

Ensure Service Quality and Safety

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

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

Enhance Partnership with Patients and Community

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

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

Ensure Adequate Resources for Meeting Service Needs

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

Enhance Corporate Governance

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

Budget Allocation

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

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



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HOSPITAL AUTHORITY

annual plan 2014-15

AN OVERVIEW



Introduction

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

Planning Context

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

Strategic Intents and Programmes

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

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

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

Allay Staff Shortage and High Turnover

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

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

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

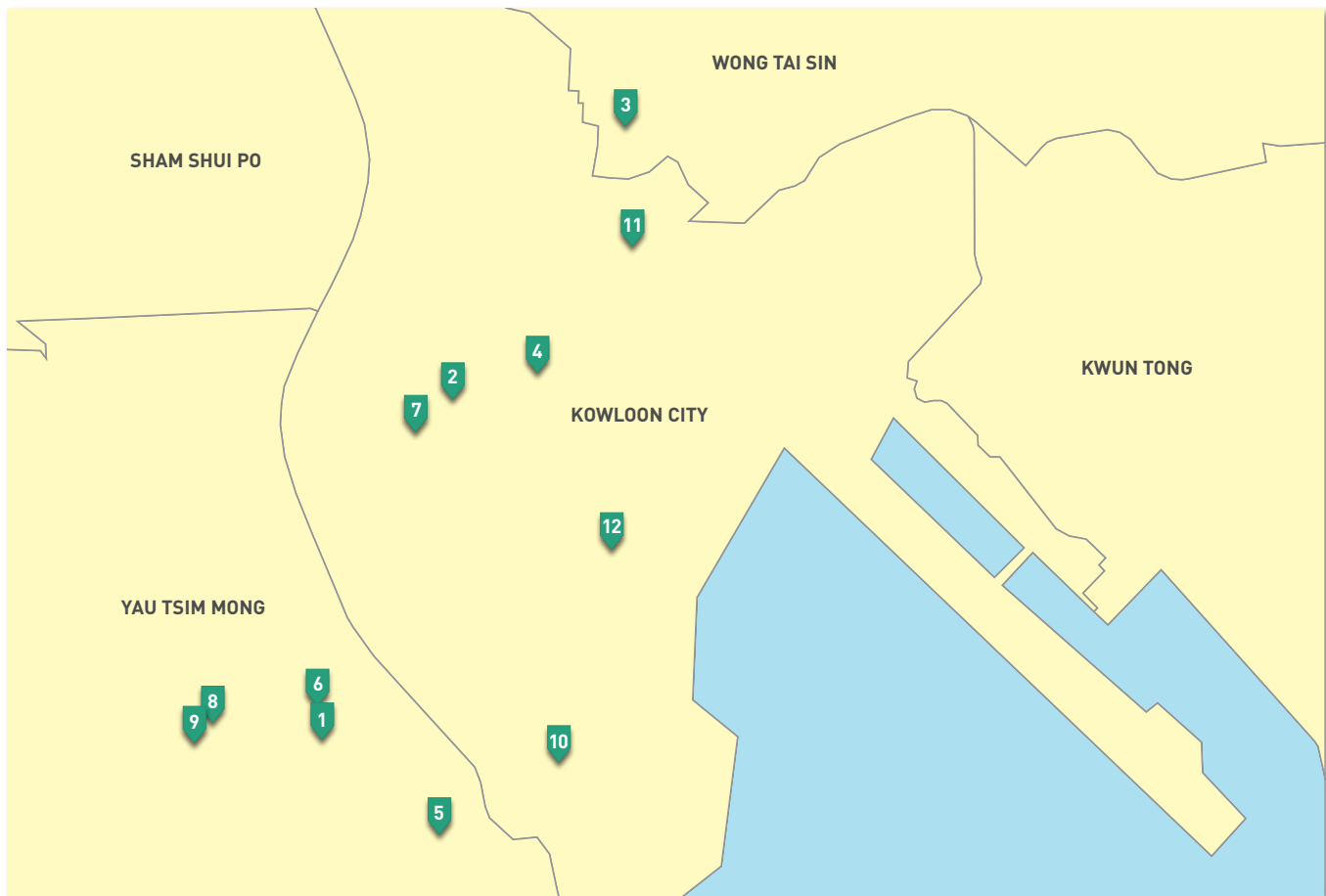
Better Manage Growing Service Demand

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

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

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

Kowloon Central Cluster

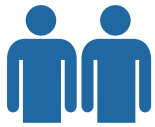


	Name of Institution	Hospital / Institution	Specialist Outpatient Clinic	General Outpatient Clinic
1	Queen Elizabeth Hospital +	✓	✓	
2	Kowloon Hospital	✓	✓	
3	Hong Kong Buddhist Hospital	✓	✓	✓
4	Hong Kong Eye Hospital	✓	✓	
5	Rehabaid Centre	✓	✓	
6	Hong Kong Red Cross Blood Transfusion Service	✓		
7	Central Kowloon Health Centre		✓	✓
8 & 9	Yau Ma Tei Jockey Club General Outpatient Clinic / Yaumatei Specialist Clinic Extension		✓	✓
10	Hung Hom Clinic			✓
11	Lee Kee Memorial Dispensary			✓
12	Shun Tak Fraternal Association Leung Kau Kui Clinic			✓



Healthcare Facilities

There are six hospitals / institutions in the KCC, providing a total of 3 547 beds as at March 2013. Of these, 3 004 were for acute, convalescent and rehabilitation care, 118 for infirmary care and 425 for psychiatric care. There are also seven SOPCs and six GOPCs in the Cluster.



