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The sky's the limit

2019 傑出員工、團隊獎及優秀青年獎
Outstanding Staff & Teams and Young Achievers Award 2019

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與傑出同事共勉！

成功背後總會經歷失敗、低谷和困惑，如被困迷宮中徘徊躊躇，找不到出口。但是，任何時候若能擁有一顆不變的初心、堅定的信心和同伴的齊心，自然能走出困局，找到新意，提升服務質素，就像今年醫管局傑出員工、團隊獎及優秀青年獎的24個得獎個人及團隊。閱讀得獎者的故事，仔細咀嚼，可能會走出一條屬於自己的成功路。

The road to success is full of ups and downs, and often failures and frustrations in life, just like being trapped in a maze and could not find a way out. However, so long as you keep your passion, confidence and team spirit like the 24 winning units of Hospital Authority Outstanding Staff & Teams and Young Achievers Award do, you will not only find an outlet, but also bright ideas to enhance service quality. Get insights from the winners' success stories and create your own. Read on!

優秀青年 Young Achievers

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趙浩南 Chiu Ho-nam
註冊護士（精神科）
Registered Nurse (Psychiatric)
鄭敏樂 Mina Cheng
副顧問醫生（外科）
Associate Consultant (Surgery)
- 20

廖軒麟 Lawrence Liu Hin-lun
副顧問醫生（外科）
Associate Consultant (Surgery)
廖思維 Clarence Liu Sze-wai
副顧問醫生（外科）
Associate Consultant (Surgery)

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傅俊謙 Henry Fu Chun-him
駐院專科醫生（矯形及創傷外科）
Resident Specialist
(Orthopaedics & Traumatology)
李嘉盈 Karen Li Ka-ying
資深護師 Advanced Practice Nurse
黃美彰 Wong Mei-cheung
副顧問醫生（精神科）
Associate Consultant (Psychiatry)
麥卓恒 Thomas Mak Cheuk-hang
一級物理治療師 Physiotherapist I

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黃祈恩 Daniel Wong
顧問醫生（婦產科）
Consultant (Obstetrics & Gynaecology)
黃卓力 Wong Cheuk-lik
副顧問醫生（內科及老人科）
Associate Consultant
(Medicine & Geriatrics)
冼佳卓 Sin Kai-cheuk
副顧問醫生（深切治療部）
Associate Consultant (Intensive Care Unit)

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雷俊達 Lui Chun-tat
顧問醫生（急症科）
Consultant (Accident & Emergency)
郭殷 Kitty Kwok Yan
副顧問醫生（內科）
Associate Consultant (Medicine)
單然新 Sin Yin-sun
屋宇裝備督察
Building Services Inspector

傑出員工 Outstanding Staff

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李國維 Albert Lie Kwok-wai
副醫院行政總監（規劃）Deputy Hospital Chief Executive (Planning)
- 4

羅小明 Susan Law Siu-ming
顧問護師 Nurse Consultant
- 5

李進佳 Li Chun-kai
職業治療助理員 Occupational Therapy Assistant
- 6

李漢周 Lee Hon-chow
三A級運作助理 Operation Assistant IIIA
- 7

鄧麗華 Eva Dunn Lai-wah
顧問醫生（精神科）Consultant (Psychiatry)

傑出團隊 Outstanding Teams

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心臟科團隊（心導管室） 瑪麗醫院
Cardiology Team (Cardiac Catheterization Laboratory)
Queen Mary Hospital
- 10

港島東醫院聯網環境管理團隊 港島東醫院聯網
HKEC Environmental Management Team
Hong Kong East Cluster
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兒童舒緩治療團隊 屯門醫院
Paediatric Palliative Care Team Tuen Mun Hospital
- 14

晚期呼吸系統疾病舒緩治療服務 靈實醫院
Palliative Care Non-Cancer (PCNC) Service for
Advanced Pulmonary Diseases
Haven of Hope Hospital
- 16

中風守護者 威爾斯親王醫院
Stroke Team Prince of Wales Hospital

入行35年的**李國維**醫生（同事稱他「拉哥」，取姓氏 Lie 的諧音），回顧多年工作生涯，除畢業後於青山醫院工作一年，餘下的時間都在瑪麗醫院與血為伴。拉哥1997年起任瑪麗醫院造血幹細胞移植中心的主管，負責輸血服務管理、血液幹細胞移植、培訓年青醫生，也曾是不少相關委員會的核心成員，如中央輸血服務委員會主席和血液科召集人，協助提升專業水平及服務。

除管理外，拉哥在臨床方面亦有相當豐富經驗。他年青時不介意當開荒牛，當大家對骨髓移植仍很陌生時，他卻由零開始慢慢累積經驗，將每次「撞板」經歷視為寶貴的學習機會。例如有一次冷藏細胞的凍櫃出現裂縫，導致液態氮滲出，影響冷藏功能，可能會殺死凍櫃內的細胞。幸好，他立刻借用院內的後備冷藏凍櫃，力保不失。他又試過在移植程序剛開始時，才得悉細胞在運送過程中壞死，需立即叫停移植。

Albert Lie has been a medical doctor for 35 years. Besides working at Castle Peak Hospital for one year after graduation, Dr Lie has been working as a haematologist in Queen Mary Hospital (QMH) since then. He has led the Haemopoietic Stem Cell Transplant Centre since 1997, overseeing blood transfusion service, blood stem cell transplantation, and training of young doctors. Previously, as Chairman of Central Transfusion Committee and convener of the Haematology workgroup, he was instrumental in enhancing the professional standard and improving quality of service.

Dr Lie is experienced in both clinical work as well as management. His major contribution stretches back to the early days of bone marrow transplant when the subject was new to local medical profession, he recalls, and he learned from handling challenging incidents. Once a freezer storing cells for transplant cracked, leading to liquid nitrogen leakage and impending death of the stored cells. A back-up freezer was quickly found to transfer the precious cells for preservation. On another occasion, a transplant procedure had to be halted promptly at the start when he discovered the cells were dead.



李國維醫生的女兒（右二）同樣是瑪麗醫院內科醫生，兩父女在家常交流行醫處世的話題。Dr Albert Lie's daughter (second right) is also a physician at Queen Mary Hospital. At home they often share working experiences and discuss how to be a good doctor.

Dr Lie says incidents such as these allowed him and his colleagues to come up with more effective practices to gradually improve procedures. They drew on those early lessons to produce the first QMH Blood Transfusion Manual in 1998 which is updated annually, providing guidelines for staff to further enhance the service quality and patient safety. He now works mainly in the development of haploidentical transplant, which only requires half match with human leucocyte antigens (HLA) between the recipient and donor, to increase the possibility of transplantation, providing patients with a second chance for life.

A jovial and much-loved popular character, Dr Lie has inspirational mottos posted around his office to remind him to be considerate and to always maintain the right attitude. The most influential life advice, however, comes from his parents who taught him to be a useful person. He will retire in this November and advises the new generation of doctors to be daring to rise to challenges and keep pace with the latest medical development to further improve Hong Kong's health service and make a difference through good teamwork.

突如其來的狀況，讓他和同事想出更多有效的改善方法，令今天的輸血服務有規模、系統和質素。如1998年編製的「輸血服務手冊」，每年更新內容，為服務訂定重要指引，後人有所跟隨，提升病人安全。目前他主要協助醫院發展半相合移植，即只需決定受贈者與捐贈者組織相容性的人類白細胞抗原基因組有一半相同，就能提高移植的機會，給病人多一個希望。

跟拉哥做訪問可感受他的親和力及幽默感。他在辦公室張貼了不少勵志名言警句，如「知足常樂」和「要為成功找方法，莫為失敗找藉口」等，提醒自己做人行醫應有的態度，但云云名言始終不及父母從小教他「要做個有用的人」一句有影響力。拉哥今年11月退休，他寄語新世代醫生要勇於接受挑戰，跟隨醫學轉變的步伐才能有所作為，帶領團隊向前行。

李國維
副醫院行政總監（規劃）
瑪麗醫院
Albert Lie Kwok-wai
Deputy Hospital Chief Executive (Planning)
Queen Mary Hospital

熱「血」仁醫
跨越挑戰
Zealous physician
rises up to challenges

優異員工 Merit Staff

關綺媚 顧問護師 聖母醫院 Kwan Yee-mei Nurse Consultant Our Lady of Maryknoll Hospital	劉綺蘭 科學主任（醫務） 瑪麗醫院 Estella Lau Yee-lan Scientific Officer (Medical) Queen Mary Hospital	莫碧虹 顧問護師 基督教聯合醫院 Maisy Mok Pik-hung Nurse Consultant United Christian Hospital	葉志堅 二級運作助理 基督教聯合醫院 Yip Chi-kin Operation Assistant II United Christian Hospital	余大為 高級物理治療師 伊利沙伯醫院 David Yu Tai-wai Senior Physiotherapist Queen Elizabeth Hospital
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優異團隊 Merit Teams

愛嬰醫院行動團隊 瑪麗醫院 Baby Friendly Hospital Initiative Team Queen Mary Hospital	新界東醫院聯網「減綁」兵團 瑪麗醫院 NTEC Restraint Free Troops New Territories East Cluster	新界東外科泌尿組 威爾斯親王醫院 / 雅麗氏何妙齡那打素醫院 / 北區醫院 NTEC Urology Team Prince of Wales Hospital / Alice Ho Miu Ling Nethersole Hospital / North District Hospital	瑪嘉烈醫院 — 綠色團隊 瑪嘉烈醫院 Princess Margaret Hospital Green Team Princess Margaret Hospital
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九龍東醫院聯網疼痛治療中心 基督教聯合醫院 KEC Pain Management Centre United Christian Hospital	支援中風早期出院家居復康團隊 伊利沙伯醫院 Stroke Early Supported Discharge Home Rehabilitation Team Queen Elizabeth Hospital
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評選小組 Selection Panel

主席 Chairperson 龔耀恩 蔡女士 醫管局人力資源委員會主席 Mrs Ann Kung Yeung Yun-chi Chairman of Human Resources Committee, Hospital Authority	成員 Members 劉文文 女士 醫管局大會成員 Ms Lisa Lau Hospital Authority Board Member 梁栢賢 醫生 醫管局行政總裁 Dr PY Leung Chief Executive, Hospital Authority 彭飛舟 醫生 醫管局人力資源主管 Dr Pang Fei-chau Head of Human Resources, Hospital Authority 謝文華 醫生 九龍西醫院聯網總監 Dr Doris Tse Cluster Chief Executive, Kowloon West Cluster 殷榮華 醫生 2018年度醫院管理局傑出員工 Dr Yan Wing-wa Winner of the HA Outstanding Staff Award 2018
秘書 Secretary 蕭嘉韻 女士 醫管局總辦事處總行政經理（人力資源） Ms Katherine Shiu Chief Manager (Human Resources), Hospital Authority Head Office	

傷口護理 提燈接棒

Veteran nurse advocates multifaceted wound care development

羅小明
顧問護師
瑪嘉烈醫院

Susan Law Siu-ming
Nurse Consultant
Princess Margaret Hospital

逾2,850名護士傳授處理壓瘡和傷口護理的知識和技巧，輔以真實例子說明：如曾有病人左腳長期反覆有靜脈潰瘍，面對截肢風險。羅護師針對處理個人衛生、營養、運動和傷口護理，並與血管外科醫生研究較少創傷的治療方案，最後病人傷口順利癒合。

羅護師常應邀在本地及國際的大學和專科組織擔任顧問，同時任國際壓瘡指引管治小組成員，與十多名來自美國、德國、法國等地的專家，制訂預防和治療壓瘡的指引，實行全方位提升傷口護理水平。

為病人福祉，羅護師總會多走一步，重視病人和家人的需要，如看到年長病人於造口手術後無法自理，會主動聯絡醫務社工幫忙安排送飯服務；當病人或家屬因病情而情緒受困擾，會主動約見他們，提供護理指導和鼓勵。「我希望盡力做好每個個案，身體力行，令病人相信我們樂意聆聽和幫助。看見他們由不接受病況，到積極改變現況，樂觀生活，有很大滿足感，也是我工作的動力呢！」

Inappropriate care of wound may lead to infection or other complications. Unhealed chronic wounds cause not only pain for patients but also distress to one's daily life. Nurse Consultant **Susan Law**, who established a nurse clinic specialising in stoma and wound care in Princess Margaret Hospital (PMH) in 1994, is the pioneer of this service.

