



當醫療遇上
虛擬實境

When healthcare meets
virtual reality

走進醫療的虛擬國度

虛擬實境技術（VR）發展多年，今時今日在科技、航空、醫療，甚至軍事等多方面應用，商機無限。今期我們走訪 HA 幾個走得較前的部門，探討公立醫院如何將 VR 技術應用在復康服務、醫護培訓和公眾教育三方面，令復健訓練和臨床培訓更有趣，帶你看看不一樣的治療和訓練旅程。

新年將至，《協力》在此跟讀者拜個早年，祝大家在新年，身體健康，「豬」事順利！

Entering the virtual world in HA

Virtual reality (VR) is no nouveau thing. Today it has been widely used in many areas of the technology, aviation, medical and even military community and is a big business. We have looked into several departments in HA which have made innovative use of the technology in rehabilitation service, clinical training and public education, bringing unique experiences to patients, medical healthcare teams and the public. The cover story has it all. Read on!

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虛擬實境開闢醫療新領域 Virtual reality opens new horizon in healthcare

虛擬實境技術早已不只局限於遊戲和娛樂，應用於醫療領域仍有不少空間。醫院管理局轄下多間醫院，在病人復康治療、專業培訓等範疇均應用虛擬實境，打破了環境、時間、資源運用及安全等限制，提高治療及訓練成效。

現時公立醫院大多在復康治療層面應用虛擬實境技術，包括職業治療、臨床心理治療、腦退化症治療、疼痛與壓力管理治療等；其次則用於醫護培訓。醫管局社區復康中心主管吳倩華博士，可算是將虛擬實境技術引進公營醫療服務的先驅，自2005年起應用虛擬實境技術於職業治療，涵蓋櫃員機、乘地鐵、過馬路、乘扶手電梯等訓練場景。

她稱，虛擬實境技術分為沉浸式和非沉浸式（見表）。在復康治療的層面，由於治療與身體活動機能有關，故大多採用非沉浸式虛擬實境，因為治療著重訓練內容的真實性，如扶手電梯的尺寸和速度及交通燈號時間，均需與真實的相若。這亦可確保參加者的安全，治療師亦可直接參與訓練，「病人可在較大的空間及安全環境中進行功能訓練，專注學習正確的步驟和工具操作，而醫護及病人亦可觀察和評估表現。」

如果訓練著重參與者的實境感受，又可靜態地進行訓練，則會採用沉浸式技術，「病人可切身感受場景，再作出情緒及認知反應，但用家或會因視覺特效而感到暈眩。」

現時有海外醫療機構已將虛擬實境技術用於診斷疾病。復康中心高級職業治療師陳家樑稱，有希臘的研究人員開發了一個虛擬超市的認知訓練遊戲，利用大數據分析幫助醫護人員洞悉早期認知障礙患者。另有復康訓練科技人員結合虛擬實境與人工智能技術，協助肢體癱瘓病人重獲肌肉控制能力。例如當手部癱瘓病人戴上虛擬實境顯示器時，訓練系統會下指令叫病人張開手掌。當系統偵測到病人發出「張開手掌」的腦電波，便會顯示病人打開手的虛擬影像並刺激手部張開。這種回饋讓病人瞬間以為是真實情境，強化了他「自己能張開手」的真實感覺。初步結果顯示，病人長期訓練後可重獲手部自我控制能力。



虛擬實境分兩種

沉浸式	非沉浸式
需配有頭盔顯示器、追蹤器或資料手套、感官輸出裝置等設備，用家可有360度全景視覺、完全融入設定場景的感覺。	通過顯示屏營造一個窗口式的虛擬環境。用家直接用肉眼觀看影像，並做出身體動作與影像互動。

Virtual reality (VR) is not only used in TV games or entertainment but also in healthcare. The technology is used by a number of Hospital Authority (HA) hospitals to improve the effectiveness of patient rehabilitation services and professional training, breaking the constraints of environment, time, resource utilisation and safety.

VR is rapidly becoming a popular application for rehabilitation services in public hospitals, including fields such as occupational therapy, clinical psychotherapy, the treatment of degenerative brain disease, and pain and stress management. It is also applied in training for medical and nursing staff. Dr **Serena Ng**, Centre Head of the HA Community Rehabilitation Service Support (CRSSC), has pioneered the use of VR in occupational therapy since 2005, using it to help patients learn skills such as using ATMs, catching MTR, crossing the road and using escalators.



Two kinds of VR

Immersive VR	Non-immersive VR
It involves equipment such as a head-mounted display, a tracker or data glove, and a sensory output device. The user enjoys 360 degree panoramic vision and fully integrates into the scene.	It involves a windowed virtual environment through a display. Users view and interact with the images on the screen.



醫管局社區復康中心主管吳倩華博士（左）與高級職業治療師陳家樑均認為，虛擬實境技術方便醫療人員歸納及分析病人數據，長遠有助疾病研究。Dr Serena Ng (left) and Marko Chan, Centre Head and Senior Occupational Therapist of CRSSC, reckon that virtual reality technology facilitates the deductive analysis of patient data which is beneficial to disease research in the long run.

VR technology falls into two categories: immersive and non-immersive VR (see table). For rehabilitation, non-immersive VR is commonly used in treatments which are related to physical activity. It is because these treatments focus on the authenticity of the training content, that is, for example, the size and speed of the escalator and the duration of traffic signal need to be similar to the real one. This ensures patient safety and the participation of therapist in training. “Patients can perform physical training with appropriate use of tools and steps in a larger space and safe environment. The medical personnel and the patient can observe and evaluate the coordination of body functions and the proper use of limbs,” Dr Ng explains.

Meanwhile, immersive VR is used for treatment which emphasises participant’s actual feeling within a simulated environment and requires slight movement. “This is to let the patient feel the virtual environment and then make emotional and cognitive reactions, although the user may sometimes feel dizzy when exposed to a VR environment,” Dr Ng says.

VR technology is being used overseas for the diagnosis of patients, says Senior Occupational Therapist **Marko Chan** of the centre. A research team in Greece has developed a virtual supermarket cognitive training game with big data analysis as a screening tool for early identification of patients with cognitive impairment. Rehabilitation technicians are meanwhile exploring the possibilities of pairing virtual reality and artificial intelligence to help paralysed patients regain movement. For instance, when a patient with a paralysed hand wears a VR headset, the system instructs the patient to release his hand. Once the device detects the patient’s brain signal for releasing a hand, the screen displays the virtual image of a released hand, affirming the patient’s feeling that he can indeed release his hand. Prolonged training of this kind can help a patient regain control of his hand muscles.

寓復康於娛樂

車手重返現況的試煉場 Get in the driver’s seat again



病人體驗
Patient experience

現時醫管局不少復康治療及訓練都引入虛擬實境技術，病人訓練時更得心應手，甚有成效。

醫管局社區復康中心2018年中引入採用虛擬實境技術的「電單車模擬駕駛系統」，評估病人重返路面實況的駕駛能力。病人大部分為下肢受傷，如骨折、軟組織受傷，亦包括中風、腦部受損和腰、頸部受傷病人。

系統採用非沉浸式虛擬實境技術，三個顯示屏組成前面路面影像，可按日夜、天氣、交通流量、路段特性設定不同場景，測試司機打燈、煞車和面對路面情況的反應。

中心的高級職業治療師**周向榮**說，電單車座駕、油門、離合器、腳踏等組件全是真實器材，惟本港開發相關新技術所需的資源甚大，亦需長時間測試，過程中由系統構思、物色電單車硬件器材、軟件開發、與本地復康科技人員商討場景設計、裝嵌測試，以至投入服務，歷時近三年，故中心需從外地引入電單車駕駛系統以應付服務需求。

Virtual reality technology offers a big step forward on rehabilitation services which facilitate patients’ training and have better rehabilitation outcome.

Community Rehabilitation Service Support Centre (CRSSC) of HA has adopted VR technology in motorcycle driver assessment since mid-2018. Most patients are injured in lower limbs, such as fractures and soft tissue damage. They also serve patients who have stroke, brain damage and waist and neck injuries.

The motorcycle driving simulation system adopts non-immersive VR technology. Three display screens form the image of the road in front. Different scenes are set according to day and night, weather, traffic flow and road segment characteristics to test driver’s reaction to lighting, braking and making correct response in reaction to different road conditions.

Jonathan Chow, Senior Occupational Therapist of CRSSC, says that the hardware of the motorcycle including seat, throttle, clutch and pedal are all real components. The software of the driving system is introduced from overseas since huge local technical resources and long testing time are required. It took three years for the whole development process, from concept development, sourcing motorcycle hardware, software development, scenes design with local rehabilitation technicians to installation and testing.



電單車模擬駕駛系統可測試病人的視力、體力、肢體協調、心理質素及認知反應。
The motorcycle driving simulation system can assess a patient’s vision, physical strength, physical coordination, psychological quality and response.

