosts	39.1	41.2	42.7
Other Charges	15.1	17.7	27.4
Total	132.4	143.4	161.3

Actual & Projected Activities

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
No. of Inpatient & Day Patient Discharges/Deaths	5,404	6,000	6,100
No. of Patient Days	5,404	8,000	10,000
Inpatient Average Length of Stay (Days)	—	6.0	6.0
Attendance at Specialist Outpatient Clinics			
— Clinical Services	173,233	177,337	178,000
— Allied Health Services	105,152	121,580	124,200

Key Performance Indicators

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
Specialist Outpatient Service Average Waiting Time (first attendance)	21.8 weeks	9.0 weeks	5.0 weeks *
Specialist Outpatient Service Average Queuing Time	31 mins	30 mins	30 mins
Average Waiting Time for Major Elective Surgery	8.6 mths	12.0 mths	12.0 mths

* Median actual waiting time.

Nam Long Hospital

Section 1 Hospital Mission

1.1 Hospital Mission Statement

Nam Long Hospital is committed to delivering high quality medical service to cancer patients. With full dedication, the hospice care team strives to meet the physical, psychosocial and spiritual needs of patients and their families. This extends to the bereavement period. The hospital also aims at two goals:

a. To take up a training role in hospice care and share with interested professionals and community its expertise.

b. To aim at providing a supportive and rewarding environment for their staff.

1.2 Hospital Role

Cancer patients require specialised care in different stages of their illness and Nam Long Hospital provides specialised palliative care to cancer patients in their terminal stage. A multidisciplinary team approach is adopted to provide holistic care to the patients and families. Strong service collaboration with other centres is essential for a seamless health care delivery.

Nam Long Hospital is a non-cluster referral centre but the referrals from hospitals of the Hong Kong West and Hong Kong East Clusters represent 65% of total admission of the hospital. The hospital also has close linkage and service networking arrangement with hospitals of Hong Kong East and Hong Kong West Clusters for mutual service support. The hospital is currently providing out-reach palliative team service to the Oncology Department of Queen Mary Hospital and Pamela Youde Nethersole Eastern Hospital. It also accepts referrals for home care from hospitals of Hong Kong clusters.

For ancillary services, Nam Long Hospital is being supported by Grantham Hospital in Pathology service, X-ray service and Central Sterile Supplies services.

1.3 Development of Hospital Governance

a. Regular Hospital Governing Committee meetings (bimonthly in Nam Long Hospital).

b. Reporting of vital statistics including performance outcome indicators, etc to Hospital Governing Committee.

c. Reporting of annual plan progress to Hospital Governing Committee.

d. Involving Hospital Governing Committee in formulating service strategic directions.

Section 2 Corporate Priority Areas

2.1 Volume and Access

a. Implement direct clinical admission with agreed referral guidelines to improve access, especially for Hong Kong West hospitals.

b. Further develop community care to care for the needs of hospice patients in the home environment.

c. Conduct benchmarking exercise (with Polytechnic University) to differentiate types of services and resources required that can best be provided to patients (home care or inpatients) to facilitate the development of more cost-effective service model.

2.2 Enhanced Productivity Programme

a. Re-engineer services and care process.

b. Enhance multi-skilling for different grades of staff.

c. Benchmark service types to meet patients' needs.

2.3 Distribution Network and Infrastructure

a. Collaborate with Hong Kong West cluster's community nurses to provide home hospice service.

b. Integrate Nam Long Hospital's transport service with Hong Kong West Cluster transport service.

2.4 Care Process and Quality

a. Develop clinical protocols for all service types.

b. Perform clinical audits on care process.

c. Develop clinical protocols for different patient categories to facilitate patient transfer.

Nam Long Hospital

Budget/Expenditure

	1998/1999 *(Actual $'M)*	1999/2000 *(Projected Outturn $'M)*	2000/2001 *(Budget $'M)*
Personal Emolument	59.9	61.1	61.7
Staff Oncost	24.5	25.1	24.7
Other Charges	14.0	11.2	10.8
Total	98.4	97.4	97.2

Actual & Projected Activities

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
No. of Inpatient & Day Patient Discharges/Deaths	1,733	1,825	1,825
No. of Patient Days	53,547	55,033	55,033
Inpatient Average Length of Stay (Days)	31.4	28.9	28.9
Attendance at Specialist Outpatient Clinics			
— Clinical Services	897	1,021	1,021
— Allied Health Services	1,894	2,693	2,693

Key Performance Indicators

	1998/1999 *(Actual)*	1999/2000 *(Projected)*	2000/2001 *(Projected)*
Specialist Outpatient Service Average Waiting Time (first attendance)	< 1 week	< 1 week	< 1 week
Specialist Outpatient Service Average Queuing Time	50 mins	30 mins	30 mins

Hong Kong Red Cross Blood Transfusion Service

Section 1 Hospital Mission

1.1 Hospital Mission Statement

The mission of the service is to:

a. Achieve self-sufficiency in the supply of blood in Hong Kong.

b. Recruit voluntary non-remunerated blood donors and to collect blood in accordance with the provisions laid down by the Hong Kong Red Cross.

c. Test, manufacture and distribute blood and its derivatives throughout Hong Kong in accordance with international standards and Hospital Authority policy.

d. Provide reference support to hospitals in Hong Kong and to assist them in developing good transfusion practice.

e. Continuously review and improve the blood transfusion service in Hong Kong.