Being also the first nurse clinic in PMH, the stoma and wound care clinic now registers almost 2,000 attendances a year. A nurse-led multidisciplinary subcommittee was launched in 2013 with the collaboration of clinical and allied health experts under Susan's leadership. The pressure injury incidence rate of the hospital has been monitored since and is subsequently reduced from over 2% to around 0.5%.

Well known as being a pragmatic person, Susan is keen to pass on her skills through training. Since 1998, her training programmes for liaison nurses in stoma care and wound care have improved competence of nurses in prevention and management of stoma care and wound care. In the past 10 years, Susan has conducted more than 100 workshops and lectures for some 2,850 nurses in PMH and Kowloon West Cluster. She shares insights on wound care by vivid examples at work. For instance, a patient admitted to hospital with recurrent leg ulcer prone to the risk of amputation finally recovered fully thanks to Susan's effective care plan centred on personal hygiene, nutrition, exercise, and wound management, as well as consulting vascular surgeon on possibly less traumatic surgical intervention.

Susan is regularly invited to serve as consultant and advisor in local and international universities and associations. Being a member of the International Pressure Injury Guideline Governance Group, she works with global experts from the USA, Germany and France to develop guidelines on prevention and management of pressure injuries. Local and international work contributes to multifaceted development of wound care.

When it comes to patient wellbeing, Susan always walks an extra mile. Seeing elderly patients cannot take care of themselves after undergoing stoma surgery, Susan would seek medical social workers' help to arrange meal delivery service. When she notices emotional distress among patients and family members, she would talk to them, counsel them and cheer them up. "Action speaks louder than words. I try to help every patient with active listening and support," she says. "It is encouraging to see patients glow with smiling face after accepting their condition and live positively."

傷口若處理不善，有可能引起感染發炎，甚至併發症。慢性傷口長久不癒，患者除要忍受痛苦外，日常生活亦非常不便，甚至造成困擾。造口護理對維持長期病患者的生活質量尤其重要。顧問護師**羅小明**早於1994年已在瑪嘉烈醫院開展造口及傷口護理服務，可說是造口及傷口護理的先鋒。

當年羅小明協助瑪嘉烈醫院成立造口及傷口護理護士診所，也是該院首間護士診所，每年服務近2,000人次。2013年她成立由護士主導的跨部門小組委員會，與專科醫生和專職醫療的同事合力監察和改善醫院的壓瘡發生率，成效顯著，發生率由逾2%改善至約0.5%。

務實派的羅護師凡事親力親為，不遺餘力地培訓前線護士。1998年起推行「造口和傷口聯絡護士培訓計劃」，由病房派護士定期跟羅護師學習預防和護理方法，病房護士可獨立處理個案。過去十年，她在醫院和聯網舉辦了超過100場傷口護理工作坊和講座，向



造口及傷口護理顧問護師羅小明致力培訓護士，希望將護理知識傾囊相授，惠及更多病人。Susan Law is dedicated to training nurses and passing on her skills to improve patient care both locally and overseas.

職業治療所用的輔助器材是協助病人復健的重要一環。製作輔助器材講求木工、金工和縫紉三種技巧。職業治療助理員**李進佳**（佳哥）自小對這三門手藝有濃厚興趣，加上在職近廿年，培養出好身手，是治療師的好幫手。佳哥工餘時間喜歡搜羅物料和工具，又從日常生活找靈感，集三門手藝於一身，為病人度身訂造無數復康輔助器材。

佳哥自製的輔助器具多不勝數，供不同病人使用，如工傷病人重返工作崗位的訓練、腦退化病人練習記憶力、中風病人學習家居自理等。他說：「我會配合治療師的診斷製作輔助器材，跟進病人的需要，不時改良器材，直至滿意為止。」他謙稱手藝只是熟能生巧，最重要的成功之道是用心做和願意溝通。「細心聆聽病人的想法很重要，我會從旁鼓勵和指導他們做復康練習，病人便會感受到自己的正能量，減少壓力，輕鬆地完成練習，踏上康復之路。」

佳哥投入工作又盡責，雖然家住天水圍，但每天到大埔上班從不遲到。他的熱心不限於治療室，還延至社區。2008年汶川大地震後，他當義工替職業治療師和醫生製作壓力衣、殘肢襪和輔助器材，協助傷者度過難關。他又經常協助其他部門製作各種工具，如骨科膝關節X光平台、髖關節病人高低椅等。同事大讚佳哥對工作充滿熱誠，態度認真，難怪大家都說：「有『佳哥』，無用拖！」。

三料手藝師 復健好幫手

Triple skill craftsman smoothes rehabilitation journey

佳哥作品 Kai's works of creativity

兒童椅 Grow-with-the-child chair

為腦麻痺兒童而設，高度可配合兒童成長調校，供病童日常活動，如玩耍、進食和學習之用。特色是整張椅子可向後調校，幫助病童固定頭和上肢，而且物料輕便美觀，父母和老師都大讚椅子比坊間的設計貼心舒適。

物料：金屬、木料、人造皮、車帶

Tailor-made for children with cerebral palsy, this chair can be easily adjusted as the children grow. Used for daily activities such as playing, eating and learning, the tilt-in-space chair is light-weight and ensures a child's sitting posture to prevent them from leaning forward. It is very functional and affordable. The chair is welcomed by parents and teachers who find it much better than commercially-available products.

Materials: Metal, wood, synthetic leather, strap



手架 Turn-buckle splint



用於固定手臂，可調較角度，協助骨折和脫臼病人的手臂能重新彎曲和伸直。

物料：金屬、膠、魔術貼

This device fixes on a patient's arm and is adjustable. It helps patients with bone fracture and dislocation to resume the ability to bend and stretch their arms.

Materials: Metal, plastic, Velcro strap

眼瞼支撐裝置 Eyelid-lifting device

因為有些病人的腦神經控制不到眼皮，導致眼皮下垂，難以睜開雙眼。將病人眼鏡改裝和調校後，能支撐起眼皮，保持視野。

物料：鋼線、熱能膠

Patients who suffer from neurological problems sometimes develop drooping eyelids which interfere their vision. This device fits to patients' own glasses and allows them to see clearly at all times.

Materials: Wire, hot-melt adhesive



李進佳
職業治療助理員
雅麗氏何妙齡那打素醫院
Li Chun-kai
Occupational Therapy Assistant
Alice Ho Miu Ling Nethersole Hospital



李漢周
三 A 級運作助理
廣華醫院
Lee Hon-chow
Operation Assistant IIIA
Kwong Wah Hospital

走在防衛最前線

Passionate guardian upkeeps hospital hygiene

人稱「叻哥」的**李漢周**在廣華醫院中央房務及運送服務組（中央組）工作17年，曾擔任中央組所有崗位，包括清潔環境、運送病人和物資、控制害蟲等，現職主要負責醫院環境清潔。他常說：「我不怕蝕底，有需要幫忙，一定會主動協助。」不論在哪個崗位，他都積極主動，深得行政部和臨床部門同事的信任和讚賞，難怪人人都說「叻哥辦事，大家放心」。

醫院經歷每場「戰役」，叻哥都扮演出色的防守人員。他全心全意清潔醫院內外每個角落，防守衛生，預防疾病傳播。2003年廣華醫院接收首宗非典型肺炎個案，他看到病房一周要徹底消毒三次，意識到事態嚴重，毫不細想便「自動波」提出加班，並提醒同事佩戴充足防感染裝備，運用專業知識，仔細消毒病房。「幸好醫院沒有爆發大型感染，當時辛苦都是值得的！」他憶述。

登革熱在本港肆虐期間，他除了帶領小隊巡查醫院蚊患黑點，清理積水和施放蚊油蚊沙，更主動到醫院方圓500米外圍巡查，提升防蚊成效。去年，超強颱風山竹襲港，叻哥發現醫院主座天台有大量積水，滲漏至頂層病房。趁風勢減弱，他立即佩戴安全裝備，清理堵塞去水口的雜物。他回想起來也覺驚險，幸好病房沒有受影響。

環境清潔衛生對醫院非常重要，叻哥全力以赴，每次都超額完成。對於獲獎，他感到鼓舞，「好開心得到認同，醫院的工作給我成功感，又讓我養活一家，所以我在這裡，不只是上班，更有家的感覺！」

Having worked in the Central Domestic and Portering Team of Kwong Wah Hospital (KWH) for 17 years, **Lee Hon-chow** now supports hospital environmental hygiene service. Hon-chow has served different roles in the team, including environmental hygiene, portering and pest control. "I'm always ready to help out whenever necessary regardless which position I'm in," he says. No wonder he is well trusted and praised by colleagues from administration and clinical departments, who call him dearly as 'Mr Almighty'.

In every battle the hospital faces, Hon-chow plays the fearless defence. He tries to ensure every corner of the hospital is cleansed so as to prevent spread of diseases. During SARS outbreak in 2003, the first infected patient was admitted to KWH. Seeing the wards disinfected as frequent as three times a week, Hon-chow realised the severity and volunteered to work overtime. In the course of cleaning, he also reminded teammates to take safety precaution and kept the wards sanitised thoroughly based on professional knowledge. "Luckily there was no large scale outbreak in the hospital. The effort was well worth it," he recalls.



李漢周（左）教導同事使用和保養清潔儀器，將知識和經驗傳遞給新世代。
Lee Hon-chow generously teaches colleagues about the use and maintenance of cleansing equipment, passing on his knowledge and experience.



李漢周曾擔任中央組所有崗位，工作積極盡責，與同事合作無間，大家都給他一個「讚」！
Having served different roles in the team, Lee Hon-chow is a diligent team player well-liked by colleagues.

When Hong Kong was hard hit by dengue fever, devoted Hon-chow inspected through blackspots, removed stagnant water and applied larvicidal oil and sand in the hospital compound with his team. On his own initiatives, he also inspected peripheral areas of the hospital within 500-meter to enhance vector control. When Super Typhoon Mangkhut ripped through the city last year, Hon-chow spotted a large amount of standing water on the rooftop of the hospital main building, posing threat to wards on the top floor. To prevent water seepage, he immediately put on protective gears and cleared the blocked drain when the typhoon slightly abated. Recollecting this frightening experience, he feels lucky that the wards did not suffer any damage.