部分公立醫院使用虛擬實境技術的復康訓練

類別	醫院	計劃名稱	計劃內容
步行訓練	大埔醫院	社區任我行：模擬大埔實境步行訓練計劃	訓練患者步速和步行姿態
	瑪嘉烈醫院	機械步姿訓練	
身體復康	雅麗氏何妙齡那打素醫院	See Me 復康系統	訓練病人的軀幹、上肢和下肢控制、平衡和耐力
	瑪嘉烈醫院	遊戲運動訓練	
	瑪嘉烈醫院	虛擬實境健身單車訓練	
	瑪嘉烈醫院	虛擬現實訓練	
	瑪嘉烈醫院	YouGrabber	
上肢復康	雅麗氏何妙齡那打素醫院	YouGrabber	訓練病人上肢活動和協調
	威爾斯親王醫院	中風後肌肉骨骼復康	
	瑪嘉烈醫院	機械臂治療	
認知能力訓練	威爾斯親王醫院	腦退化症認知復康 — 社區生活技能培訓計劃	提升病人的專注力和認知能力
	屯門醫院及天水圍（天業路）社區健康中心	認知訓練計劃	
駕駛訓練	基督教聯合醫院	虛擬實境駕駛評估和康復	評估和訓練病人的駕駛能力，如反應時間和速度控制
防跌訓練	屯門醫院及天水圍（天業路）社區健康中心	長者防跌計劃	增加長者的防跌知識和提升信心

Rehab as you play

模擬公屋廚房實景 訓練長者煮食安全 Elders learn cooking safety in VR kitchen



病人覺得虛擬實境煮食訓練新奇刺激，有助加強獨立煮食的信心。
Patients find the VR cooking training exciting and effective in helping them cook independently.

risk in daily cooking. Mirroring kitchens in public housing estates, the VR kitchen includes facilities like gas stove, basin and refrigerator. Patients have to complete tasks of different levels of difficulty in this setting, such as cooking rice, frying vegetables and fish.

Ms Chu, a 66-year-old lady who has been suffering from memory loss since five years ago, often forgets to turn off the stove after cooking. This makes her family very worried. She was referred to join this programme last July. “I find the VR training very interesting. The virtual kitchen enables me to practise cognitive strategies repeatedly. Now my son allows me to cook on my own!” says Ms Chu.

Helen Sezt, Occupational Therapist I, points out, “Cooking training in the past involves higher costs because we have to prepare the food and setting. Training can be conducted once in an hour.” She says, “With the VR technology, patients can have the training four to five times in an hour, or even repeat a particular step if needed. And the training venue is no longer confined to a real kitchen but it can be done in ward or General Out-patient Clinic.” **Jackson Wong**, Senior Occupational Therapist, adds, “The VR training system provides a standardised assessment scheme. Participants’ score is displayed simultaneously, which can motivate them to learn and improve.” The team is planning to extend the application of VR technology to occupational rehabilitation, such as sorting mails and cleansing.

高級職業治療師黃啟傑（右）和一級職業治療師司徒艾華認為虛擬實境煮食訓練，能準確地評估長者的煮食能力。
Senior Occupational Therapist Jackson Wong (right) and Occupational Therapist I Helen Sezt reckon that VR cooking training can accurately assess patients performance.



Public hospitals using VR technology in rehab training

Category	Hospital	Programme title	Programme content
Walking training	Tai Po Hospital	Community Re-walk: VR Treadmill Training Programme	To improve patients’ walking speed and gait pattern
	Princess Margaret Hospital	Robotic Gait Training	
Rehab training	Alice Ho Miu Ling Nethersole Hospital	See Me Rehabilitation System	To train patients’ trunk, and upper and lower limbs control, balance and exercise endurance
	Princess Margaret Hospital	Video Game Assisted Exercise Training	
	Princess Margaret Hospital	Virtual Reality Bike Training	
	Princess Margaret Hospital	Virtual Reality Training	
	Alice Ho Miu Ling Nethersole Hospital	YouGrabber	
Upper limb rehab	Prince of Wales Hospital	Stroke Musculoskeletal Rehabilitation	To train patients’ upper limb movement and coordination
	Princess Margaret Hospital	Robotic Upper Limb System	
Cognitive training	Prince of Wales Hospital	Dementia Cognitive Rehabilitation – Community Living Skills Training Programme	To improve elders’ concentration and cognitive ability
	Tuen Mun Hospital & Tin Shui Wai (Tin Yip Road) Community Health Centre	Cognitive Training Programme	
Driving rehab	United Christian Hospital	VR Driver Assessment and Rehabilitation	To assess and train patients’ driving ability e.g. reaction time and speed control
Fall prevention training	Tuen Mun Hospital & Tin Shui Wai (Tin Yip Road) Community Health Centre	Fall Prevention Programme	To teach the elders fall prevention knowledge and enhance their confidence in walking safely

重覆練習 提升病人安全

Practice makes perfect
Patient safety enhanced



伊院實習醫生關凱琳示範如何透過虛擬實境進行血型配對的醫療程序培訓。QEH intern Dr Helen Kwan shows how VR training is used to prepare young doctors for type and screen for blood transfusion.

九龍中醫院聯網綜合模擬及技能培訓中心去年10月開始引入虛擬實境技術，培訓伊利沙伯醫院（伊院）實習醫生，藉以提升病人安全。

負責統籌伊院實習醫生模擬培訓課程的深切治療部副顧問醫生冼佳卓，早前在國際醫學研討會中，得知虛擬實境技術已逐漸運用於醫學生臨床教學，靈機一觸，將虛擬實境技術加入實習醫生的培訓課程中。

後來，中心2018年初與香港理工大學工業及系統工程學系合作，將血型配對的醫療程序，由常規培訓模式提升至虛擬實境模式訓練。從2018年10月推行至今，逾70名伊院實習醫生接受過此訓練。中心日後會推廣至其他常規訓練課程，如抽取血液培植細菌。

冼醫生稱，傳統的抽血訓練模式中，病理科醫生會先跟實習醫生講解程序，然後在其指導下利用抽血模擬器（高仿假手）練習。此舉在人手安排上缺乏彈性，過程亦欠互動，實習醫生又不能重覆練習，成本效益低，但虛擬實境技術可解決以上問題。

曾接受培訓的伊院實習醫生關凱琳表示：「血型配對由核對病人身分、抽血、安排運送血液標本至消毒雙手過程，約有20個步驟，每一個細節都不能忽略。透過VR作模擬培訓，我可以重覆練習，減少臨床時的緊張，有助提升病人安全。」

中心副主管吳榮耀醫生認為，運用虛擬實境技術作培訓用途將會成為未來模擬培訓的大趨勢，「國內和台灣的醫生已經運用VR進行神經外科和耳鼻喉科的模擬手術訓練。英國和美國亦已利用VR教授醫護人員處理嚴重創傷個案。」

VR technology has been introduced to train interns at Multi-disciplinary Simulation and Skills Centre (MDSSC) of the Kowloon Central Cluster to enhance the patient safety since October 2018.

Associate Consultant of Intensive Care Unit, Queen Elizabeth Hospital (QEH), Dr **Sin Kai-cheuk**, who is in charge of intern simulation training at the hospital, launched the VR training programme after getting insights from an international medical conference where the use of VR in medical students' education was discussed.

MDSSC teamed up with the Department of Industrial and Systems Engineering at The Hong Kong Polytechnic University to use VR in training for type and screen for blood transfusion in early 2018. More than 70 QEH interns have received VR-assisted training since October 2018. It is planned to extend the technology to other training areas such as blood culture procedures.

Dr Sin explains that under traditional training methods, a pathologist would explain the procedures to the interns who would then use a blood drawing simulator – a high fidelity hand – to practise under the pathologist's guidance. This arrangement is inflexible and does not allow repetitive training. However, these shortfalls are addressed by the new VR technology.

QEH intern Dr **Helen Kwan**, who received the VR training, says, "There are around 20 steps in the type and screen for blood transfusion covering the procedures of checking patient's identity, drawing off blood, arranging to transferring blood specimens, and sterilising of hands. We cannot miss a single step.

With the VR training, I can practise several times which relieves the stress when I conduct the procedure on patients and enhances patient safety."

Dr **George Ng**, Associate Director of MDSSC, says VR will be increasingly used in simulation training in future. "Doctors in Mainland China and Taiwan have already been using VR technology in simulation training in procedures of neurosurgery and ear, nose and throat surgeries," he explains. "VR technology is also used in the training for handling serious trauma cases in United Kingdom and United States."



（左起）吳榮耀醫生、冼佳卓醫生和實習醫生關凱琳，一致認同透過虛擬實境培訓，可幫助新手醫生熟習醫療程序，確保病人安全。
(From left) Dr George Ng, Dr Sin Kai-cheuk, and intern Dr Helen Kwan say VR simulation training helps interns learn medical procedures more effectively and enhances patient safety.