Actual Patients Served

In 2012-13, the number of patients who had utilised KCC's service was 473 400. Around 39% of the patients were from the Yau Tsim Mong and Kowloon City districts where the KCC healthcare facilities are predominately located. Although the remaining 62% were patients residing in other districts, 32% came from the nearby Wong Tai Sin and Kwun Tong districts.

Number and percentage distribution of patients ever utilised KCC services in 2012-13 according to district of residence

District of residence	Yau Tsim Mong	Kowloon City	Wong Tai Sin	Kwun Tong	Others*	KCC Total
No. of patients ('000)	67.0	118.9	97.2	50.4	139.9	473.4
Distribution#	14%	25%	21%	11%	30%	100%

* Include those patients with address outside Hong Kong or unknown

Sum of percentages may not equal to 100% due to rounding



Major Challenges

KCC has been providing services to Yau Ma Tei, Tsim Sha Tsui and Kowloon City districts. Due to ageing population, the Cluster faces the challenge of delivering quality services in the midst of increasing service volume and complexity and against the background of manpower shortage. The prolonged surge period also exert enormous pressure on the demand of hospital beds for over congestion, especially during winter months.

Centrally located in the densely populated Kowloon region with ease of access, KCC has been providing quality service to residents in other districts as a tertiary referral centre. The Cluster will strive to provide safe and quality medical services through hospital accreditation and wiser movement to streamline the workflows. To address staff turnover problems and improve staff morale, we will continue to uplift the professionalism through staff development and retention programmes.

QEH, the only acute hospital in KCC, has just celebrated her golden jubilee anniversary in year 2013. A series of celebration programmes has been successfully launched to enhance staff engagement and foster close partnership with the public.



Major Initiatives in 2014-15

KCC has formulated a wide range of initiatives according to the corporate key objectives to develop quality and patient-centred healthcare services. The major initiatives are as follows:

- To maintain a stable workforce and allay staff shortage, additional nurses will be recruited to alleviate the nursing manpower shortfall in hospital wards and high pressure areas. Additional 100 registered nurses will be trained up in the QEH nursing school to increase the nursing manpower supply. The Cluster will also recruit more allied health professionals to manage increased workload and enhance support for patients requiring multi-disciplinary care and rehabilitation. Moreover, the number of patient care assistants will be increased to share out simple clinical tasks and relieve the clerical workload of allied health professionals.
- To better manage growing service demand, the Cluster will enhance its inpatient service capacity by opening additional 19 acute beds, one ICU bed, four surgical HDU beds and designate two medical beds for the care of patients on mechanical ventilation in QEH. For emergency and trauma care, A&E department will provide support sessions to alleviate the access block for less urgent cases. Six operating theatre sessions will also be increased to cope with the demand on emergency trauma service. To further strengthen clinical service provision, the capacity of renal replacement therapy for patients with end-stage renal disease will be enhanced. Multi-disciplinary care for additional HIV new cases will be continued and Genotyping Resistance Test (GRT) will be established in QEH. In addressing the needs of mental health patients, KH will extend its community support by providing case management service to 200 patients with severe mental illness living in Yau Tsim district. At the same time, recovery oriented treatment programmes will also be provided for patients in the psychiatric wards. The pharmacy in KH will extend its service hours on weekdays, and additional dispenser grade staff will be recruited for various SOPC pharmacies to enhance accessibility to pharmacy service.
- To ensure service quality and safety, the Department of Pathology will implement a barcode-based tracking and archiving system in anatomical pathology laboratories to ensure correct identification of anatomical pathology specimens. Paediatric clinical pharmacy services will be implemented in QEH and KH to ensure safety in medication use.

The Department of Obstetrics and Gynaecology will adopt Minimally Invasive Surgery (MIS) technique in 70% of the hysterectomy surgeries for suitable gynaecological patients. To promote breastfeeding of newborn babies, breastfeeding support teams will be established. A robotic assisted laparoscopic surgery suite and MIS suite will be set up in QEH to enhance minimally invasive operations. Moreover, sterilisation in surgical operations will be improved by enhancing the washing facility and replacing the ageing equipment in QEH; surgical instrument tracking system will also be implemented in QEH and BH. The Cluster will continue to phase out the re-use of selected types of class II moderate and moderate-high risk Single Use Device (SUD) according to clinical prioritisation.