Maintaining a hygienic environment is basic for a hospital. Hon-chow shines in his role and feels motivated about the award. "I'm happy to be recognised for my work. It gives me a sense of satisfaction and allows me to bring home the bacon. My work is more than a job. I feel at home here!"

復元為本 連繫社區

Psychiatrist stands up for community rehab

「好的精神科醫生就像偵探，要全面了解病人的背景、內心世界和病徵等，再與病人多聊天、多溝通，才能綜合所有資料作出分析，對症下藥。」**鄧麗華**醫生說。

鄧醫生深信，精神病患復者不只需要臨床治療，地區支援同樣重要，因此，90年代後期開始積極在地區開拓精神科外展服務，與精神科社康護士走進社區尋找隱藏的高危個案。她說，近年精神科服務發展趨向以社區為本的治療。醫管局已加強支援社區內的精神病患者，與社會福利署資助的精神健康綜合社區中心合作，協助精神病患者和復康人士融入社區生活，並及早識別有風險的個案，提供適時的支援。她同時強調為住院病人訂立「復元為本」計劃，助他們日後善用社區資源，重新融入社區。

行醫35年，她最初鍾情內科，後來因緣際會，與精神科結下不解緣。她自2005年起擔任多項要職，包括東區尤德夫人那打素醫院精神科部門主管、港島東醫院聯網精神健康服務總監，以及醫管局精神科統籌委員會主席。多年來，她促進文化改變，如改善精神科服務、加強風險管理、推動醫社合作、與團隊及社區伙伴共同拓展「復元」理念等。她領導團隊「度蹺」開展各項服務計劃，成績卓越，在2005年奪得東區醫院的傑出團隊獎，2006年和2010年獲得醫管局的優秀團隊獎。

退休在即的鄧醫生，由始而終都有個簡單心願，就是希望香港成為精神健康友善社會，多方攜手消除誤解及標籤，讓需要精神健康支援的人活出豐盛人生。



不管工作多繁忙，鄧麗華醫生仍將家庭放首位。圖為去年一家人遠赴法國出席兒子的畢業禮。
No matter how busy at work, Dr Dunn puts her family as first priority in life. Last year, she attended her son's graduation in France with her family.

A good psychiatrist is like a detective, says Dr **Eva Dunn**. To help a patient with mental health needs, a psychiatrist has to dig deep into a patient's background, explore the symptoms, and talk to them at length to understand their inner world.

Dr Dunn launched psychiatry outreach services in the late 1990s, inspired by her belief that psychiatric treatment depends not only on medicine, but also support from the community where the patient lives. She worked with community psychiatric nurses to identify hidden and potentially high-risk cases and has been instrumental in increasing support for patients in the community through cooperating with the Social Welfare Department's Mental Health Integrated Community Centre for Mental Wellness. The initiatives led by Dr Dunn have seen the establishment of recovery-based schemes for in-patients to help them reintegrate into community.

Dr Dunn initially wished to pursue a career in medicine, but incidentally joined psychiatry and was attracted. Having been a psychiatrist for 35 years, she has held major positions including Chief of Service (Psychiatry) at Pamela Youde Nethersole Eastern Hospital (PYNEH), Service Director (Mental Health) of Hong Kong East Cluster and Chairperson of the HA's Coordinating Committees (Psychiatry). She champions culture change such as optimising psychiatric service delivery, strengthening risk management, promoting medical-social collaboration, and working with community partners on the concept of recovery. She has led her team to a number of awards including PYNEH Outstanding Team in 2005, and HA's Outstanding Staff and Teams Awards (Merit) in 2006 and 2010.

As she prepares for retirement, Dr Dunn says she has a simple wish – for Hong Kong to become a mental health-friendly society where people work together to eliminate discrimination and allow patients with mental health needs to lead fulfilling and rewarding lives.

鄧麗華
顧問醫生（精神科）
東區尤德夫人那打素醫院
Eva Dunn Lai-wah
Consultant (Psychiatry)
Pamela Youde Nethersole
Eastern Hospital





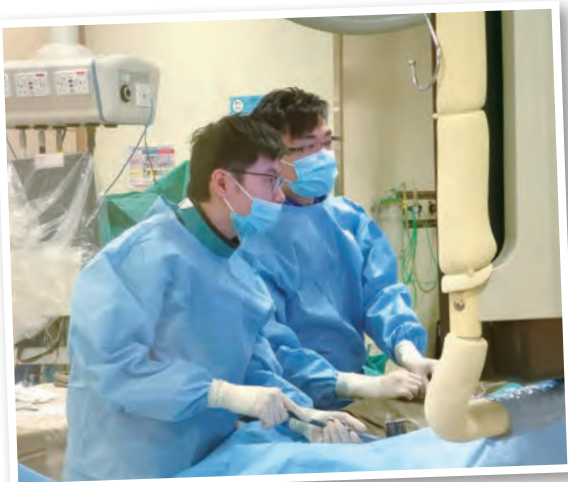
心臟科團隊 (心導管室)
瑪麗醫院
Cardiology Team
(Cardiac Catheterization Laboratory)
Queen Mary Hospital

鐵人精神 晝夜護心

Round-the-clock invincible heart protectors

要成為瑪麗醫院心臟科團隊 (心導管室) 一員，就需作好犧牲私人時間的準備。團隊早於 2010 年推行 24 小時冠狀動脈介入治療術 (俗稱通波仔)，是全港首間公立醫院開創此服務。當年團隊看到病人所需，甘願犧牲下班時間，在沒有額外的資源下自願輪班當值。全憑鐵人精神，開展這項服務，惠及更多急性心臟病發的病人。

團隊隊長病房經理**陸慧心**是當年的「開國功臣」之一，她說團隊參考很多外國文獻和研究，知道對心肌梗塞的病人而言，即時通波仔手術比用溶血劑治療有效，故 2010 年僅以兩名醫生、五名護士和一名放射治療師的有限人手，推行這項計劃。



醫生為病人進行通波仔手術。
Doctors are conducting a PPCI procedure.

副顧問醫生**譚礎璋**也是早期參與服務的成員之一，他說：「加入這團隊，強健體魄非常重要。除正常值班外，放工後亦要犧牲自己私人時間隨時候命。早期人手非常緊絀，我們要隔日當值。另外，有人覺得推行此計劃是自找麻煩，我們都有心理準備『迎接』旁人的冷言冷語。坦白說，我們也曾想放棄，但每當看見病人康復、團隊同事齊心努力，便知道再辛苦也是值得，一定要堅持下去。」

前人的堅持將壓力變為動力，適時的治療降低了死亡率。2011 至 2017 年間，團隊曾處理逾 800 宗個案，包括數年前一名同事心跳停頓逾 30 分鐘，情況危殆，幸得團隊及時搶救，奇蹟生還。該同事亦能重返工作崗位。

瑪麗醫院心臟科團隊照顧心臟病患者不遺餘力，經常學習和引入新技術，包括結構性心臟病治療和微創心室輔助器、檢視工作流程、針對急症病例開創先導計劃等，對心臟病治療及本港醫療服務有前瞻性的影響。未來人口老化，病例數目料持續增加，個案亦漸趨複雜，團隊以堅毅不屈的精神迎接每個挑戰。

Sacrificing one's personal time is a prerequisite of becoming a member of Queen Mary Hospital Cardiology Team's Cardiac Catheterization Laboratory (CCL), the first public hospital that introduced 24-hour primary percutaneous coronary intervention (PPCI) in 2010. Knowing the needs of patients who suffered acute heart attack, team members worked around the clock without additional resources.

Team leader and Ward Manager **Luk Wai-sum**, who is also one of the founders of the service, says the team was put together after they learned from international journals and researches that PCCI was often more effective than thrombolytic therapy for patients with acute myocardial infarction. Thus, they decided to provide 24-hour PPCI

with just two doctors, five nurses, and one radiographer at the very beginning.

Associate Consultant Dr **Tam Chor-cheung**, an early member of the team, recalls, "It's very important to stay healthy to do this job. On top of our normal duties, we have to sacrifice our personal time to be on call. In the early days, each of us had to be on call every other day. Also, some people joked that we made too much trouble for ourselves and we had to be well-prepared psychologically for such ridicules. Frankly, we did once thought of giving it up. Yet we changed our mind when we saw patients recovering and our teammates doing all they can to care for patients. All those make our efforts pay off."

The team turns pressure into motivation. Timely treatment has lowered the mortality rate. Many lives today are indebted to the work of the team which handled more than 800 PPCI procedures between 2011 and 2017 – including a colleague who was in cardiac arrest for more than half an hour after a heart attack. With timely rescue, the colleague survived miraculously with full recovery and was back at work later.



護士為病人進行皮膚消毒及準備儀器。
Nurses are disinfecting a patient's skin and preparing equipment before the procedure.



手術期間，同事密切監察流程，尤其是病人的維生指數及心電圖變化，協助醫生順利完成手術。
As the procedure takes place, colleagues stand by to monitor the patient, watching closely for changes in vital signs and the electrocardiogram readings.

New technology and procedures are constantly introduced by the team to improve care for patients with heart disease. Other than structural heart disease treatment and minimally invasive ventricular assists, the team also reviews workflow and pilots schemes for emergency cases. As ageing population continues, the number as well as the complexity of cases handled by the CCL team are expected to grow. But with team spirit and powerful motivation, there is every reason to believe the team will continue to rise to every new challenge.

心導管室四寶

Four must-haves of life-saving CCL

麻醉機

為病人進行全身麻醉，適用於結構性心臟病微創手術。

General Anaesthetic Machine

is used to allow for minimally invasive surgery on patients with structural heart disease.

主動脈內球囊反搏器

適用於通波仔手術。當病人血壓不穩，將導管置入動脈血管，加強心臟血液流動。

Intra-aortic Balloon Pump

It is used in PPCI procedures. When the patient's blood pressure falls, it is placed into blood vessels to increase blood flow to the heart.

手術室放射攝影及透視器材

從多角度看清楚冠狀動脈情況，影像亦同步投射於電視螢幕，方便醫護訂立治療方案。

Fluoroscopic Imaging System

examines coronary arteries from multiple angles with images projected onto a screen while delicate medical procedures are conducted.

除顫器

具起搏及除顫功用，將不正常的心律跳動變回正常。

Defibrillator eliminates abnormal heart rhythm allowing the heart to re-establish an effective rhythm.