親歷患者經驗 關注精神健康

Experiential learning
fosters public awareness of
mental health

除了醫療服務和培訓，虛擬實境亦用於公眾教育。正在籌備中的青山醫院精神健康體驗館，採用虛擬實境技術讓參觀者可親身體驗精神病的病徵，加強對患者的了解，從而產生同理心。體驗館預計今年年中開幕，屆時會向公眾免費開放。

青山醫院護理總經理梅杏春說：「病徵體驗室的個案全是病人真實經歷，VR互動體驗能讓參加者有更真實深刻的感受，明白患者的不安和困擾，增加對患者的同理心，令他們更關注精神健康。」

體驗館中兩個病徵體驗室模仿街市和圖書館的場景，透過虛擬實境技術和三面立體投影，模擬思覺失調的病徵，如視、聽幻覺、被迫害妄想等。參觀者需戴上特製立體眼鏡，進行指定任務，如買菜和數圖書，其間會體驗到病徵干擾，如看見街市鮮魚突然腐爛、不斷聽到責罵的聲音等，感受患者日常生活的困難。完成約五分鐘的體驗後，由精神病康復者擔任「朋輩支援員」，與參觀者分享親身經歷，同時派發資訊小冊子，了解治療和求助方法。

整個體驗館還包括其他展區，如介紹香港精神科服務發展和昔日的青山醫院，亦有大腦探索、治療精神病藥物發展和精神健康加油站等，讓公眾可全面認識精神健康。體驗館逢星期一至、二、四至六供團體登記入場；星期日及公眾假期開放予公眾參觀；星期三休館。有興趣參觀人士可稍後於網上登記預約。

Apart from medical services and training, VR technology is also applied to public education. To deepen public's understanding of mental illness, MIND SPACE, a Mental Health Experience Museum at Castle Peak Hospital (CPH), will adopt VR technology where visitors experience symptoms of mental illness suffered by patients. Expected to open in mid-2019, the museum will be open to the general public.

CPH General Manager (Nursing), **Jolene Mui** says, "We gathered real cases from patients and present them in the symptom rooms. Visitors can get profound experience from the VR interactive installation, which helps them better understand how disruptive mental illness can be. We hope visitors will develop empathy to patients and raise their awareness towards mental health."

Two of the symptom rooms imitate the setting of local wet market and library in which visitors can experience symptoms of schizophrenia, such as visual and auditory hallucinations and delusion with VR technology and 3D projection. Putting on 3D glasses, visitors have to carry out a certain task in the room, like buying food and counting books. However, during the course, they will be interrupted by symptoms, for example, seeing fish rotten suddenly or hearing a blaming voice. After five minutes in the symptom room, recovered patients will share with visitors on their own experience. Information leaflet on treatment and assistance will be available.

To offer the public a comprehensive understanding, there will also be exhibitions in MIND SPACE on the development of psychiatric services in Hong Kong, Castle Peak Hospital in the past as well as brain and mental disorder, medication evolution and tips for resilience. The museum opens on Mondays, Tuesdays, Thursdays to Saturdays for group; Sunday and public holidays for the general public; and closes on Wednesdays. Interested parties can register online in future.

青山醫院以虛擬實境技術，建立街市和圖書館場景，公眾可親身感受視、聽幻覺等精神病病徵。
Castle Peak Hospital uses VR technology to create wet market and library scenarios in which visitors can experience symptoms like visual and auditory hallucinations.



參觀人士戴上特製立體眼鏡感受視幻覺。Visitors can experience visual hallucination by putting on 3D glasses.



「高手在 HIA」系列之三

HIA's Got Talent Series - Part 3

九龍西醫院聯網龍舟健兒 憑意志划出國際

KWC dragon boat racers paddle their way to international glory



隊長之一杜楚君
To Chor-kwan,
one of the team leaders

資深隊員吳惠雄
Samuel Ng,
experienced teammate

九龍西醫院聯網龍舟隊近年在醫管局舉辦的龍舟賽摘下兩屆聯網總冠軍，隊中兩位靈魂人物，瑪嘉烈醫院兒科深切治療部資深護師**杜楚君**和明愛醫院一級病人服務助理**吳惠雄**，心中有團火，愈划愈出色，甚至划出國際，獲獎無數。

杜和吳二人熱愛划龍舟，除了參加醫管局和九西龍舟隊外，亦與志同道合的朋友組隊參與各種賽事。

杜楚君曾是香港龍舟代表隊成員，兩度參加24小時龍舟接力，創舉列入健力士世界紀錄。他們曾在多個本地和海外賽事奪獎，包括香港國際龍舟邀請賽500米第三名、觀塘海濱陽光小龍賽冠軍、橫城國際龍舟邀請賽100米第二名、加拿大協平世博龍舟節200米第一名，以及釜山國際龍舟節500米第二名等，划跡遍佈香港、加拿大、匈牙利、日本、韓國和馬來西亞等地。

隊長之一杜楚君說：「划龍舟除要在短時間內爆發體能，達致顛峰的狀態外，也是一項『集力』的運動，需集眾人的意志力，配合隊友齊上齊落，推動龍舟。」吳惠雄補充：「無論自己划得太慢或太快，都會影響整體前進速度。若不想拖累他人的進度，健兒要靠意志戰勝每個挑戰，即使疲憊也需不斷提醒自己要划到終點！」

杜和吳二人均需輪班工作，但每周一定會練習三至五次。談到二人的難忘事，杜楚君說2012年香港國際龍舟邀請賽，她參與本地女子錦標賽奪得亞軍，有幸以業餘隊伍身分與中國國家隊和其他國際隊伍較量，見識國際水平。吳惠雄最深刻的則是一次沉船經歷，「有一次我們終點在望，豈料突然被旁邊一艘龍舟撞至船身入水，一時間我們不知如何是好。最終船沉了，要由大會派出小艇接我們上岸呢！」

放下龍舟槳，二人回復醫護人員身分。昔日教練啟發了杜楚君，讓她明白領導精神是了解每名隊員的能力，公正地安排最恰當的位置給他們，便會得到隊員的尊重和信任；應用在工作上，她學會在病房有效地安排同事工作，增加團隊互信。吳惠雄則會用划龍舟樂觀積極的態度鼓勵病人，「划龍舟只要努力，便有機會成功；康復路上也是一樣，醫護人員與病人及家屬同坐一條船，如果大家『划槳』的節奏配合，很快就會到達終點，康復過來。」

杜楚君曾兩度參加24小時龍舟接力，創舉列入健力士世界紀錄。
To Chor-kwan has twice set Guinness World Records with her teammates for the longest distance covered by a dragon boat in a 24-hour relay.



吳惠雄以划龍舟的樂觀積極態度鼓勵病人早日康復。
Samuel likes to share optimism he gets from dragon boat racing with patients to help them towards the finishing line of recovery.



Kowloon West Cluster (KWC) Dragon Boat Team has won the recent two overall championships of HA inter-cluster dragon boat games and gained international recognition, attributed to two intrepid racers of the team – **To Chor-kwan**, Advanced Practice Nurse of Paediatrics Intensive Care Unit at the Princess Margaret Hospital, and **Samuel Ng**, Patient Care Assistant at the Caritas Medical Centre.

Apart from racing alongside their HA colleagues, Chor-kwan and Samuel have made their mark with like-minded friends in international competitions.

Being once a member of the Hong Kong Dragon Boat National Team, Chor-kwan has twice set Guinness World Records with her teammates by paddling the longest distance in a 24-hour relay. The duo has also competed in Hong Kong, Canada, Hungary, Japan, Korea, and Malaysia and was second runner-up (500m) in the Hong Kong International Dragon Boat Regatta, champion in the Kwun Tong Small Dragon Boat Race, first runner-up (100m) in the Penang International Dragon Boat Festival, champion (200m) in the Concord Pacific Dragon Boat Festival in Vancouver, and first runner-up (500m) in the Korea Open Busan International Dragon Boat contest.

Chor-kwan says, "Dragon boat racing isn't a sport that requires just you being at peak fitness. It musters all the strength and willpower of your team to synchronise their strokes so as to move forward together."

Samuel explains, "If you don't synchronise with your teammates, it affects the speed of the boat. To avoid it, a paddler has to be determined and must overcome fatigue."



九龍西醫院聯網龍舟隊，近年兩度贏得聯網總冠軍。
KWC dragon boat team won the overall championship in the recent two HA inter-cluster dragon boat contests.

Despite working shifts, the two dragon boat racers manage to practise three to five times a week. Chor-kwan says her most memorable race was at the Hong Kong International Dragon Boat Regatta 2012 where her amateur team was the first runner-up in the local women's league and had the chance to compete with the Chinese national team and other international teams. For Samuel, the most unforgettable moment was an incident during a race, "We were almost at the finishing line when another dragon boat bumped into us and our boat sank. We had to climb aboard a boat sent by the organiser to get back to shore," he recalls.

Away from the water, Chor-kwan and Samuel are dedicated healthcare workers who say the love of dragon boat racing helps them in their work. Chor-kwan gains insight on leadership from her past dragon boat racing coach. She has learned that a good leader can gain the trust and respect of a team by understanding the strengths of each team member and assigning them roles that bring out their best. Meanwhile, Samuel encourages patients through the optimistic outlook on life dragon boat racing has given him. "You can win any race if you work hard," he says. "The same philosophy applies to one's journey to recovery. Being in the same boat, if patients and their family can row with us in the same direction at the same pace, we can reach the finishing line of recovery sooner."