- To ensure adequate resources for meeting service needs, BTS will enhance its Blood Bank Management Information System for daily operation. For the hospital services, auto-refill service for medical consumables and linen items will be rolled out to BH and HKEH.
- To address the winter surge demand, the Cluster will apply Special Honorarium Scheme to strengthen workforce provision for various clinical departments. Manpower from family medicine and GOPC will be seconded to A&E department for the management of Triage Categories IV & V patients. At the same time, a coordinated approach will be adopted to proactively monitor and oversee the bed supply situation across cluster hospitals in QEH, KH and BH. Collaboration with neighbouring cluster hospitals has been set up to render bed support logistics for patient management. In QEH, contingency ward and A&E temporary observation ward will be opened to cater for the influx of patients. A designated cubicle providing step-down care to medical patients will be set up to relieve the bed pressure in acute wards. In KH and BH, additional beds will be opened for admitting patients if required. In general, laboratory, radiology, pharmacy and Non-emergency Ambulance Transfer Service (NEATS) support will be enhanced to facilitate early diagnosis, transfer and discharge. As an interim measure, temporary suspension of elective surgical operation will be carried out according to clinical needs. In addition, Community Geriatric Assessment (CGAT) service will be strengthened to enhance support for elderly patients living in the Old Aged Homes.

KCC Targets

Allay Staff Shortage and High Turnover	
<ul style="list-style-type: none"> Recruit additional nurses to alleviate the nursing manpower shortfall in hospital wards 	1Q15
<ul style="list-style-type: none"> Train up additional 100 Registered Nurses in the nursing school at QEH 	3Q14
<ul style="list-style-type: none"> Recruit more allied health professionals to cope with increased workload and enhance support for patients requiring multi-disciplinary care and rehabilitation 	1Q15
<ul style="list-style-type: none"> Recruit more patient care assistants to share out simple clinical tasks and relieve the clerical workload of allied health professionals 	1Q15
Better Manage Growing Service Demand	
<ul style="list-style-type: none"> Open 19 additional acute beds in QEH 	1Q15
<ul style="list-style-type: none"> Open one ICU bed and four surgical HDU beds in QEH 	1Q15
<ul style="list-style-type: none"> Alleviate the access block at A&E department by providing support sessions to handle the Triage IV and V cases in QEH 	1Q15
<ul style="list-style-type: none"> Increase surgical capacity by adding six operating theatre sessions for emergency trauma cases 	1Q15
<ul style="list-style-type: none"> Enhance the accessibility of pharmacy services by extending the weekday pharmacy service by two hours in KH and recruiting additional dispenser grade staff for SOPC pharmacies in the Cluster 	1Q15
<ul style="list-style-type: none"> Enhance the capacity of renal replacement therapy for patients with end-stage renal disease by providing hospital haemodialysis, home haemodialysis and home automated peritoneal dialysis treatment to two more patients respectively 	1Q15
<ul style="list-style-type: none"> Designate two medical beds in QEH with multi-disciplinary support for the care of patients on mechanical ventilation 	1Q15
<ul style="list-style-type: none"> Provide multi-disciplinary care for additional HIV new cases and establish Genotyping Resistance Test (GRT) in QEH 	1Q15

<ul style="list-style-type: none"> Enhance community support for mental health patients by providing case management service to 200 patients with severe mental illness living in Yau Tsim district 	1Q15
<ul style="list-style-type: none"> Enhance mental health services by providing recovery oriented treatment programmes for patients in the psychiatric ward 	1Q15
Ensure Service Quality and Safety	
<ul style="list-style-type: none"> Set up a robotic assisted laparoscopic surgery suite and Minimally Invasive Surgery (MIS) suite in QEH 	1Q15
<ul style="list-style-type: none"> Use MIS technique in 70% of the hysterectomy surgeries for suitable gynaecological patients 	1Q15
<ul style="list-style-type: none"> Improve sterilisation in surgical operations by enhancing the washing facility and replace the aging equipment of operating theatres in QEH; and implementing the surgical instrument tracking system in KCC 	1Q15
<ul style="list-style-type: none"> Enhance the quality and safety of medication use for paediatric patients by implementing the paediatric clinical pharmacy services at QEH and KH 	3Q14
<ul style="list-style-type: none"> Implement a barcode-based tracking and archiving system in anatomical pathology laboratories to ensure correct identification of anatomical pathology specimens 	1Q15
<ul style="list-style-type: none"> Phase out the re-use of selected types of class II moderate and moderate-high risk Single Use Device (SUD) according to clinical prioritisation 	1Q15
<ul style="list-style-type: none"> Establish breastfeeding support teams in QEH to promote breastfeeding of newborn babies 	1Q15
Ensure Adequate Resources for Meeting Service Needs	
<ul style="list-style-type: none"> Roll out the auto-refill service for medical consumables and linen items to BH and HKEH 	1Q15
<ul style="list-style-type: none"> Enhance Blood Bank Management Information System to support the operation of BTS 	1Q15