港島東醫院聯網環境管理團隊
港島東醫院聯網
HKEC Environmental Management Team
Hong Kong East Cluster

七院集氣推「綠惜」文化

港島東醫院聯網帶來一場環保的20年挑戰「20-year challenge」，至今成為醫院的一種生活方式、態度和文化，也是從醫院層面阻止無止境掏空、污染及破壞地球的最佳例子。聯網環境管理團隊用行動實踐醫管局保持「市民健康」的願景。

港島東醫院聯網1997年埋下環保的種籽，能源管理、減少耗電是第一站。聯網經理（設施管理）**王偉杰**表示，醫院每天24小時無間斷提供醫療服務，照明、空調、和醫療器材都要用電。聯網現時每年消耗超過一億度電，其中約一半來自空調系統，「發展至今，除了更換高效能的製冷機組，還需要中央能源管理系统全天候監察，以及定時監察和巡視醫院各區的供冷運作和溫度。」

另外，負責處理九間醫院病人膳食的中央廚房1997年也來一場「消廢革命」。由於病人禁食或家人帶飯探訪，每天剩下大量廚餘，醫院決定設立電腦通報及運算系統，由護士即時更新及輸入病人所需的餐量，奉行「食幾多、買幾多、煮幾多」，減少廚餘。另一方面，每天處理逾5.5萬件被服的洗衣房近年亦推出新猷，重新設計床簾，改用輕四成的布料、又將毛巾面積減少兩成，減少洗衣用水。

部門裝修是推動環保的好時機。東華東院眼科手術室裝修期間，在空調系統加設「節能模式」按鈕，避免在非手術時間長開所有空調過濾系統。東區尤德夫人那打素醫院病理部亦檢視系統設備，改用最新的化驗室通風標準。部門經理**李少明**說：「以前通風系統需持續供應百分百新鮮空氣，零回風，才能符合當年醫院設計時的感染控制水平。新系統設有過濾及循環空氣功能，只需製造及輸入三成新鮮空氣，便可達到最新化驗室通風標準，大大節省能源。」

團隊隊長兼聯網行政事務總經理**李淑妮**稱，聯網醫院有三個獨特之處，包括持久不息的環保文化、員工積極參與，以及將「綠惜」行動融入日常運作。「我們經常鼓勵同事說出自己的想法，若建議可行，會在行政和文書工作上支援，提供強勁後盾，落實執行理念。我們成功將醫管局願景演繹於日常環境友善的行動中，持續推動環保文化，履行社會責任，我們為聯網感到驕傲。」

關掉影印機一晚 多印700張紙
非辦公時間關閉影印機，比維持待命狀態省電。一晚節省的能源可列印700張紙。

Turn off printers after office hours
Switching off printers after office hours is better than keeping them in 'sleep mode'. The energy saved for a night is sufficient for printing 700 sheets.

洗衫前 Check 真啲
更換工作服時清理衫袋，確保沒遺留物品。因為洗衣時，這些物品，尤其是原子筆，會污染同機衣物，洗衣房需加用強勁清潔劑及水，並將全機衣物重複清洗，才能清除污漬，浪費大量清水。

Check your pocket before laundry
Remove all stuff, especially pens, in your pocket before sending your working clothes to the laundry. If clothes are stained by ink, the whole load has to be washed again, using stronger detergent and more water in order to remove stains.



Seven hospitals go for eco-culture

The '20-year eco-challenge' memes spread across Hong Kong East Cluster (HKEC) deep and wide. HKEC Environmental Management Team makes 'go green' a lifestyle, a paradigm shift and culture in the cluster, and perfectly exemplifies various initiatives at hospital level. With the aim to stop the depletion of resources, pollution and exploitation of the world, the team demonstrates HA's vision of 'healthy people' with profound effort.

Energy management and reduction of electricity consumption in 1997 was the first step of going green in HKEC. **Eric Wong**, Cluster Manager (Facilities Management), explains that huge amount of energy is required to support 24-hour medical services in hospitals, covering lighting, air conditioning, and operation of medical equipment. Currently, HKEC consumes over 100 million units (kWh) of energy each year, about half of which comes from air conditioning and ventilation system. "Today, in addition to replacing high-efficiency chiller units, a central energy management system is also required to monitor electricity usage throughout the day. Regular and frequent inspection of temperature at different zones of the hospital is also essential."

The Central Production Unit responsible for handling patient food services in nine hospitals also rolled out a campaign in 1997 to reduce food waste. As some patients were in fasting and some preferred home-cooked meals prepared by family, the hospital decided to allow nurses to instantly update and input the required amount of patient meals through a notification and computing system. On the other hand, the laundry, handling 55,000 pieces of clothes and linen a day, redesigned the curtains with fabric 40% lighter and reduced the size of bath towel by 20% to lower water consumption in recent years.

Department renovation provides a good chance for environmental conservation drives. To achieve optimal use of energy during non-service hours, an energy saving mode or 'night' mode function was installed in the ventilation control system of the ophthalmology operating theatre in Tung Wah Eastern Hospital during renovation. Department of Clinical Pathology of Pamela Youde Nethersole Eastern Hospital also reviewed its setting and applied the latest ventilation standard in the laboratory. "The old air ventilation system continuously supplied 100% fresh air with zero return air to meet the then standard of infection control when the hospital was designed. With a high standard of air filtration level and circulation function, the new system requires only 30% supply of fresh air to maintain air quality, thus greatly reducing energy consumption," Department Manager **Albert Li** elaborates.

Julie Li, the team leader and Cluster General Manager (Administrative Services) of HKEC explains three unique attributes of HKEC in its energy saving drive, namely sustainable culture, active participation of staff, and the integration of green drives in daily work, be it clinical and non-clinical. "We often encourage colleagues to express their ideas and suggestions

Reduce plastic wrapping for medical supplies
Many medical supplies are individually packed. To reduce the use of plastic bags and save time for unpacking a large amount of sterile supplies before operations, departments may thoroughly review the medical procedures and add a clause of 'putting medical supplies of the same medical procedure in one package' in the procurement specification.

採購醫療物資「走塑」
許多醫療用品採用獨立包裝或「袋中袋」多重包裝。部門採購醫療物資用品時，可先仔細分析運作流程，加入「將同一醫療程序所用的物資包裝在一起」的細則，減少使用膠袋。

on environmental protection. Ideas, if adopted, will have strong administrative support. In manifesting our social responsibility, the cluster successfully translates HA's vision into environmental-friendly actions with a green culture that stands the test of time. We are proud of HKEC," she adds.

港島東醫院聯網環境管理團隊 HKEC Environmental Management Team	
港島東醫院聯網 Hong Kong East Cluster	Advanced Practice Nurse (Private Ward) Ms Yeung Chu-hung
Cluster General Manager (Administrative Services) Ms Julie Li (Team Leader)	Physicist (Medical Physics) Mr Terry Wong / Mr Samuel Leung
醫院管理局總辦事處 Hospital Authority Head Office	Senior Radiation Therapist (Clinical Oncology) Mr Willy Chan
Senior Manager (Engineering) Mr Yuen Pak-leung	Prosthetist-Orthotist I (Prosthetic & Orthotic) Mr Albert But
港島東醫院聯網 Hong Kong East Cluster	Catering Manager I (Catering) Mr Harry Suen
Cluster General Manager (Nursing Services) Mr Ben Hui	Senior Hospital Administrator (Support Services) Ms Stella Poon
Cluster General Manager (Finance) Ms Hedy Chan	Senior Laundry Manager (Chai Wan Laundry) Ms Karen Lee
Cluster General Manager (Human Resources) Mr William Kwok	Senior Project Manager (Facilities Management) Mr Jerry Kwok
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Coordinator (Dietetics) Ms Rose Yong	Hospital Administrator I (Support Services) Mr Gary Chan
Coordinator (Occupational Therapy) Ms Dorothy Kwong	Deputising Hospital Administrator I (Facilities Management) Mr Sun Chung-ho
Department Manager (Clinical Pathology) Mr Albert Li	Hospital Administrator II (Support Services) Ms Monica Ho
Cluster Manager (Facilities Management) Mr Eric Wong	Hospital Chef II (Catering) Mr Chan Wai-kay
Senior Nursing Officer (Infection Control) Ms Yvette Lai	Clerk II (Support Services) Ms Almond Choi
Department Operations Manager (Family Medicine & Primary Healthcare) Ms Kathy Cheung	律敦治醫院 Ruttonjee Hospital
Hospital Administrator I (Procurement & Materials Management) Ms Seline Lee / Mr Stephen Li	Hospital Manager (Supplies) Ms Phyllis Mak
東區尤德夫人那打素醫院 Pamela Youde Nethersole Eastern Hospital	東華東醫院 Tung Wah Eastern Hospital
Department Manager (Department of Radiology) Ms Grace Chan	General Manager (Administrative Services) Mr Michael Ng
Department Operations Manager (Anaesthesia) Ms Marianne Lui	黃竹坑醫院 Wong Chuk Hang Hospital
Department Operations Manager (Medicine) Ms Cho Hau-ying	Deputising Senior Hospital Administrator (Administrative Services) Ms Katherine Ngai
Deputy Department Operations Manager (Obstetrics & Gynaecology) Ms Liu Sau-ha	春鳴角慈氏護養院 Cheshire Home, Chung Hom Kok
Ward Manager (Psychiatry) Mr Lui Siu-fung	Hospital Administrator I (Administrative Services) Ms Rosita Lau
Ward Manager (Medicine) Ms Debbie Dun	長洲醫院 St John Hospital
Ward Manager (Specialist Out-patient Department) Ms Ada Lam	Hospital Administrator I (Administrative Services) Ms Judy Chan
Ward Manager (Intensive Care Unit) Ms Lau Lan	機電工程署 Electrical and Mechanical Services Department
Nursing Officer (Orthopaedics & Traumatology) Mr Ling Yuen	Senior Electrical Inspector/Health/ Hong Kong East Mr Michael Leung
Nursing Officer (Psychiatry) Ms Ho Yin-yin	Engineer/Health/Hong Kong East (Nursing Services Division) Ms Michelle Chan
Advanced Practice Nurse (Nursing Services Division) Mr Pun Kwong-lik	

三方無縫全人照顧 病童活出最美時光

Seamless palliative care makes kids' lives complete

每年在公立醫院因病去世的未成年病童約250人，屯門醫院兒童舒緩治療團隊成立的目的正是服務這些不幸的病人。團隊認為縱使病童患上不治之症，但在餘下的日子亦有權充實地與身邊最愛的人一起生活，希望循「家、校、醫」的服務方向，為病童提供無縫的全人照顧，減少住院時間。

團隊接收舒緩治療的病童七成為非癌症患者，如神經系統疾病、心臟病、呼吸系統疾病和遺傳病等，其餘是癌症病童。這支跨專業團隊成員包括醫生、護士、臨床心理學家、社工、物理治療師、職業治療師、營養師和言語治療師等，亦與兒童舒緩服務基金會合作，按病童及家人的選擇和需要，提供最合適的治療。

團隊隊長兼兒童及青少年科顧問醫生**李澤荷**表示，家和學校是小孩最喜歡的地方，所以團隊制定了「家、校、醫」的服務方針，為病童提供無縫的全人照顧。患小腦衰退症的小穎（化名）是團隊接收的首個個案。她經常因為抽搐和肺炎而進出醫院，好幾次被送到深切治療部。起初媽媽不信任學校，不讓她上學，在家照顧小穎，但是媽媽身心疲憊透了。醫護團隊知悉事件，決定擔當中間人化解矛盾，邀請駐校護士及媽媽到醫院討論，一起制定照顧目標和計劃。團隊又提供醫護聯絡方法，隨時支援學校。後來家長和學校沒再爭拗，小穎亦重返校園，媽媽更成為學校義工，分享經驗，幫助其他病童家長。

另外，病童病況複雜多變，需同時接受不同專科治療。為減輕病童及父母舟車勞頓，團隊會安排各專科醫護在同一日為病童覆診，又與兒童舒緩服務基金會合作，提供24小時家居舒緩護理服務，如症狀舒緩及情緒支援等。

治療計劃亦先經詳細磋商才落實執行。團隊會預先與家屬考慮病童疾病的預後（按治療計劃可預知的病況）、治療利弊、病人的價值觀和意願等因素，共同商討「預設照顧計劃」，如鼻胃管餵飼、靜脈或皮下輸液、抗生素治療、非正壓呼吸儀器的支援，以及臨終時會否接受使用心肺復甦。資深護師**江彩霞**說：「這是一個敏感話題，一般人難以啟齒。但因我們早已與父母建立互信，父母知道醫護是為病童著想，給予小孩最好的，大多願意和我們暢順地展開討論。」

團隊樂見剛啟用的香港兒童醫院成立了一支負責統籌全港公院的兒童舒緩治療服務的團隊，期望日後幫助更多有需要的病童及家長，亦希望把兒童舒緩治療服務推展到所有兒科部門。



團隊安排各專科醫護在同一日為病童覆診，免卻家人舟車勞頓。Multidisciplinary specialists provide all necessary consultation, assessment and procedures on the same day, alleviating hassles of commuting for patient and the family.