問答 Q&A

1. 龍舟比賽有哪幾種？

長途賽包括21.1公里和5公里，短途賽則有300米、250米、200米、100米等。人數方面，每隊標準龍最多20名划手，而小龍則最多10名划手。比賽亦可分為男子、女子和男女混合賽。

What are the different types of dragon boat races?

Long-distance races cover 21.1 kilometres and 5 kilometres. Short-distance races range from 100 metres to 300 metres. A standard dragon boat has 20 paddlers at most while a small dragon boat has a crew of 10 at most. Crews can be all-men, all-women, or mixed.

2. 短途賽和長途賽的訓練有何不同？

不同比賽距離的節奏和槳法各有不同，短途賽著重練習隊員的爆炸力和集中力；至於長途訓練較著重隊員的耐力、節奏、鋪排和戰術。

What are the differences in training for long and short-distance races?

Long and short-distance races require different rhythms and paddle movement patterns. For short races, training focuses on the crew's concentration and power. For long races, training focuses on the crew's endurance, rhythms, paddling arrangement and strategy.

3. 龍舟隊有甚麼崗位？

龍舟隊包括教練、隊長、鼓手、舵手和划手。教練負責帶領龍舟隊訓練和比賽，每次比賽會安排不同隊員參與初賽和決賽，培養隊員間的默契和累積比賽經驗。隊長負責計劃的工作，如策劃一年內的活動和挑選適合隊員程度的比賽，為團隊訂立目標，並吸納新隊員加入。鼓手以鼓聲引領划手節奏一致地划船。舵手在船尾掌舵，控制船的方向。划手人數會按比賽船身大小決定。

What are the different roles of crew members?

A crew includes a coach, team leaders, a drummer, a steerer, and paddlers. The coach is responsible for training the team, arranging paddlers for preliminary and final rounds of races, creating a spirit of teamwork, and helping crew members learn from experiences in different competitions. Team leaders plan activities around the year, recruit new members, choose races of suitable level, and set targets for the team. A drummer leads the paddlers throughout a race using a rhythmic drum beat. The steerer stands in the back of the boat and controls its direction. The number of paddlers depends on the size of the dragon boat.

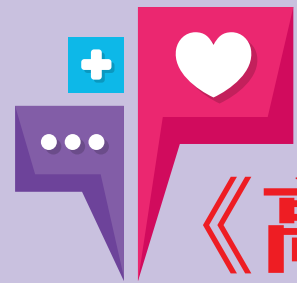
杜楚君（右）和吳惠雄默契十足，經常在比賽獲獎。
Chor-kwan (right) and Samuel are leading lights in dragon boat racing, helping their colleagues succeed in competitions.



吳惠雄（右）認為團結就是力量，靠隊員跟隨大隊節奏，方能不徐不疾地前進。
Samuel (right) believes team spirit is key to success. All team members have to paddle in a synchronised way to get the best results.



我愛划龍舟
I Love
Dragon Boating



加強溝通

《高峰熱話》迎挑戰

Better communication to fight winter service surge

踏入冬季服務高峰期，醫管局上下做足準備，應對挑戰。今年，總辦事處為加強同前線同事溝通，會發布員工通訊《高峰熱話》，提供最新冬季服務高峰期資訊，解答前線同事關注議題。同事亦可用手機掃描《高峰熱話》上嘅二維碼，登入網上表格（Google form），發表你嘅意見。如果同事有具體問題或

訴求，可提供相關醫院及部門等資料以便跟進。

此外，多個醫院聯網早前亦舉辦員工論壇，由管理層講解有關嘅應對措施，如增聘醫護人手和增加病床。另因應服務需求激增，醫管局大會通過，2019年1月28日至4月30日期間，提高特別酬金津貼金額10%，以支持同事服務高峰期參與特別酬金計劃。

如同事對冬季服務高峰期有任何意見，可以透過新設網上表格發表。Express your views on winter service surge on the new online form.

In HA, we are all prepared for the winter service surge. To facilitate communication with frontline staff, HA Head Office will issue a staff newsletter *Winter Surge Bulletin* providing the latest information and addressing staff concerns. Simply scan the QR code on the newsletter and express your views on a Google form. If you have any particular opinion or comment, you are welcome to provide detailed information such as the concerned hospital and department for necessary follow up.

Besides, staff forums have been held in some clusters with the management explaining winter surge measures, such as recruitment of healthcare staff and arrangement of additional beds. Moreover, in view of the demand surge, HA Board approved to increase the rate of Special Honorarium Scheme (SHS) allowance for winter surge by 10% from 28 January to 30 April 2019 to support staff participation in SHS during winter surge.



威爾斯親王醫院同事在員工論壇用話劇、唱歌等生動方式，介紹唔同職系同事冬季服務高峰期應付措施。Colleagues of Prince of Wales Hospital gave a lively presentation in the staff forum on measures introduced by different ranks of staff to cope with winter surge.

復康治療在社區 Rehab Anywhere!

Exercise in neighbourhood parks with

Helen 聽過有病人話做完物理治療後，返到屋企唔記得治療師教過嘅運動。雅麗氏何妙齡那打素醫院一級物理治療師麥卓恒有妙法！麥 Sir 早前同團隊花咗 500 小時嘅工餘時間，以「rehab anywhere」嘅復康理念模式，喺 2018 年 10 月初製作咗《關節置換術後復康指南》網頁。

呢個網頁有八個單元，包括短片介紹術後初期運動、功能訓練同護理錦囊，最厲害係係大埔「運動地圖」，臚列出大埔區內 80 個有物理治療運動功能嘅公共運動設施，病人可以知道最近

但咗屋企嘅物理運動設施喺邊度，keep 住做練習；而物理治療師亦可因應病人住所附近嘅設施，為佢地安排一啲合適嘅訓練。醫護人員同病人都得益，大讚資訊夠「貼地」！



由構思、拍攝到後期製作，全部由同事一手一腳策劃。From planning, filming to production, the team started the programme from scratch.



團隊利用工餘時間蒐集大埔區內有物理治療功能嘅公共運動設施。The team spent their leisure time on gathering information about facilities suitable for physiotherapy training in Tai Po.

Helen heard that some patients forget how to do rehab exercises at home after physiotherapy sessions in hospital. Thomas Mak, Physiotherapist I at Alice Ho Miu Ling Nethersole Hospital, spent over 500 hours after work with his team to develop a webpage named 'Joint Replacement: Post-operative Care Tips', promoting the rehab model of 'rehab anywhere'.

Launched in early October 2018, the new eight-module platform shares information and short videos on post-operative exercises, functional training and care tips. The highlight lies in a map of Tai Po that shows 80 spots where patients can do rehab exercises in the neighbourhood so that they can continue training outside hospital. Besides, they design suitable training for patients based on the available facilities. Both patients and therapists find the map very practical and helpful!



關節置換術後復康指南



Joint Replacement: Post-Operative Care Tips



新春綠色長跑

Run Green@0303 New Year Run 2019

今年的新春長跑將於 3 月 3 日在香港體育學院舉行，分別設有 6.6 公里及 9.6 公里賽事。大會今年有多項新安排，各跑手要留意呀！



新春長跑新安排
New arrangements
of New Year Run

HA New Year Run 2019 will be held on 3rd March at Hong Kong Sports Institute with 6.6km race and 9.6km race. Participants are reminded to watch out for the new arrangements.



Protect the environment, say NO to bottled water!

In order to support environmental protection, HA encourages participants to bring their own water bottle and gym bag. Water machine will be available onsite. Runners can use the baggage tag provided by the organiser.

支持環保 樽裝水可免 則免

為支持環保，大會鼓勵參加者自備水樽，現場將提供飲水機。另外，跑手記得自備防水寄存行李袋及掛上大會行李牌。

Be eco-friendly and print your own event certificate

All participants and their family members who have completed the races may print out an event certificate as a souvenir within a designated period by entering their participant number or registered telephone number at the event webpage (<http://staff-welfare.home/upload/NYR/cover.htm>).

Participants will enjoy onsite booths including selfie zone, balloon twisting, various stalls and refuelling station. They will also receive a souvenir, fruits, drinks and massages after the races.

愛地球 自行列印證書

所有完成賽事的員工或家屬跑手，均可分階段用跑手編號或報名時登記的電話號碼，於指定日期內在互聯網 (<http://staff-welfare.home/upload/NYR/cover.htm>) 自行列印完成賽事證書，留作紀念。一如往年，活動當日場內安排了其他精彩活動，包括自拍佈置、扭波、活動攤位和小食等。跑手賽後更可獲贈大會紀念品、享用生果、飲料及按摩。

Sign up for the best costume contest BEFORE mid-February

A new voting system will be used for the Best Costume Contest. All guests and runners can vote for their favourite costumes. The deadline for registration is 15th February. No enrollment will be accepted at the venue. On the race day, dressed-up participants have to take a photo at the registration counter and lobby for support at the canvassing area.