1.2 Hospital Role

Hong Kong Red Cross Blood Transfusion Service is a specialised blood transfusion service centre. The key role of the Service is to recruit voluntary non-remunerated blood donors, collect donated blood, supply sufficient, fully-tested blood and blood products and reference red cell serology service to all hospitals in Hong Kong, and participate in Hospital Transfusion Committees.

1.3 Development of Hospital Governance

The Authority Head Office has empowered the Hospital Governing Committee with governance through training and workshops in the past few years.

Section 2 Corporate Priority Areas

2.1 Enhanced Productivity Programme

Reduce total number of staff through process re-engineering and automation, with streamlining of administration a priority.

2.2 Financing and Resource Allocation System

Implement a more cost effective way to source blood products for hospital use.

2.3 Distribution Network and Infrastructure

a. Capital Works

   i. Install new chiller plants and a new emergency generator.

   ii. Formulate redevelopment plan of the Service.

b. IT Development: Pilot e-commerce technology to perform transactions with hospital blood banks to improve service efficiency to hospitals.

2.4 Care Process and Quality

a. Maintain the ISO9002 Quality Management System for the Hong Kong Red Cross Blood Transfusion Service.

b. Seek assistance from the Australian Authority to achieve Good Manufacturing Practices certification.

c. Consider introduction of Nucleic Acid Test technology to improve detection of HCV and HIV by narrowing the "window period" of these viruses.

2.5 Human Resource Capabilities and Management

a. Conduct regular staff forums to enhance communication.

b. Participate in training seminars to increase skill mix of workforce.

Hong Kong Red Cross Blood Transfusion Service

Budget/Expenditure

	1998/1999 *(Actual $)*	1999/2000 *(Projected Outturn $)*	2000/2001 *(Budget $)*
Personal Emolument	88.0	86.8	90.0
Staff Oncosts	33.3	32.1	33.6
Other Charges	72.8	43.3	42.6
Total	194.1	162.2	166.2

Rehabaid Centre

Section 1 Hospital Mission

1.1 Hospital Mission Statement

We are dedicated to improving the quality of life of people with disabilities or chronic illnesses.

1.2 Hospital Role

Rehabaid is a non-cluster based institution under the Hospital Authority providing territory-wide services to both patients and health care providers in Hospital Authority and those in the community. Its 3 major areas of service are:

a. Specialised rehabilitation.

b. Education for people with disabilities or chronic illnesses, children with special needs, carers, health care and social welfare service providers.

c. A resource centre for assistive technology.

Rehabaid contributes to the goal of a seamless health care system by providing a holistic, one-stop community-based rehabilitation service. It is a tertiary referral centre to provide expert in-reaching services to hospitals. It also serves as a bridge between hospitals and the community by facilitating re-integration of patients of the Authority into the community.

Rehabaid adopts a "train the trainer" approach in providing consultation on specialised rehabilitation services to facilitate patient treatment in the Authority hospitals. Its education and resource services also support staff development and patient education in the Authority hospitals and Non-government organisations.

1.3 Development of Hospital Governance

a. Disseminate information amongst members to facilitate informed decision.

b. Create an environment which facilitates the contribution of members to governance by:

i. Supplying relevant and up-to-date information to facilitate Hospital Governing Committee representatives' active participation in the Authority's Meetings.

ii. Organizing individual and customised orientation programmes for each new Hospital Governing Committee member.

iii. Encouraging and facilitating members' participation in meaningful Rehabaid functions and activities organised by the Authority Head Office.

iv. Arranging formal and informal meetings between Hospital Governing Committee members and the Hospital Chief Executive to enhance communication.

Section 2 Corporate Priority Areas

2.1 Volume and Access

a. Reduce hospital attendance through:

i. Providing specialised rehabilitation services that are not available in the Authority hospitals, such as Sexual Rehabilitation Service, Driver Rehabilitation Service, Specialty Service for Developmental Coordination Disorder, Computer Access and other specialty services.

ii. Providing outreach community rehabilitation and patient education service to prevent the onset of medical conditions such as pressure sore and back pain.

b. Provide easily accessible services for health providers, carers and the general public for specialised rehabilitation, education and information services.

c. Ensure that 90% of home visits are carried out within 5 weeks of the date of referral.

d. Ensure that 90% of outpatients have their first appointment within 14 calendar days from the date of referrals.