兒童舒緩治療團隊
屯門醫院
Paediatric Palliative Care Team
Tuen Mun Hospital

Each year, public hospitals in Hong Kong register around 250 deaths of patients under 18. Established with the mission to serve these unfortunate children, Tuen Mun Hospital Paediatric Palliative Care (PPC) Team believes that children with life-threatening illnesses have full rights to live with their loved ones and enjoy a peaceful and dignified last journey." The team strives to provide holistic care with seamless collaboration of the patient's home, school and hospital.

Over 70% of paediatric patients who need palliative care service are non-cancer patients. Most of them suffer from neurological, cardiac, respiratory or genetic diseases. Comprising members from different disciplines namely doctors, nurses, clinical psychologists, medical social workers, physiotherapists, occupational therapists, dietitians and speech therapists, the multidisciplinary PPC Team also works with Children's Palliative Care Foundation to provide holistic palliative home care for patients and families, addressing their needs and choices.

Dr **Li Chak-ho**, team leader and Consultant of Paediatrics and Adolescent Medicine Department explains the approach adopted by the team. "Since home and school are children's favourite places, we adopt the approach of home-school-hospital collaboration so as to achieve seamless care for sick kids. Our first patient, Wing (pseudonym), who has cerebellar atrophy, is an example. Wing was frequently sent to hospital due to seizure or chest infection and admitted to intensive care unit in several episodes. As Wing's mother did not trust the special school, she stopped Wing from going to school and took care of her at home. She was exhausted looking after the girl. The PPC team decided to mediate and met with the school staff and the family. They communicated and agreed on the goal of care and emergency care plan. Finally, Wing attended school regularly and her mother became a volunteer at school to share her experience and help other parents.

Children with complex medical conditions require multidisciplinary management.

To alleviate hassles of commuting, the PPC team collaborates with different specialties so that consultation and assessment can be arranged on the same day. Collaboration with the Children's Palliative Care Foundation provides the team with 24-hour home care support such as symptom relief and emotional support.

Taking into consideration factors such as disease prognosis, benefits and burdens of treatment, values and preferences of the patient, the team and family will discuss advance care plan together, such as the preference on tube feeding, intravenous or subcutaneous infusion, antibiotic treatment, use of non-invasive positive pressure ventilation, and decision on 'Do-Not-Attempt Cardiopulmonary Resuscitation'. "This is a sensitive topic, but since we have already established rapport and mutual trust with the parents, they understand that the medical team is doing the best for the kid. Usually, we have a smooth discussion," says Advanced Practice Nurse **Kwong Choi-ha**.

With the opening of Hong Kong Children's Hospital, the team is delighted to see paediatric palliative care services in HA reorganised into a coordinated service network and benefit all patients and parents in need. They also hope that paediatric palliative care service can be extended to all paediatric departments in HA hospitals.

寶寶送禮 媽媽圓夢 The best gift for mom

嬰兒呱呱落地，何等快樂。可惜這一個寶寶患上先天基因變異遺傳病，出院無期，被轉介至舒緩服務部。醫生評估寶寶病情，估計她未必活到一歲。父母有個心願，希望寶寶能回家一次，睡一睡新買的嬰兒床。

醫療團隊評估後，同意在媽媽生日當天，讓十個月大的寶寶回家「放假」三小時。團隊總動員精心打點寶寶的回家之旅，運送呼吸機和吸痰機等維生儀器；檢視家居擺放儀器的布局、過床安排和所需輔助工具；準備數箱止抽筋藥物；安排非緊急救護車，以及制定緊急方案等。寶寶第一次，亦是唯一一次回家之旅，全程有醫生護士陪伴在旁。父母慢慢將寶寶抱到新床上，圓了心願。寶寶陪媽媽切生日蛋糕，拍一張家庭照，留給媽媽畢生最難忘的生日回憶。

寶寶後來一歲生日，家族廿多人與醫護團隊在醫院活動室舉辦生日派對，更為她打手印腳印留念。不久，寶寶雖告別人間，卻讓所有人見證了希望和生命力。

A newborn brings joy and bliss to the family. Unfortunately, this baby diagnosed with congenital disease has a very short life. A 10-month-old baby girl was referred to paediatric palliative care because of a lethal genetic epilepsy syndrome. The parents had a wish – bringing the baby home and sleep in its new crib.

The PPC team, together with ICU colleagues and home care nurses, assessed the situation and agreed to allow the baby to go on home leave for three hours on her mother's birthday. The team set off to prepare for the baby's first, and only, journey home. Oxygen and suction machines, life-sustaining instruments, anti-epileptic drugs and special transport were arranged with the team's escort. The baby girl was put in her little crib. The family celebrated this very joyful moment and their happiness and love to the baby glowed from the beautiful family photos. "It was the indelible moment in my life," says the mother.

Soon after, on the baby's first birthday, her family members and the healthcare team held a birthday party for her in the ward activity room and created a beautiful plaque with her hand and footprints. Though the baby passed away shortly, she filled a place in everyone's heart with hope and vitality.

兒童舒緩治療團隊 Paediatric Palliative Care Team

屯門醫院
Tuen Mun Hospital

Department of Paediatrics & Adolescent Medicine

Consultant
Dr Li Chak-ho (Team leader)
Dr David Lam Shu-yan

Associate Consultant
Dr Man Sze-shun
Dr Yeung Kin-yip
Dr Mary Ngan Yu-yan

Resident
Dr Tracy Lee Yuen-han
Dr Toria Lee Tsz-shun

Nurse Specialist
Ms Kwee Yung

Advanced Practice Nurse
Ms Kwong Choi-ha
Ms Fong Wai-man
Ms Leung Sui-ping
Ms Cheung Wai-man
Ms Sit Yin-chu
Ms Cheung Chui-wan

Honorary Staff (Children Cancer Foundation)
Ms Ivy Tam Yim-chong
Ms Wong Sin-yuet

Department of Orthopaedics & Traumatology

Associate Consultant
Dr Arthur Ma King-hay

Department of Physiotherapy
Senior Physiotherapist
Ms Koo Lai-ping

Physiotherapist I
Ms Yiu Tan-hung

Department of Occupational Therapy
Occupational Therapist I
Ms Yip Yin-mei

Department of Speech Therapy
Speech Therapist
Ms Kwan Ching-yin

Dietetic Department
Dietitian
Ms Lai Hei-man

Prosthetic and Orthotic Department
Prosthetist-Orthotist I
Ms Lee Sau-kwan

Department of Clinical Psychology
Clinical Psychologist
Ms Tam Wai-yee

Social Welfare Department
Assistant Social Worker Officer
Ms Lam Ying-yee

全方位關顧 踏上安寧路

國際醫學文獻指出，患有晚期慢性阻塞性肺病的病人，比晚期癌症病人更痛苦，因為病者身體很虛弱，終日受氣喘困擾，病程漫長而反覆，部分病人需依賴呼吸機度過餘生。因此，靈實醫院從住院、專科門診和社區三大範疇，全方位支援呼吸晚期病人，提供身、心、社、靈的一條龍舒緩治療服務，讓他們人生最後一程路好走一點。

團隊隊長兼內科副顧問醫生**吳常青**稱，靈實醫院舒緩科和呼吸科很早察覺慢阻肺病人的需要，所以當醫管局2010年發展非癌症舒緩治療服務時，已率先為晚期呼吸疾病病人提供這項服務。團隊成員包括舒緩科專科醫生、資深護師、舒緩科家居護士、呼吸科專責護士、物理治療師和醫務社工。

服務特色包括一站式門診服務，由醫護人員為病人診症，跟他們討論預設照顧計劃；物理治療師配合醫生的藥物治療，以非藥物治療方法幫助病人處理各項氣喘和不適徵狀；而醫務社工則支援病人及家屬的心靈和社交需要。在社區的病人有家居護士上門跟進，並提供熱線支援；住院病人則有舒緩科專科醫生、呼吸科專責護士和醫務社工提供會診服務。團隊成員定期報告病人情況，大家可在自己的專業範疇為病人制定合適的治療方案。

服務發展至今，團隊處理逾400宗個案。數據顯示，病人平均76歲，八成是慢性阻塞性肺病病人，大部分需要家用氧氣治療，有些更需無創通氣治療。2012至2014年間，這批病人在求診、入院和留院日數都全線下降，其中急症室求診人數下降46%，經急症室入院的人數下降52%，而整體病人在急症和復康醫院留院日數亦減少27%，反映服務甚有成效。

晚期呼吸系統疾病舒緩治療服務
靈實醫院
Palliative Care Non-Cancer (PCNC) Service
for Advanced Pulmonary Diseases
Haven of Hope Hospital

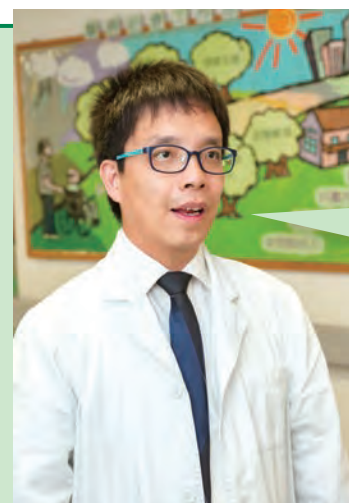
「這計劃讓醫護與病人建立良好溝通，很多病人因而聽從醫護的指引服藥和做運動。印象最深刻的是一名68歲伯伯，未加入計劃前，是急症室的『常客』，稍有氣喘就到急症室。後來物理治療師教他如何呼吸，又有家居護士上門跟進。結果，由一年入五次急症室的紀錄，變為一年一次。」

“The programme establishes good communication between patients and us. They comply with our advice on medication and exercise. I recall a 68-year-old man who was a frequent visitor to A&E because of shortness of breath. After joining the programme, physiotherapists taught him breathlessness management strategies including breathing skills and home care nurses followed up with visits. As a result, his admission frequency dropped from five times a year to once a year.”