「反斗服裝」2月中截止報名

深受同事歡迎的「反斗服裝大比拼」，截止報名日期為 2 月 15 日，比賽當日不接受現場報名。今年賽事改為全民投票制，在場人士及嘉賓均可投票，令活動更刺激。活動當日參加者須先於報到處報到及拍照，然後起跑前到拉票區，施展渾身解數向在場人士拉票。

名額有限 切勿缺席

活動名額有限，幸運中籤的跑手，務必出席，減少因臨時缺席所引致的浪費，如水及食物等。跑手比賽當日宜提早到達會場以預留足夠時間更衣、寄存個人物品、熱身等。

Your presence counts!

For those who have successfully enrolled in the New Year Run, do show up for the races to prevent wasting of water and food. On the event day, participants should arrive at the venue earlier to get changed, store personal belongings and warm up.



醫管局大會新成員 New HA Board Member

伴病人織毛衣 關顧病患心靈

One stitch at a time: show patients you care

▲ 羅鳳儀教授期待日後有機會深入了解本港醫療體制及醫院文化。
Professor Tiwari wishes to understand more about the healthcare system of the public hospitals and their culture in future.

醫管局大會新成員**羅鳳儀**教授非常重視基層醫療，在英國修讀護理系時已懷著 Helping people stay healthy 的信念，與醫管局的使命不謀而合，她非常高興獲委任為大會成員。

平易近人的羅教授曾居住英國 24 年，並在當地醫院急症室任護士。她 1993 年回港，開始將護理知識傳授給下一代。她現在是香港護士管理局主席、香港大學護理學院名譽講座教授及養和醫院護士學校校長。

羅教授堅信醫護人員對病人的關懷非常重要。她憶述：「當年做護士值夜班，每次巡房後，會走到一名乳癌女病人的床邊，靜靜地與她一起織毛衣。她織了很多不同顏色和大小的毛衣，我們會閒談和討論編織的圖案。她去世後，我偶然在雜誌上讀到一篇病人撰寫的文章，大意是：『在我住院期間（正是羅教授值夜班的醫院），感激每晚有位護士陪我織毛衣，那也是我住院時最期待的時刻。不過，她可以親手為兒子穿上自己織的毛衣，而我的毛衣卻只能成為留給子女作遺物……』，我讀到這裡，就知道作者是『她』，想不到自己當時陪伴在她床邊，對她別具意義！」

另外羅教授提及自己剛完成右眼白內障手術，坦言躺在病床上的一刻，心中難免恐懼。幸好醫護人員適時回應減低其不安，「我躺在病床上，他們給我一張暖氈，又與我聊天分散我的注意力，加上手術後親切的慰問，縱使我是病人，尤幸經驗良好。」

今後，羅教授希望可將英國醫院和本港私立醫院的服務質素標準，帶到醫管局討論，繼續提升公立醫院的服務質素，讓病人得到更舒適、全面和適切的護理。



▲ 健談的羅教授（右二）談及兒子、荷蘭藉的媳婦和非常可愛的兩歲外孫時，笑逐顏開。
Professor Tiwari (second right) is overjoyed when talking about her son, her Dutch daughter-in-law and her lovely two-year-old grandson.

New Hospital Authority Board member Professor **Agnes Tiwari Fung-ye** values the importance of primary care and believes in helping people stay healthy since she studied nursing in the United Kingdom. After returning to Hong Kong in the 90s, she realised that her belief is the same as HA's mission. That is why she is thrilled to be appointed a Board Member of HA.

Prof Tiwari lived in the U.K. for 24 years and was a nurse in an accident and emergency department. When she returned to Hong Kong in 1993, she started her career teaching student nurses. Today, she is the Chairman of the Nursing Council of Hong Kong, Honorary Professor of the School of Nursing of The University of Hong Kong, and Head of the School of Nursing at the Hong Kong Sanatorium & Hospital.

She believes that a little care of a healthcare worker has a profound impact on patients. "On my night shift in the U.K., I used to go to a patient's bedside and quietly knit a sweater with her after finishing my ward rounds," she recalls. "The lady was knitting sweaters in different colours and sizes and we discussed knitting patterns together." The patient later passed away.

Prof Tiwari chanced upon a journal article which read: "The kind nurse knitting with me was a moment I looked forward to every night during my hospital stay. However, the nurse can put the sweater she knits on her son but mine will only be a legacy for my children..." Prof Tiwari exclaims: "I knew it was 'her' but I didn't realise at the time my visits were so meaningful to her."

Prof Tiwari shares her experience of having a cataract operation earlier. She was scared before the operation but medical staff comforted her and relieved her anxiety. "When I was lying in the hospital bed, they gave me a blanket to keep me warm, chatted with me to distract my attention and were kind and attentive to me after the operation," she says. "It was a good experience for me, albeit a patient."

Prof Tiwari wishes to share with the HA Board the standards of care she experienced in the U.K. and in private hospitals in Hong Kong, aiming at continuously improving the quality of nursing care in public hospitals.

醫管局大會新成員 New HA Board Member

從「物有所值」 到「貢獻大局」

From self-worth to contribution

新加入醫院管理局大會的香港醫學專科學院主席**劉澤星**教授行醫 33 年，一向關心前線福祉。他明白良好的醫患關係始於醫療團隊的士氣，同事對自己有信心，感到在醫院工作是物有所值，才能燃起他們貢獻大局的心。劉教授也是香港大學李嘉誠醫學院內科部風濕及臨床免疫學講座教授及於崇光基金風濕及臨床免疫學講座教授。

劉教授 1992 年從英國回流本港，在香港大學醫學院內科學系擔任講師。「當時，醫管局成立一年，大學的醫生薪酬待遇比醫管局醫生差，我獲邀加入大學醫學生協會，為大學醫學生爭取平等薪酬待遇。」

時至今天，前線團隊的士氣仍是他關注的議題。現時人口老化增加公營醫療服務需求，前線團隊的工作量及環境有很大壓力，「特別是冬季服務高峰期時，醫院要在病房的走廊通道加床照料病人、病人輪候時間長、醫護沒有自己的工作檯等，旁人看到也覺不安。幸運的是，我看到同事在繁忙的工作環境下，仍然毋忘初衷，盡心盡力無私地照顧病人。」

所以，加強前線醫療團隊的士氣，管理層責無旁貸，最重要是積極推動鼓勵士氣的措施。他說：「如果上班不開心，如何感染同事一起打拼？怎能將快樂帶給病人？我希望同事，特別是新入職的，能覺得自己在醫管局工作是 value for money（物有所值），有歸屬感，晉升至高職位時，要有貢獻大局的心，薪火相傳。」

劉教授是本港公營醫院史上首幾名風濕專科醫生。1992 年香港未有風濕科專科，他已積極跟同僚研究風濕病與免疫系統的關係，其中紅斑狼瘡與遺傳學的研究甚具影響力。2001 年，他創立香港風濕病基金會，協助病人以低價購藥。2013 至 2018 年，他出任港大醫學院副院長，並於 2018 年 12 月出任瑪麗醫院內科部門主管。



▲ 劉教授是馬拉松的常客，最享受跑步時無拘無束的感覺。
Professor Lau who enjoys the carefree feeling of running is a frequent visitor to marathon.

New Hospital Authority Board Member Professor **Lau Chak-sing** holds staff well-being dear to his heart. He understands that staff morale is an important metric for maintaining a good doctor-patient relationship. Having been a doctor for 33 years, he believes that colleagues who are happy and who feel valued are more motivated in their work. Prof Lau is President of Hong Kong Academy of Medicine, the Chair and Daniel C K Yu Professor in Rheumatology and Clinical Immunology of the Li Ka Shing Faculty of Medicine of The University of Hong Kong (HKU).

After returning to Hong Kong from the United Kingdom in 1992 and worked as a lecturer in medicine at the Department of Medicine of the HKU, a year after Hospital Authority was formed and which offered their staff a better remuneration package than university clinical staff. "I was invited to join the University Medical Doctors' Association to campaign for equal pay for university doctors with HA doctors," he recalls.

Today, the morale of frontline colleagues remains his concern. Prof Lau says Hong Kong's ageing population is challenging for the public healthcare system, causing heavy workload and crowded working environment for clinical teams. "In the winter months in particular, I feel upset when we see extra beds filling the corridors in wards, long patient waiting time, and clinical staff don't even have a desk to work from. Fortunately, I saw colleagues in busy working environment still maintain their passion for work and devote themselves to providing the best holistic care to patients," he adds.

Prof Lau believes it is the management's responsibility to boost staff morale. Actively introducing new initiatives and measures to boost the morale of frontline employees is pivotal. "How can an unhappy employee engage team members and make patients happy?" he asks. "I hope colleagues, especially new recruits, will feel that they can gain a sense of belonging as an employee, and have self-worth from their work. That way, when they are promoted to higher positions, they will want to contribute to the organisation as a whole and pass that sense of belonging on."

Prof Lau was one of the first few rheumatologists in the Hong Kong public healthcare system. He began studying the relationship between rheumatism and the immune system with colleagues in 1992, before the specialty of rheumatology was established. In 2001, he founded the Hong Kong Arthritis & Rheumatism Foundation to help patients purchase medicines at lower prices. He was Associate Dean of the Medical School of the HKU between 2013 and 2018 and has become Chief of Service of the Department of Medicine at Queen Mary Hospital in December 2018.