2.2 Enhanced Productivity Programme

a. Outsource some of the labour-intensive tasks

b. Provide training to staff to take up additional responsibilities such as information technology support.

c. Re-engineer process to delegate non-clinical duties to supporting staff to enable therapists to manage increased patient volume and improve clinical quality.

d. Enhance the occupational safety and health of the Authority staff by launching an on-site consultation service for workplace inspection, ergo-analysis and recommendation of risk control measures.

2.3 Financing and Resource Allocation System

Implement IT system restructuring plan to optimise the application of advanced technology and to enhance operational efficiency and service quality.

2.4 Distribution Network and Infrastructure

a. Be a tertiary referral centre providing specialised rehabilitation.

b. Collaborate with more medical professionals in various specialties to provide cost-effective specialised rehabilitation services with optimal clinical outcome.

c. Provide free and easily accessible consultancy, education and information services to Community Geriatric Assessment Service, Community Nursing Service, Non-government organisations and community health care and social welfare related organisations to support effective community-oriented care model.

d. Adopt two-way referral systems to ensure referral of patients in need to the most appropriate settings in their locality.

2.5 Care Process and Quality

a. Conduct the following activities on clinical audit to ensure quality of service:

   i. Direct clinical observation to assess the clinical skills of individual therapists, followed by constructive advice.

   ii. Protocol audit and peer review to assess whether the therapists follow the clinical guidelines appropriately.

   iii. Chart audit to ensure good documentation of clinical records.

   iv. Clinically related correspondence audit to ensure effective communication with other health care and social welfare professionals.

   v. Computerised follow-up prompting system to ensure each client receives continuity of care.

b. Ensure 2-tier accountability by clinical audit, monthly staff meeting, clinical team meeting, regular individual team meeting, peer review and direct clinical observations.

c. Use an integrated risk management approach to continuously identify and manage the following clinical and non-clinical risks for clients, visitors and staff:

   i. Conduct workplace inspection and job process analysis for hazard identification.

   ii. Conduct in-service training in "Risk Management" and self-audit to enhance staff awareness and total participation/commitment.

   iii. Set up an accident and incident reporting system.

   iv. Conduct accident/incident investigation for development of risk control measures and prevention of further injuries/incidents.

   v. Implement clinical audit and develop clinical protocols to minimise clinical risks.

vi. Conduct fire drills.

vii. Formulate information technology security measures to minimise risks that jeopardise data security and system integrity.

d. Ensure Complaints Handling and Governance by designating staff to take up the role of Patient Relations Officer and Patient Advocate.

e. Conduct user satisfaction questionnaires to collect feedback from clients proactively.

f. Conduct client focus group meetings to enhance patient relations and to collect information about patients' needs.

g. Set up a central ethics committee to endorse all research projects and introduction of new clinical skills/technology to ensure public accountability and minimise related adverse outcomes.

2.6 Human Resource Capabilities and Management

a. Enhance staff development and organisational growth through regular peer reviews, in-service training, external training and overseas attachment.

b. Provide professional and quality holistic care in a caring and friendly environment with emphases on teamwork, innovation and maximum participation in an endeavour to strive for efficiency, excellence and continuous improvement.

c. Implement a labour productivity measurement system as a human resource management tool to monitor workload distribution and optimise productivity of clinical staff.

d. Organise in-service training workshops for clinical staff to facilitate evidence-based health care practice and knowledge management by compilation of evidence-based protocol for each clinical specialty (including Wheelchair, Pressure Care, Back Care, Computer Access, Driver Rehabilitation, Sexual Rehabilitation, Cognitive Rehabilitation, Specialty Service for Children with Developmental Coordination Disorder and the Enhancement Programme for Employment of People with Disabilities) to enhance service quality and outcome.

e. Conduct the following activities to enhance Rehabaid as a knowledge-enabled organisation to optimise service quality and organisation growth:

   i. Set up a mini-library for individual clinical units.

   ii. Invite overseas experts as our honorary consultants.

   iii. Develop clinical protocols and guidelines.

   iv. Organise in-service training to facilitate transfer of knowledge and mutual learning amongst staff.

Rehabaid Centre

Budget/Expenditure

	1998/1999 *(Actual $'M)*	**1999/2000** *(Projected Outturn $'M)*	**2000/2001** *(Budget $'M)*
Personal Emoluments	12.7	12.8	10.7
Staff Oncosts	6.0	6.1	4.6
Other Costs	2.5	2.1	2.2
Total	21.2	21.0	17.5