楊天路 Yeung Tin-lo
一級物理治療師 Physiotherapist I

「物理治療師用非藥物治療方法幫助病人舒緩氣喘，如嗽唇呼吸法、手提式風扇治療、運動治療，為病人選擇合適的助行器和照顧者訓練等，維持或提升病人的活動及自主能力。我最感動曾經有名病人離世前囑咐太太，當他離世後，記得要把我送的小風扇放進棺木中，與他一起長眠，只因小風扇曾幫助他度過無數痛苦的氣喘時刻。」



馬智明醫生
Dr Ma Chi-ming
舒緩科副顧問醫生
Associate Consultant
(Palliative Care Service)

Caring towards a less distressing departure

International medical research shows that patients with advanced chronic obstructive pulmonary disease (COPD) suffer more than cancer patients at terminal stage. Patients with advanced chronic lung diseases like COPD often face a harrowing end to their lives, suffering from pain, shortness of breath, and increasing weakness as pitiless conditions advance. Some even have to rely on oxygen concentrators for the rest of their lives. Haven of Hope Hospital (HHH) addresses patients' physical, psychological, social, and spiritual needs, providing holistic care in hospital, specialist outpatient clinics and the community to help patients with advanced lung diseases see out their lives in as little distress as possible.

Team leader and Associate Consultant of Department of Medicine Dr **Jeffrey Ng** says the palliative care team and respiratory team has long identified the needs of COPD patients. So when the Hospital Authority started to develop palliative care for non-cancer (PCNC) patients in 2010, the multidisciplinary team in HHH began providing this service for patients with advanced lung diseases. The team involves palliative care specialists, advanced practice nurses, palliative home care nurses, respiratory nurse specialists, physiotherapists, and a medical social worker.

PCNC service features one-stop outpatient services. Healthcare professionals discuss advance care plans with patients during consultation. To complement drug treatment, physiotherapists use non-drug therapies for breathlessness and other symptoms management. The medical social worker addresses the psychosocial needs of patients and their families. Patients in the community are supported by home care nurses and a hotline service, while patients admitted to HHH receive consultative service from palliative care specialists, respiratory nurse specialists and medical social worker. Team members regularly report on the progress of patients so that everyone designs and adjusts the most appropriate treatment plan for the patient.

The team has so far handled more than 400 cases, with an average patient age of 76. About 80% of patients suffer from COPD with a majority requiring long term oxygen therapy at home and some need non-invasive ventilation. On the result of the team's efforts, statistics speaks for itself. Between 2012 and 2014, the number of attendance, admission, and patients' average length of stay all diminished remarkably. Accident and emergency (A&E) attendance among patients dropped 46%, admission through A&E by 52%, and the overall length of stay in acute hospitals and rehabilitation hospitals by 27%.

隊員有話說 Lights in darkness: What team members do



林玉芳 Lam Yuk-fong
資深護師（家居護士）
Advanced Practice Nurse (Home care nurse)

「我的職責是上門跟進個案，處理病人氣喘的情況，教導他們如何服藥，支持和指導家屬如何在家中照顧病人，陪伴他們走過人生最後一程。我覺得團隊是一個大家庭，彼此緊密合作，全都心繫病人。」

“I follow up on cases at patients' homes and accompany them on their last journey. I manage their breathing difficulty, teach them about medication, and advise family members on care skills. The team is a big family, and we work together closely for the well-being of our patients.”



洪光慧 Marion Hung
醫務社工 Medical Social Worker

told me that a patient did not have a single photo of himself with his wife despite all their years together. So when the patient was next admitted to hospital, we arranged a photoshoot for the couple. That photo was their last photo together. As the sole medical social worker in the team, I build a close relationship with patients and their families, which also helps me offer in-depth bereavement counselling to the families later.”

「團隊成員的關係非常緊密，大家常常互通病人最新情況，以便各人在自己範疇制定合適的治療方案。我記得家居護士曾說某病人與太太結婚多年，卻連一張合照也沒有。碰巧那病人需入院接受治療，於是我與團隊成員一起安排二人在病房內拍攝一輯照片，圓兩老最後一個小心願，而這也是他們最後的合照。作為團隊中唯一的醫務社工，能一起與病友及家屬同行，建立深厚的關係，為他們提供適時的支援，亦有助日後為家屬提供較深入的哀傷輔導。」

“Team members keep each other informed about the status of patients so we can provide timely and suitable professional input. I remember a home care nurse once



中風守護者
威爾斯親王醫院
Stroke Team
Prince of Wales Hospital

世上每六秒便有一人中風，它是香港第四大殺手。威爾斯親王醫院內科及藥物治療部副教授**梁慧康**醫生與不同部門的醫護，包括急症室、神經科、內科、放射部和專職治療等，從軟硬件、流程和技術上，作出多項改變，提升治療中風病人的服務質素。

梁醫生強調，團隊多年來默默耕耘，屢創先河，提升服務質素，包括2007年成功進行全港首個急性中風導管手術，透過微創手術救活危殆病人。另於2012年與香港中文大學和香港理工大學攜手開創「24小時遠程中風溶栓治療服務」，在護士協助下，病人與腦科醫生進行遠程對話及診症，醫生可使用智能手機查閱病人的發病史和電腦斷層掃描片（CT片），讓病人可在沒有腦科醫生在場的情況，由專業受訓和擁有相關知識的護士進行溶栓治療。服務同時在2013年獲亞太區健康保健資訊和管理系統學會頒發「數碼醫療——傑出資訊及傳訊技術」獎。

團隊亦在運作上注入新意，理順流程，加快救人速度。團隊去年與沙田區的救護員試行「通『風』報訊計劃」。救護員收到中風或疑似個案時，第一時間致電給指定的威院同事。醫院同事立即準備各項工作，包括通知相關同事在急症室門口接收病人、細閱病人發病史、預留電腦斷層掃描放射室等，爭取黃金三小時拯救患者。同時，團隊為救護員提供訓練，加強他們對中風病徵的認識；亦與消防處官員到德國實地考察。計劃試行後，數據顯示個案由抵達醫院急症室至斷症只需8分鐘，比以前的40分鐘，大大改善；另外由到達急症室至用藥的時間，則由過往的60分鐘大幅縮短至16分鐘，成效顯著。

硬件設備很重要，軟件支援亦不容忽視，培訓醫護和教育公眾，均是成功的重要元素。團隊與護理深造學院2010年開始，為護士提供急性中風訓練。過去十年與廣東省的中風協會和護士訓練學院進行交流和培訓。另外，早於1995年

開始，團隊製作小冊子並定期更新內容，又透過舉辦不同的講座和工作坊，介紹中風的臨床病徵和復康訓練，加深社會大眾對中風的認識。

資深護師**劉敏珊**稱，改變工作流程，加強護士的角色，對改善治療成效也很重要，「以前我們只處理病人後期的護理。現在我們可參與前期工作，甚至與醫生一起診症，令護理專業再行前一步。看見病人康復，我們的成功感也倍增。」

要取得各部門的認同，梁醫生坦言過程充滿挑戰，「我們用了不同實證去說服大家，關鍵是大家毋忘初心、用真心去幫助病人，自然便想多走幾步，把病人當是自己親人和朋友來醫治。」



◀ 團隊醫生正進行急性中風導管手術。
The team is carrying out an endovascular thrombectomy operation.

▶ 教育公眾如何識別中風及簡介治療方法。
The team teaches the community about stroke symptoms and treatments.



Stay true and fight stroke

Every six seconds, one person in the world suffers from stroke, which is also the fourth leading cause of death in Hong Kong. Associate Professor of Department of Medicine and Therapeutics Dr **Thomas Leung** joined hands with various departments, including Accident and Emergency (A&E), Neurology, Radiology and Allied Health to enhance the service quality for stroke patients by streamlining workflow and introducing new hardware, software and technology.

Dr Leung stresses that the team has been inventing new measures all these years to enhance service quality. In 2007, they successfully conducted the first endovascular thrombectomy operation in Hong Kong, a minimally invasive surgery which timely removes an obstructive clot from a cerebral artery, salvaging the ischemic brain. Seven years ago, '24-hour Tele-stroke Programme' was implemented in collaboration with The Chinese University of Hong Kong and The Hong Kong Polytechnic University in which doctors can conduct offsite tele-consultation with the assistance of nurses. Neurologists can also check patient's medical history and computed tomography (CT) images on a smartphone. As a result, thrombolytic therapy can be delivered to save life by trained nurses with knowledge and skills on stroke even there is no on-site neurologists. The team received Asia-Pacific 'Outstanding Health Information and Technology Award' from Healthcare Information and Management Systems Society in 2013.

New initiatives in refined workflow waste no time in saving life. The team launched the 'Pre-hospital Stroke Notification Programme' with Sha Tin ambulancemen. Once an ambulanceman encounters a suspected stroke case, he will inform a designated team at Prince of Wales Hospital immediately. It triggers off a series preparation, namely notifying relevant colleagues to receive the patient at A&E, studying patient's medical history and reserving a CT suite for immediate scanning upon arrival. All these facilitate treatment within three hours for a greater chance of recovery. The team also trained ambulancemen about stroke symptoms; and visited state-of-the-art stroke facilities in Germany with senior management of the Fire Services Department and learned from foreign successful cases. After a pilot scheme, statistics reveals a substantial improvement: the time from arrival at A&E to diagnosis drops from 40 minutes to only eight minutes; and the duration from arrival at A&E to thrombolysis treatment shortens from 60 minutes to 16 minutes.



◀ 團隊去年與沙田區的救護員試行「通『風』報訊計劃」，成效顯著。
The team piloted 'Pre-hospital Stroke Notification Programme' with ambulancemen in Sha Tin last year and achieved remarkable outcome.

▶ 十年前，團隊已與廣東省的中風醫護人員，進行培訓和交流，拓展專業。
The team started training and professional exchange with stroke healthcare workers in Guangdong 10 years ago.



團隊開展24小時遠程中風溶栓治療服務，榮獲亞太區健康保健資訊和管理系統學會「數碼醫療——傑出資訊及傳訊技術」獎。
Initiating the '24-hour Tele-stroke Programme', the team has received Asia-Pacific 'Outstanding Health Information and Technology Award' from Healthcare Information and Management Systems Society.



Software support, such as medical staff training and public education, is as important as hardware. The team has worked with HA Institute of Health Care since 2010 to provide acute stroke training for nurses, and organised training and exchanges with Stroke Society and nursing schools in Guangdong province in the past 10 years. Moreover, pamphlets are produced and updated regularly, talks and workshops have been held since 1995 to raise public awareness of stroke, including stroke symptoms and rehabilitation training.

Maggie Lau, Advanced Practice Nurse, says that changes in the workflow have strengthened the role of nurses. "We were mainly involved in patients' post-operative care in the past. But now we take part in an earlier stage or even making clinical decisions with doctors. Seeing patients recover, the happiness and satisfaction double."

Dr Leung adds, "It is challenging to get consensus from various departments, so we convince everyone with evidence. After all, we walk an extra mile to help patients with our heart and treat them as our family and friends. We do not forget why we did this job at the beginning, and we stay true to our heart and mind all along. This is the key to success."