劉澤星教授個性隨和，希望與其他醫管局成員一起提升前線同事的士氣。

Professor Lau is an easygoing person. He hopes to work with other HA Board members to boost staff morale.

岑浩強教授喜歡邏輯思考 and 解決問題，樂於面對挑戰。
Professor David Shum enjoys logical thinking and problem solving, and does not mind challenges.



神經心理學家 重視基層醫療

Brainpower expert advocates primary care

新任醫管局大會成員**岑浩強**教授是神經心理學專家，在正常和腦損傷兒童和成人的高級認知功能（例如注意力、記憶力和執行功能）的評估和康復方面擁有超過30年經驗。他去年從澳洲回流香港，盼將當地公營醫療服務的優點帶進大會分享討論，讓本港醫療服務精益求精。

岑教授在澳洲生活逾30年，曾在澳洲格里菲斯大學擔任健康醫學院院長。他去年7月下旬回流香港，擔任香港理工大學醫療及社會科學院院長。他稱，澳洲醫療服務的分工多樣化，有助紓緩人口老化對公立醫院服務的壓力，值得借鑑。「澳洲政府重視基層醫療，家庭醫生是一個重要的聯繫點，負責跟進市民健康狀況、一般疾病及長期病患。當病人患重病或需進一步專科治療時，才到醫院求診。所以當地的公立醫院亦發展許多日間手術服務，提升治療成效。」



年輕時的岑教授喜愛砌模型和玩音樂，近年喜歡與家人四處遊歷。
As a young man, Prof Shum had passions for music and model building. Today, he loves travelling with his family.

作為神經心理學專家，他喜歡研究人腦結構。人腦重約1.3至1.4公斤，只佔體重2%，1,000億個神經元和它們的聯繫卻掌管人體重要功能和行為，非常奧妙。他將醫管局比喻為公營醫療體系的「大腦」，在規劃及提供醫療服務方面扮演重要角色。

岑教授希望本港能進一步推動基層醫療，提升整體人口健康，讓所有市民獲得全面、全人和協調的醫療服務，包括預防疾病及治理。他會將自己對及早預防慢性疾病、精神健康，以及跨領域協作推動醫療健康的意見帶進醫管局大會討論，並希望貢獻本港醫療服務。

Professor **David Shum** is a neuropsychologist who has over 30 years of experience in the assessment and rehabilitation of higher-level cognitive functions (e.g. attention, memory and executive function) in normal and brain-injured children and adults.

He returned to Hong Kong in July 2018, hopes, in his new role as an HA Board member, to draw on the strengths of the Australian public healthcare system to help Hong Kong public healthcare services scale new heights.

Previously Dean of Research of Griffith Health, the health group of Griffith University in Australia, Prof Shum has lived in Australia for more than 30 years before returning to Hong Kong. He is now the Dean of Faculty of Health and Social Sciences of The Hong Kong Polytechnic University.

He says diversification of the Australian healthcare services eases mounting pressure on public healthcare system caused by ageing population and is a good example for Hong Kong. "The Australian Government values primary care. Family doctors are important links with citizens and follow up on their health and chronic conditions," he says. "Only when patients are seriously ill or require specialist treatment do they visit hospital. That is why day surgery service, which has better treatment outcome, is well developed in local public hospitals."

As a neuropsychologist, his speciality is the human brain. A brain weighs 1.3 to 1.4kg, which is only 2% of our body weight. Yet amazingly it has 100 billion neurons and connections which are responsible for important functions and human behaviours. Prof Shum compares the HA to the 'brain' of Hong Kong's healthcare service, playing a critical role in planning and delivering healthcare services.

Prof Shum hopes that the overall public health of Hong Kong will improve by further promoting primary care. Along with better disease prevention and management, every Hong Kong citizen can benefit from a comprehensive and coordinated medical service. He will offer his opinions to the Board on early prevention of chronic disease, mental health and health promotion through interdisciplinary collaboration.

瑪嘉烈日間化療中心大變身

PMH Day Chemotherapy Centre takes on a new look

瑪嘉烈醫院的日間化療中心近日由腫瘤科大樓三樓遷往同座五樓，空間比以前大一倍。中心分為五個區域，按病人情況，醫護人員會把他們分流至不同區域接受化療。A、C、E治療區設有座椅，治療病情較穩定的病人；B、D區設有病床，需要較長時間化療的病人可在治療期間躺下休息，家人亦可陪伴在側。

腫瘤科副顧問醫生**岑翠瑜**指，新中心增設診症室，一站式設計方便病人接受檢查和化療。此外，由於新中心比以前大，可容納更多病人，縮短輪候時間，病人可更早接受治療；而且偌大的病房令每人的空間多了，方便醫生和病人溝通。

Recently refurbished, the Princess Margaret Hospital (PMH) Day Chemotherapy Centre originally situated on the third floor of the Oncology Block has been relocated to the fifth floor with the total area doubled and divided into five areas for patients with different needs. Area A, C and E have chairs for relatively stable patients. Those who need longer treatment time can rest in beds in Area B and D and accompanied by family members.

Associate Consultant of Oncology Department Dr **Tracy Shum** says, "Unlike before, we now have a consultation room in the centre. This one-stop service with consultation and chemotherapy at the same location is convenient for patients." Besides, a larger centre can accommodate more patients and shorten the waiting time. A spacious layout also facilitates communication between patients and doctors.



病情較穩定的病人會分流到A、C、E治療區，環境寬敞，設有座椅，病人與病人之間有一定距離。Relatively stable patients receive treatment in Area A, C and E, where are equipped with comfortable chairs. There is plenty of space between patients.



病人可在新中心內的診症室接受檢查，比以往需到中心外的診症室更方便。It is more convenient for patients to undergo examinations in consultation rooms inside the centre.



B、D區設有病床，供需要較長時間化療的病人休息，臨窗的區域更可遠眺貨櫃碼頭，讓病人放鬆心情。Patients who need longer treatment can rest in beds in Area B and D, and relax overlooking the container terminals.



中心內有不少掛畫及相片，全部以樹木為主題，顏色柔和，讓病人有家的感覺。Drawings and photos are displayed in the centre, and they all share the same theme – tree. A soft tone creates a homey atmosphere.



嚴碧茵姑娘 腫瘤科資深護師

「我們不只提供護理，更是與病人同行，在抗癌路上支持他們。以前中心面積細、病人多，即使我們想與病人聊天，礙於私隱，病人未能暢所欲言，但現在新中心空間寬敞，解決了這個問題。」

Elaine Yim

Advanced Practice Nurse of Oncology Department

"Our role is more than just providing nursing care. We accompany and support patients in the journey of fighting cancer. In the old centre which was smaller, privacy was an issue. We could not talk freely. With this large centre now, this problem no longer exists."

羅女士（病人）

「我有腰骨痛，接受化療時能躺下，感覺較以前好。中心翻新後，感覺整潔，環境優美，最重要是比以前舒適多了。」

Ms Law (patient)

"I have back pain. It is pleasant to lie down in a bed during the treatment. And the new centre is clean, tidy and comfortable."



我的減肥日誌 My weight loss journal

因瘦得福 星探邀試鏡 Fit guy attracts talent scouts

魏思康
配藥員
瑪嘉烈醫院

Ken Ngai

Dispenser
Princess Margaret Hospital

最重：234磅

Peak: 234 lb

現在：185磅

Now: 185 lb

身高：194厘米

Height: 194 cm

心得：一夥堅持的心

Insight: Determination is key

眼前的魏思康，高個子、身材健碩、皮膚黝黑，是去年全港沙灘健美先生比賽的第五名，竟曾是234磅的肥仔！18歲那年，家人和朋友的當頭棒喝令他頓然醒覺，一直肥胖下去會影響健康，決心減肥。接著的兩年，他每日風雨不改，天天跑步。「開始時跑兩分半鐘已經氣喘，雙膝疼痛；但我繼續堅持，逐步增加跑步時間，五分鐘、七分鐘、十分鐘至一小時以上。」

減肥後，外型變得俊俏，重拾自信心，人也變得開朗外向，甚至兩次在街上被星探發掘試鏡。魏思康說，減肥過程中，不只外表改變，更培養出做運動的習慣。現時他每周五天都會做運動，每次約兩個半小時，以健身為主。「當你減得成功，自然有滿足感。近年我開始追求結實的肌肉，因而迷上健身，希望突顯線條美！」

除了做運動，他亦戒吃零食甜食，「以前最高峰時，除了早午晚三餐外，還會吃兩個下午茶餐，雞腩、西多士和雪菜肉絲米等，晚上會吃兩大碗飯和一大堆零食；不過，現在只吃三餐。」

中學時代的魏思康一日食五餐，亦特別愛吃零食甜食。Ken loved snacks and desserts and had five meals a day when he was a secondary school student.

It is hard to imagine this tanned muscular guy who won the fifth place in the 2018 Hong Kong Bodybuilding Beach Championships was once a fat boy weighing 234 pounds! With frequent reminders from family and friends, **Ken Ngai** realised the health risk of being overweight. He decided to shed extra pounds at the age of 18. Since then, he went jogging every day for two years. "At first, I felt breathless and had knee pain at the first two-and-a-half minutes of running," says Ken. "Yet I persisted and lengthened my running time gradually to five, seven, ten minutes and finally even over an hour."