中風守護者 Stroke Team

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Prince of Wales Hospital

Department of Medicine & Therapeutics

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Dr Thomas Leung Wai-hong (Team leader)

Professor
Prof Vincent Mok Chung-tong

Clinical Professional Consultant
Dr Yannie Soo Oi-yan / Dr Lisa Au Wing-Chi

Associate Professor
Dr Alexander Lau Yuk-lun

Associate Consultant
Dr Leung Ho-wan / Dr Ip Hing-lung /
Dr Anne Chan Yin-yan /
Dr Florence Fan Sin-ying

Resident Specialist
Dr Ma Sze-ho / Dr Karen Ma Ka-yan

Resident
Dr Bonaventure Ip Yiu-ming

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Ms Alice Yiu Lai-ping

Nurse Consultant (Stroke)
Mr Shum Wai-ching

Ward Manager
Ms Chan Ka-wai

Advanced Practice Nurse
Mr Liu Ka-hung / Mr Chan Kai-kei /
Mr Chiu Jim-hung / Mr Chu Chung-ho /
Ms Jovy Wong Sau-kuen / Ms Ip Nga-lai /
Ms Lau Man-shan / Ms Chang So-so /
Ms Wong Ki-ying

Registered Nurse
Ms Chen Nga-ting / Ms Li Shirley /
Mr Mak Kam-woon / Ms Shum Tung-ning /
Ms Wong Wing-hay / Ms Pinky Chan Tsz-yan /
Ms Ho Suet-wa / Mr Wan Hoi-leong /
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Dr Abrigo Jill-morales

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Mr Alex Yue Sze-yin

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Ms Becky Chan Yin-tim

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優秀青年

YOUNG ACHIEVER

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咖啡散心扉 滑翔闖天際 Nurse-paraglider opens patient's heart over coffee break

「別讓病房的四面牆困住精神病患者的心，偶爾陪伴他們出外走走，喝一杯咖啡，或飛一次天，都有助放鬆心情，改善病情！」29歲的**趙浩南**說。

浩南是精神科護士，在精神科急症病房工作，常接觸患有嚴重精神病的病人。他說：「治療精神病不只靠藥物，也需要跨專業協作服務。」他深信在病房拓展「實踐復元模式」計劃，由醫護人員與病人共同制定以人為本的治療方案，加強照顧者支援，提供多元化服務選擇，可改善精神科住院體驗，助患者重建生活。他常與上司及同事「度蹺」完善精神科服務，例如諮詢顧問護師，將兒童及青少年精神科專門技巧引進精神科急症病房。

幫助精神病患者復元，建立互信關係尤其重要。浩南記得有名院友以往幾乎每天情緒不穩，拒絕服藥，甚至使用暴力，嚷著要出院，初期醫護只能約束制止。有一天，浩南與該院友談天。院友淡淡然說覺得自己沒希望康復出院，才唯有無所不用其極要離開醫院。於是浩南向主診醫生建議，由他陪伴該院友離開禁閉式病房環境，到醫院餐廳喝杯咖啡、逛逛花園，讓院友重拾希望。後來院友打開心扉，沒再使用暴力，更積極配合治療計劃逐漸康復。自此浩南會定期帶院友離開禁閉式病房，在花園散步、到球場打波，多接觸戶外環境，陪伴他們走過復元之路。

工作以外，浩南亦是滑翔傘香港隊成員，除了比賽訓練以外，更經常與友人為弱勢社群和罕見病患者籌辦義載飛行體驗，一方面為圓其飛行夢，另一方面希望推廣傷健共融，喚醒社會對弱勢社群和罕見病患者的關注。

“Don't let hospital walls trap a patient's heart. Hang out with them, have a coffee break with them, or even fly up to the sky, all these help patients recover,” says 29-year-old Registered Nurse **Chiu Ho-nam**.

As a psychiatric nurse working in acute care unit, Ho-nam deals with patients suffering from severe mental illness. “Treating mental illness is not only about medication, but also multidisciplinary care,” Ho-nam believes ‘Model practice ward in acute care’ benefits patient's recovery. The person-centred delivery model, jointly developed by the healthcare team and patient, strengthens caregiver support, provides diversified care options, and thus optimises psychiatric in-patient experience. He often works with his supervisors and colleagues to improve clinical services, such as delivering children and adolescent management technique in psychiatric acute care unit through working with nurse consultant.

Rapport building is essential to mental illness recovery. Ho-nam recalls a patient who was agitated and refused treatment due to outcry for discharge almost every day. He even resorted to violence, so restraint and sedation were often applied at the beginning. One day, Ho-nam talked to the patient who was emotionally stable. Spoke in a hushed tone, the patient said he just thought that he would never recover so he resorted to extreme measures to leave the hospital. Ho-nam then suggested to the case doctor that he would accompany the patient to the hospital restaurant for a coffee break and strolled in the garden so that the patient might develop a tinge of hope.

To everyone's surprise, the patient later became very cooperative in treatment and did not resort to violence anymore. Since then, Ho-nam has become patients' company and peer, bringing them outdoors, strolling around the hospital garden and playing ball games in the playground. These activities open patients' heart and rebuild their confidence.

In addition to work, Ho-nam is a member of the Hong Kong paragliding team. Besides regular training and competition, he and his friends often organise voluntary paragliding activities for the disadvantaged and rare disease sufferers in the community. Apart from fulfilling their dreams, he also wishes to promote social integration and public awareness of rare diseases in society.

我和病人有個約會

I have a date with patient

夙夜不眠 忘我救人 Saving lives in sleepless nights

「病人危在旦夕，我們沒有 on call 不 on call 之分，因為醫護是病人唯一依靠。有時自己雖然不是 on call，但手術分秒必爭，團隊多一雙手，可盡快挽回病人性命。」醉心創傷及血管科手術的**鄭敏樂**醫生說。

去年初敏樂到深圳教授為期三天的「創傷生命支援」課程，到步當晚，收到同事來電知悉一名中年病人腸缺血性壞死，死亡率高達70%，需進行緊急手術。她義無反顧立即回港幫忙，為病人施手術直至凌晨，小睡一小時又折返內地繼續教學。」後來，該病人又不幸地出現脾動脈破裂而要進行緊急手術，敏樂再次在非當值時間回醫院幫忙。最終病人走出鬼門關，現已重過正常生活。

外科醫生講求體力及精神，敏樂高峰時期，可一晚負責三個手術，每次歷時逾三小時，但她從不計較，盡心盡力，「很多創傷病人很年輕，若有適時完善的治療，可救回他的下半生，亦救了他一家人！」

敏樂致力推動本港創傷治療發展，盼有一天在香港可成為獨立專科。她更與同事創出全球首個嚴重盆骨骨折「三合一」手術，即由三個不同專科在黃金一小時內，共同搶救病人。手術針對嚴重盆骨骨折致大量出血的個案，先由骨科醫生將支架置於盆骨外加以固定，減少出血；之後由外科醫生開刀，在盆腔置入紗布，為靜脈止血；最後放射治療科醫生使用動脈栓塞術，透過導管栓塞動脈的出血位。手術成功減少傷者出血量，死亡率由60%降至12.5%，醫學界冠以「Hong Kong Protocol（香港方法）」之名。

“When patient's life is at risk, we are their sole reliance. No matter I am on call or not, I help out as much as possible to speed up the surgery and save patients' lives,” says Dr **Mina Cheng**, a devoted trauma and vascular surgeon.

Earlier last year, Mina was in the middle of a 3-day course on advanced trauma life support in Shenzhen. On the first night, she received a call from a colleague telling her that a middle-aged patient with ischemic bowel required an urgent operation. It was a condition with a mortality rate of 70%. Without a second thought, Mina travelled back to Hong Kong and operated on the patient until early morning of the next day. After a short nap, she continued teaching in the mainland. Unfortunately, the patient later was complicated with splenic artery rupture and required another urgent operation. Again Mina returned to the hospital immediately to help though she was not on call. The patient was cured and has returned to normal life.

Being a surgeon can be taxing but Mina still does her best. She has a record of performing three operations a night with each lasted over three hours. “Some patients are pretty young. With proper treatment, we can save their future and their family!”

Mina promotes the development of trauma surgery, hoping that it can become a specialty in Hong Kong one day. She and her teammates initiated a ‘3-in-1 approach’ surgery for exsanguinating pelvic fracture in which three specialties work together in one hour to save patients by stopping the drawing of blood. An orthopaedic surgeon first applies external fixators to the pelvis to stop bleeding; then surgeon performs retroperitoneal pelvic packing; lastly, a radiologist performs embolisation to stop arterial bleeding. This surgery, which successfully reduces bleeding and lowers the mortality rate from 60% to 12.5%, was named ‘Hong Kong Protocol’ by fellow medics.

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優秀青年

YOUNG ACHIEVER

重塑美顏的魔法師 Alchemist at work

人人都想擁有漂亮外觀，但萬一事與願違，自信心會跌至谷底。整形外科副顧問醫生**廖軒麟**憑著一雙巧手，幫助不少病人重塑外觀，重拾自信。

廖醫生小學時已喜歡將物件拆散再還原，與他今天負責的手術有點相似，如淋巴水腫手術、乳房重建、頭頸重建、活體肝移植肝動脈接駁手術等。聽他講解顯微外科手術的每個細節，足見他心思細密、投入又認真。他說：「我做的手術是從病人身體的正常部位抽取組織，移植至需要重建的部位，然後接駁只有幾毫米的血管，再縫合傷口。手術需心靈手巧和耐性，每宗手術都要花上大半天時間。」

Everyone wants to have beautiful appearance, the lack of which likely stripes one's self-confidence. Dr **Lawrence Liu**, Associate Consultant in plastic surgery, helps patients rebuild their appearance and regain self-confidence with a pair of skilful hands.

Dr Liu liked to disassemble and rebuild objects when he was a little boy, similar to what he does at work today, namely lymphedema surgery, breast reconstruction, head and neck reconstruction, and hepatic artery anastomosis in living donor liver transplant. When he explains every detail of microsurgery, it shows that he is a thoughtful, meticulous and serious doctor. He says, "I harvest tissues from the normal part of patient's body and transplant it to the injured area. Then re-connect the blood vessels that are as tiny as a few millimetres, and finally suture the wound. The surgery requires intense mindfulness and patience, such surgery often takes half a day."

In 2015, he started a new multidisciplinary day service for lymphedema patients together with physiotherapists, breast surgeons and specialist nurses. The service includes consultation, lymphedema surgery, limb care and physiotherapy. It is the first of its kind introduced in public hospital in Hong Kong.

He describes himself as a giraffe. "I want to stand high so that I can have an overview of the macro environment. It keeps me abreast of the latest development in medicine. I also believe, with Hospital Authority being the largest training centre for doctors, we need to challenge our limits to enhance the standard of surgery and deliver quality services to patients."

兔唇寶寶再現歡顏 Cleft lip babies glow with smiling faces again

「很多家長懷孕期間，知道胎兒有唇顎裂（兔唇），都不會放棄胎兒，決心誕下孩子，全因信任我們的團隊。所以我更自覺責任重大，要付出多於百分之百的努力醫治每個兔唇寶寶。」在小兒外科工作逾十年的**廖思維**醫生，曾在美國匹茲堡兒童醫院和台灣長庚紀念醫院分別進修一個月和一年，希望將外地新技術、新知識引入香港，提升本港服務水平，助病童重展自信的笑臉、發出嘹亮的聲音。

他說：「全港每年約有百宗唇顎裂的個案，相比其他東南亞地區，數目不算多，加上這類手術非常複雜，要數年後才看到成效，故較少醫生在這方面發展。不過，當你看到因外觀缺乏自信的病人，勇於展示自己笑臉時，就覺得值得花心機和努力！」他記得數年前有個雙十年華的女病人，接受唇顎裂手術後，外觀雖改變了，卻出現重鼻音和說話不清。當時廖醫生與團隊再為她做醫院首次引入的口腔瓣手術。結果手術成功，病人改善容顏，見工時增添自信。

未來，他將與聯合醫院牙科醫護團隊研究利用電腦進行正顎手術的術前規劃，較目前用石膏模的術前規劃更準確周詳。

"Many parents do not give up when they are told that their fetus has cleft lip and palate. Nonetheless, they continue the pregnancies because they trust our team. I thus have a strong urge to spend all my effort to heal every unfortunate baby." Dr **Clarence Liu** has been working in paediatric surgery for more than 10 years. He was trained at Pittsburgh Children's Hospital in the United States for a month and Chang Gung Memorial Hospital in Taiwan for a year. He always hopes to introduce new technology and knowledge from overseas to enhance the standard of treating patients with cleft lip and palate in Hong Kong so that they smile again and speak with a loud clear voice confidently.