After losing considerable pounds, Ken becomes more good-looking and self-confident. He was spotted twice by talent scouts in the street. He thinks the most important thing is to make exercise a habit, apart from changing in appearance. He now works out in the gym for two-and-a-half hours a day, five times a week. "You have a sense of achievement after losing weight. I am now interested in workout and pursue a muscular figure in recent years."

Apart from exercising, Ken has quit snacks and desserts. "During the days when my weight peaked, besides three regular meals a day, I had two tea sets, like chicken drumsticks, French toasts, and rice noodles, two large bowls of rice for dinner, and a lot of snacks. Now I only have three meals every day."



234 磅 lb

185 磅 lb

魏思康去年奪得全港沙灘健美先生比賽第五名，與支持他的家人合照。Ken won the fifth place in the 2018 Hong Kong Bodybuilding Beach Championships and shared the moments of joy with his family.

個案 CASE 2

日日行山上班 半年減甩13磅 Doctor walks off 13 pounds in a year

張慧賢醫生

內科及老人科副顧問醫生
基督教聯合醫院

最重：200磅

現在：163磅

身高：167厘米

心得：健走上班法

Dr Edward Cheung

Associate Consultant of Department of Medicine and Geriatrics
United Christian Hospital (UCH)

Peak: 200 lb

Now: 163 lb

Height: 167 cm

Insight: Go to work by fitness walking

人到中年，或許需要一些轉變。今年41歲、身為兩孩之家的張慧賢醫生在39歲生日時，許下要減掉身上大肚腩的願望。經過一年努力，他如願以償，瘦身成功。「我的減肥秘訣就是在上班途中引入『健走』概念，通過大步向前，快速步行的帶氧運動來減肥。最初我選擇由觀塘地鐵站走回醫院，途中會上斜坡和經過200多級樓梯。後來，因要送兒子上學，步行的路線由油塘開始，約50分鐘回醫院。我有時甚至會由將軍澳的家出發，經由山路回醫院，透過這75分鐘運動來減重。途中亦可藉此讓遠離煩囂，洗滌心靈。」

張醫生開始步行上班半年後，共減了13磅。後來，他再下一城，控制飲食，透過「生酮飲食法」，大量減少吸取碳水化合物，如粥粉麵飯、蛋糕、甜品等，基本上只進食瘦肉類如雞、魚、牛、豬和蔬菜，且一日三餐由家中準備。三個月後，體重再由187磅減至156磅。「減肥其實是對家人負責任的表現，身體健康才有能力照顧他們。成功減肥給我的最大啟示是必須『行動』，一旦開始了，就可從中得到回饋，並透過不斷反思和改進，逐漸達到預期效果。此外，我也意外地重拾昔日對行山的興趣呢！」張醫生補充。

體重曾達200磅的張慧賢醫生為了健康和家人，決心減掉大肚腩。Dr Cheung who once weighed 200 pounds was determined to get rid of the belly fat for health and for his family.

When one reaches middle age, maybe it is time to make some changes in life. **Dr Edward Cheung**, a father of two, made a resolution to get rid of his belly fat on his 39th birthday two years ago. After a year's effort, his wish came true. "I lose weight by fitness walking to work with brisk long strides as an aerobic exercise. At first, I walked from Kwun Tong MTR station to UCH, passing upward slopes and some 200 stairs on the way. Later, I had to drop my son depart from home at Tseung Kwan O, trekking for 75 minutes through mountains to hospital. Spending time in nature is also refreshing."

Dr Cheung lost 13 pounds after walking to work for six months. He also started a ketogenic diet to reduce consumption of carbohydrates, such as rice, noodles, congee, cakes and desserts. He only has home-prepared meals with vegetables and lean meats like chicken, fish, beef and pork. After three months, his weight further dropped from 187 pounds to 156 pounds.

"One has to stay healthy to take good care of his family. Keeping fit is a way to live up to your responsibilities. What inspires me from losing weight is that 'taking action' is crucial. Once you get started and achieve outcome, you will reach your target through continuous reflection and improvement. And I also rekindle my interest in hiking!" adds Dr Cheung.



200 磅 lb



163 磅 lb

今日的張慧賢醫生（右）成功瘦身，還重拾昔日行山的興趣。Dr Cheung loses weight successfully and picks up his hobby of hiking again.

營養師教路 做個「有營」人 Learn from dietitians: eat healthy

瑪麗醫院營養部每月都會舉辦體重控制班，對象為經該院醫生轉介的18至65歲超重病人。內容包括由營養師講解如何選擇合適的食物和建議餐單、示範烹調低脂低糖高纖維的簡單美味菜式，以及由物理治療師介紹適合的運動。病人可在課程外，按需要約見營養師詳細跟進。

Queen Mary Hospital (QMH) organises weight reduction classes every month for overweight patients aged 18 to 65 years old referred by doctors. Dietitians teach patients how to choose suitable food and suggest healthy menus, give cooking demonstration on high fibre, low sugar and low fat dishes; and physiotherapists recommend fitness exercises. Besides, patients can also make separate appointments to consult dietitians for follow-up.



一人自煮獨樂樂
Happy cooking for one



雅麗氏何妙齡那打素醫院及大埔醫院社區關係委員會去年舉辦「因減得加」活動日，協助區內18至65歲體重指數（BMI）高於25及沒有長期服用藥物的社區人士

「減體重，加健康」。內容包括營養健康講座、營養師個別指導參加者自我監察改善飲食習慣、膳食經理烹飪示範，和物理治療師教授家居運動等。營養師在活動後會跟進參加者的飲食情況。

Alice Ho Miu Ling Nethersole Hospital and Tai Po Hospital Community Relations Committee held a 'Weight management programme' activity day for citizens in the district who are aged 18 to 65 with BMI higher than 25 and with no long-term use of drugs. Activities include health talk on nutrition, individual guidance by dietitian on self-monitoring of diet, cooking demonstration by catering manager, and physiotherapist teaching home exercises. Dietitians also follow up on participants' diet after the activity day.

參加者決心減重，從飲食和運動方面入手，令自己更健康。Through balanced diet and exercise, participants can lose weight and stay healthy.



健康新「煮」意
Cook healthy



塑身橡筋操
Theraband for fitness



瑪麗醫院營養師示範烹調健康菜式。A dietitian from QMH demonstrates cooking of healthy dishes.

新增員工福利 New staff benefit

專業紀律研訊個人保險 Disciplinary Protection Insurance:

醫管局一向會為同事在執行職務時涉及刑事及民事案件提供法律援助；也有購買醫療失誤保險，為醫院員工在提供醫療及護理服務上的申索提供協助及保障。

為完善對專業保障的安排，醫管局最近為同事新增了一項員工福利。由2018年12月1日起，醫管局為合資格臨床及非臨床專業人員購買「專業紀律研訊個人保險」，若同事因執行醫管局指派的職務，

被專業監管團體（如香港醫務委員會、香港護士管理局）於香港對其進行專業紀律研訊及其他相關程序，有關費用例如法律代表費用、專家證人費等，將由保險公司支付。

這項新增員工福利的保障，對象是合資格的臨床及非臨床專業人員，包括醫生（包括實習醫生）、牙醫、註冊護士、登記護士、助產士、醫務化驗師、職業治療師、視光師、藥劑師、物理治療師、放射師、社工、會計師、建築師、工程師、測量師、大律師和事務律師等。現職或曾於1991年12月1日或之後在醫管局工作的專業人員（包括榮譽職務人員）均受保障。

離職護士被投訴不專業

問：我是一名註冊護士，於2019年1月23日離職。我隨後收到香港護士管理局秘書來信稱當局接獲一宗投訴，說我2018年在醫管局護理病人時犯下了不專業行為。信中指出，投訴已呈交初步調查小組主席，並邀請我就有關指控提供陳詞。我受保險保障嗎？

答：即使你收到研訊通知書時已離開醫管局職位，只要你首次收到專業監管團體發出的研訊通知書是在2018年12月1日或之後，便可獲保險保障。

Resigned registered nurse is accused of unprofessional conduct

Q: I am a registered nurse and resign from HA on 23 January 2019. Later, I receive by post a letter from the Secretary to The Nursing Council of Hong Kong notifying me that the Council has received a complaint against me giving rise to a question whether I have been guilty of unprofessional conduct. The complaint relates to my nursing management of a patient in HA in 2018 when I worked there. The Secretary in the letter informs me that the complaint has been referred to the Chairman of the Preliminary Investigation Committee who has directed that a meeting of the Committee be held. The Secretary also invites me to make submissions to the Committee. Will I be covered under the DP Insurance?

A: Yes. Although you have resigned from HA by the time you receive the written notices of inquiry, you are still an insured person, provided that the letter is the first time you receive written notice from The Nursing Council of Hong Kong on or after 1 December 2018.

義工受保嗎？

問：我收到香港醫務委員會的研訊通知書，案件涉及早前參與的海外慈善義務工作。我受保險保障嗎？

答：若你是應醫管局的要求及代表醫管局，或事前經醫管局同意提供志願服務及或慈善工作等，不論有關活動是於本地或海外舉行，你都可獲保障。大前提是該活動於1991年12月1日或之後舉行，而你是於2018年12月1日或之後，首次收到此案的研訊通知書。

Does DP Insurance cover volunteer work?

Q: I received a written notice of an inquiry from the Medical Council of Hong Kong arising from the activities I participated during a volunteer and charity work outside Hong Kong. Am I covered?

A: There is an extension to cover legal representation expenses incurred directly by or for you in connection with an inquiry arising from worldwide voluntary and/or charitable work either at the request of and on behalf of HA or with the consent by HA. The activity should occur on or after 1 December 1991 and you first receive the inquiry on or after 1 December 2018.

保
covered

與
or

不保？
not?

Hospital Authority (HA) has all along provided legal assistance to employees in civil and criminal cases related to discharge of their duties in HA. HA also provides Medical Malpractice Insurance Policy to provide indemnity to hospital staff for claims in connection with provision of medical treatment and healthcare services.

To enhance the protection for HA staff in the provision of professional services, HA has recently introduced a new staff benefit. With effect from 1 December 2018, HA has started to provide a Disciplinary Protection (DP) Insurance policy to cover eligible clinical and non-clinical professionals as a new staff benefit. The insurer shall pay on behalf of the insured person all legal representation expenses incurred in disciplinary inquiry conducted by the respective Official Body in Hong Kong, such as The Medical Council of Hong Kong and The Nursing Council of Hong Kong.

Insured person includes eligible clinical and non-clinical professionals, for instance medical practitioner (including intern), dentist, registered nurse, enrolled nurse, midwife, medical laboratory technologist, occupational therapist, optometrist, pharmacist, physiotherapist, radiographer, social worker, accountant, architect, engineer, surveyor, barrister, solicitor etc. For the above-mentioned professional, HA staff (including honorary staff) who work or worked in HA at any time on or after 1 December 1991 are covered by the DP Insurance.

不受保情況

問：甚麼情況不受保？

答：若研訊案件於2018年12月1日之前展開或收到研訊通知書，或事件涉及違反制裁令，有關法律代表費用將不獲理賠。另外，若法定機構裁定案件涉及性騷擾、性侵犯、詐騙、不誠實及蓄意行為及醉酒，保險公司會保留權利追討這些案件已支付的法律代表費用。

What is not covered?

Q: What circumstances are not covered by the DP Insurance?

A: Cases that the insured person first receives the notice of inquiry from an Official Body prior to 1 December 2018 or involve sanction will not be covered. Besides, the insurer reserves the right to recover the legal representation costs upon criminal conviction or final and binding adjudication against the insured person due to the allegations of sexual abuse, molestation, fraud, dishonesty and intentional conduct and intoxication.

休班醫生救人

問：我是一名醫生，早前在休班期間為一名交通意外的傷者急救。後來我收到香港醫務委員會就該事向我發出研訊通知書。我受保險保障嗎？

答：保險涵蓋了你在1991年12月1日或之後的「好撒瑪利亞人行為」（即是在緊急情況下，為傷者給予無償的救助行為）。只要你首次收到專業監管團體發出的研訊通知書的日期是在2018年12月1日或之後，保險便可涵蓋事件引伸的法律代表費用。

An off-duty doctor offers medical assistance

Q: I am a doctor. I offered medical assistance to others in an emergency during a traffic accident while I was off duty, and later I received a written notice of an inquiry from the Medical Council of Hong Kong in connection with the medical assistance I gave during the said emergency situation. Am I covered under the DP Insurance?

A: Yes. The DP Insurance covers legal representation expenses incurred directly by or for you in connection with an inquiry arising from the provision of Good Samaritan Acts (i.e. rendering aid in an emergency to an injured person on a voluntary basis) on or after 1 December 1991, provided that you first receive on or after 1 December 2018 written notice of such inquiry from an Official Body.



查詢方法 Enquiries

保障詳情 Details of the DP Insurance:

認可索賠事務管理人「怡和保險顧問有限公司」
Approved claims administrator 'Jardine Lloyd Thompson Limited'
☎ 2864 5333 ✉ HADP@jltasia.com

人力資源相關事項 Human resources related issues:

☎ 2300 7651

🌐 http://ha.home/visitor/view_content.asp?parent_id=32103&content_id=39300&language=ENG&visit_mode=A

最新員工消息

Latest staff news

▼ 程式由護理服務部與資訊科技部門同事攜手合作的成果。
The app is designed by the Departments of Nursing Services and Information Technology.



「護理程式」新出爐 指引隨時閱

專供護理同事使用的手机應用程式，已上載於醫管局人力資源應用程式。高級行政經理（護理）唐華根稱，程式有助護士隨時隨地透過手機和病房內的平板電腦查閱護理指引，確保病人安全。他感激同事發揮團隊精神，幾個月內「超額」完成有關的程式。

Nursing app at your fingertips

The mobile app for nursing colleagues has been launched to HR App. **Danny Tong**, Senior Manager (Nursing) says that the app facilitates nurses to check care instructions anywhere and anytime on mobile phones and tablets in the ward to ensure patient safety. He pays tribute to team's effort and collaboration which make the quick launch of the app within few months possible.

職員診所新增「電子應診提示」

由2019年2月底開始，「流動版員工健康紀錄」(mSHR)會向使用者發出電子應診提示。使用者可即時在手機查看預約詳情、更改或取消約期。以 mSHR 或職員診所電話預約系統成功更改約期後，原先的約期便會自動取消。另外，醫管局亦得到政府撥款，於威爾斯親王醫院職員診所增加服務額，並由2018年12月開始，每年增加8,500個籌號。

eNotification for Staff Clinic appointment

Starting from end of February 2019, mSHR will send out staff clinic appointment eNotification to remind users of their appointment. The new feature enables users to view appointment details, amend or cancel their appointment at their fingertips. If you have successfully changed your appointment via Telephone Appointment System or mSHR, the original appointment will be cancelled. Besides, the service capacity of Prince of Wales Hospital Staff Clinic has been enhanced from December 2018 with additional funding from the Government. There are additional 8,500 attendances per year.



二萬塊積木砌出 聯合醫院雙子塔

20,000 LEGO bricks build new UCH twin towers

為慶祝基督教聯合醫院成立45周年，醫院50多名同事及其子女，利用兩個周末的時間合力用二萬塊樂高（LEGO）積木砌出以雙子塔設計的新日間醫護大樓。模型大小約為長80厘米、闊64厘米、高56厘米，是全港首次以 LEGO 積木砌出整幢公立醫院大樓模型。

今次聯合醫院邀請到本地 LEGO 達人張善鑾（香港樂高建築師大賽得主）設計和創作模型。從搜集資料、實地觀察模型、了解設計藍圖、到搜集不同形狀、大小和顏色的積木，籌備時間長達半年。

用 LEGO 積木砌這個模型的最大挑戰是新大樓的弧形設計，因兩座大樓之間和旁邊均有彎位，造出弧形效果和穩定性最重要，一不小心，隨時會出現樓宇「短椿」或「偏離圖則」等問題。最終憑同事的毅力、決心和團結精神，大樓終於順利完成。

模型在醫院45周年晚宴亮相，由一眾嘉賓將代表醫護人員和市民的 LEGO 人物模型，放在大樓上，並進行亮燈儀式。模型稍後將擺放在醫院，展示團隊精神之餘，大家亦可「打卡」留念！

由兩萬塊積木砌成的新大樓落成喇！
With 20,000 pieces of toy blocks,
the new UCH block is 'built'!

To celebrate the 45th anniversary of United Christian Hospital (UCH), some 50 colleagues and their kids joined hands to build a LEGO model of the hospital's new twin-tower ambulatory block over two weekends. With the size of 80cm (length) x 64cm (width) x 56cm (height), this model is the first public hospital building ever built in Hong Kong using LEGO bricks.

Vincent Cheung, a LEGO guru and the winner of Hong Kong 'LEGO Architect' contest, was invited to design and create this model. He went through a process of research, visit of the architectural model to learn about the blueprint of the new building design with UCH colleagues. And a lot of effort was put in collecting LEGO bricks of the right sizes and colours. The preparation of building the new UCH model took almost half a year.

The most challenging part is the distinctive curve design of the new block. Creating a smooth, intact and stable curvature is essential or it may lead to 'defective piling' or 'deviation from building plan' if one is not careful enough. However, with perseverance and solidarity, the new building model was completed successfully.

The new building model was unveiled for the first time at the UCH 45th anniversary dinner. Officiating guests put minifigures of doctors, nurses and citizens on the model and held a lighting ceremony. The model will be displayed in UCH as a demonstration of colleagues' teamwork and also as a photo-shoot point!



大手小手不停趕工。
Adults and kids joined hands in this
LEGO project.



不同職系的同事同心合力，花了兩個周末砌好新大樓。
Colleagues of different position completed the new building model in two weekends.



重溫同事
「起樓」片段
The making of the
new UCH block