2015年，他與物理治療師、乳腺外科醫生和專科護士等，開展為淋巴水腫病人而設的跨部門日間服務，提供健康諮詢、淋巴水腫手術、術後自我護理和物理治療等，是全港首間公立醫院提供此服務。

他以長頸鹿形容自己：「我希望站高一點，看得全面和宏觀一點，這樣才能了解醫療發展的方向，與時並進，跟世界接軌。另外，醫管局是全港最大的醫生培訓機構，我們必須挑戰自己，才能提升手術水平，為病人提供優質的服務。」



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Associate Consultant (Surgery)
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"Not many doctors are interested in this area," Dr Liu says. "There are about 100 cases of cleft lip and palate in Hong Kong every year, not a large number when compared with other Southeast Asian countries. On the other hand, the operation is very complex and result will only be seen after several years. However, your effort pays off when you see a once shy patient now shows his smiling face with confidence." He recounts a patient aged around 20, though underwent previous cleft lip and palate surgery and resulted in better appearance, still has problems with heavy hypernasal speech and unclear pronunciation. Dr Liu and his team decided to conduct a buccal flap surgery on her, which was also the first of its kind in United Christian Hospital (UCH). After a successful operation, the patient regained not only her speech, but also the confidence to face job interviews.

In the future, he will work with the UCH dental team to use computer software for pre-operative planning for orthognathic surgery, which is deemed to be more accurate and in details compared to traditional dental cast model.

重新・重生 Life reborn

重拾步履見新天 Regain mobility, regain hope

大口環根德公爵夫人兒童醫院關節置換中心2016年成立，每年為約350名病人提供膝關節和髖關節置換手術，助病人重拾行動自如的生活。由**傅俊謙**醫生領導的跨部門團隊採用快速康復技術，透過術前教育、改善圍手術期疼痛管理、用藥物減少失血，使病人術後當天已可下床步行，住院時間由傳統兩個多星期大減至四天以下，同時降低病人住院期間出現併發症的風險。

除了進行全膝關節置換手術，傅醫生主張為合適的病人進行半關節置換手術，加快復原和達到更好的術後功能。「我記得有病人患有膝關節退化性關節炎，手術前寸步難行，每天依賴止痛藥。她喜愛跳社交舞，希望術後能再次跳舞。我知道全膝關節置換術可能無法為她提供最理想的術後功能，故我為她進行了半膝關節置換手術。結果，她六星期後康復，時間比更換全膝關節快一半。她術後三個月已能參加跳舞比賽，更贏得冠軍呢！」他強調，「我們醫治的是病人，不是X光片，故要先了解病人的生活習慣和背景，才決定最佳的治療方案。」

傅醫生熱衷學習新技術，提升手術水平。他曾到美國三間頂尖骨科醫院受訓三個月，今年1月在瑪麗醫院引入全港公立醫院首個機械人輔助關節置換手術，提高手術準確度和安全，使人工關節更貼合，減低日後要進行翻修手術的可能。

The Duchess of Kent Children's Hospital Joint Replacement Centre was established since 2016 with an output of 350 surgeries annually, allowing numerous arthritic patients to walk again. Dr **Henry Fu** and his multidisciplinary team formulated a fast track arthroplasty clinical pathway incorporating preoperative education, perioperative multimodal analgesic regime and patient blood management. Patients can typically walk on the day of surgery and recover faster. There is a significant reduction of the average length of stay from conventionally over two weeks to less than four days. Shorter hospital stay also results in lower morbidity.

Apart from providing total knee joint replacement service, Dr Fu advocates partial knee replacement for suitable patients because it allows faster recovery and achieves better post-operation function. "I had a patient who suffered from debilitating knee arthritis. Every step was a great pain for her that she had to rely on painkillers. Being a

social dance fanatic, she wished to continue her dancing pursuit after the surgery. Total knee joint replacement although being an excellent surgery, might not provide her with the high functional demand she was after, thus I advised her to have partial knee replacement. As a result, she made a full recovery in six weeks, which was only half the usual recovery time for total knee replacement. The patient took part in a dancing contest three months after the operation and even won the championship!" Dr Fu stresses, "We treat patients, not X-rays. It is important for us to adopt a patient-centered approach by taking an individual's functional demands into consideration."

Keen on learning cutting edge technology in surgery, Dr Fu undertook three-month training at three world-renowned orthopaedics hospitals in the USA. Upon his return, he introduced robotic arm assisted technology for joint replacement in Queen Mary Hospital this January, which is the first public hospital utilising this equipment. This technology promises greater surgical precision and safety, making surgery more consistent and reducing the risk of future revision surgery.

循證實踐 無牆護理 Evidence-based nursing care without walls

社康護士**李嘉盈**除了負責社康護理工作外，2017年亦在部門管理團隊的帶領下，合併瑪嘉烈醫院社康護理部及支援長者離院綜合服務兩支出院規劃隊。這一站式服務大大減少前線的工序，令出院病人得到適切的評估、分流及服務。嘉盈還積極推動科研實證研究，提升護理質素，令病人安心在家護理。

一直以來，醫護人員常就病房臨床治療進行科研實證研究，然而關於家居護理的卻寥寥可數。嘉盈代表部門進行循證實踐，發展護理科研，根據臨床服務的需求，結合護理個案經驗，提出有利治療病人的措施。例如社康服務前年開拓「社區拔除導尿管」護理模式，讓行動不便的病人留在家中接受相關護理；又將三次外展家訪流程精簡至一次，較易管理日益增加的服務需求。她相信科研實證是倡導護理措施方向及決策的重要依據，有助拓展護理學術的知識範疇，吸引新血加入社康團隊。

嘉盈十分重視與病人和家人溝通的機會，視病人如親，「家是病人的『主場』」，所以要因應他們的需要而設計全面的護理計劃。我們要了解病人的病歷、生活習慣、自理能力、與家人關係、社會支持網絡和個人心願等。溝通和疏導可以令病人心情愉快和變得積極，從而獲得病人及照顧者的信任，使他們配合治療與護理，才能事半功倍。每次看到病人和家人的笑容，我覺得很滿足，充滿動力，不斷向前。」

李嘉盈
資深護師
瑪嘉烈醫院
Karen Li Ka-ying
Advanced Practice Nurse
Princess Margaret Hospital

黃美彰
副顧問醫生（精神科）
基督教聯合醫院
Wong Mei-cheung
Associate Consultant (Psychiatry)
United Christian Hospital

樂當和事佬 Be a peacemaker. Why not?

黃美彰醫生經常到觀塘及將軍澳區內43間安老院舍應診，她接觸的病人中，六成患認知障礙症，其餘有抑鬱症、思覺失調等精神健康問題。

心不通，病難除。她常見長者「嘮嘮豬」，不少因為適應問題，出現失眠、容易發怒、食慾不振等情況；加上長者的病識感較弱，較難察覺精神不適的警號。「他們發脾氣甚至出現對抗行為，是由於有病或純粹發洩，醫護必須耐心聆聽才能找出箇中因由。」

她記得，有名院舍伯伯每次洗澡就會斥罵院舍職員。院舍認為伯伯病情不穩，希望醫生加強藥物治療；家屬則指是院舍照顧不周，雙方陷入拉鋸局面。後來她與伯伯傾談，知道他因怕洗走好運，才拒絕在賽馬日洗澡。於是黃醫生充當「和事佬」，與伯伯、家人和院舍職員三方溝通，建議職員避免在賽馬日為伯伯洗澡，問題迎刃而解。

黃醫生亦提倡老人精神科門診增設分流制，將病情較輕、預計診治時間較短的病人分流出來，提早採用跨專業團隊合作診治的模式提供治療，加快病人康復，減少長期覆診的需要。

Dr **Wong Mei-cheung** visits 43 elderly homes in Kwun Tong and Tseung Kwan O regularly. 60% of the patients suffer from dementia, and the rest have other mental health problems such as depression and psychosis.

Mind is over medicine. Dr Wong says anger and resentment can strike anytime as elderly patients have frustration in adapting to new environment. Insomnia, outrage and loss of appetite are typical signs of mood swings. In addition, elderly patients are relatively insensitive to signs of illness, and thus slow in detecting mental health alarms. "Do illnesses prompt them to resentment or even violence in the first place? Or are they purely venting? We have to listen to them with a lot of patience and understanding."

She recalls an old man blasted workers at the elderly home every time they took him to shower. The home reckoned that the old man was mentally unstable and asked the doctor to increase medication. On the contrary, the family accused the elderly home of sub-standard care. After several talks with the old man, Dr Wong realised that he refused to bathe on race day for fear of washing away good luck! Being a peacemaker among the old man, the family and elderly home staff, she suggested the home staff not to take the old man to shower on race day. The conflict is resolved there and then.

Dr Wong also advocated a triage system in psycho-geriatric outpatient clinic. To achieve early diagnosis and intervention, patients with mild mental illness will be triaged and treated earlier with a multidisciplinary approach which helps speedy recovery. In so doing, they will not require long term treatment as their problems are nipped in the bud.

Community nurse **Karen Li** does more than visiting patients at home. She immensely contributed to the integration of Community Nursing Service (CNS) and Integrated Care Model into a single point of contact for discharge planning in Princess Margaret Hospital in 2017. The service integration streamlines the workflow and enables patients to receive appropriate assessment, triage and community care services. In addition, she advocates evidence-based research to raise the nursing standard and improve patient experience.

Studies of clinical treatments are commonly found while evidence-based practice or research on homecare nursing are forward far between. As a department representative, Karen judiciously used current best evidence in making clinical decisions and worked out patient-centred protocol in community care. For instance, she initiated in 2017 a project 'A Trial without Catheter Model for Non-ambulatory Patients in Community' to perform home care urinary

catheter treatment. The three-time outreach practice was also streamlined to a single visit which has improved service efficiency. Karen sees evidence-based practice as a solid foundation of policy and strategy making of nursing care delivery. It also helps promote the development of nursing profession in academic arena and attract new blood for CNS.

Treating patients like her family, every appointment with them are valuable to Karen. "They are 'the host' in a home visit. We need a thorough understanding of their medical history, habits, self-care ability, relationship with family members, social support network and personal pursuits, in order to design the best care plan for them. Communication and counselling make patients happy and positive, foster mutual trust with patients and caregivers, and thus enhance treatment effectiveness. Seeing their smiles is the greatest motivation to me."

麥卓恒
一級物理治療師
雅麗氏何妙齡那打素醫院
Thomas Mak Cheuk-hang
Physiotherapist I
Alice Ho Miu Ling Nethersole Hospital

復康「蒲點」處處尋 And so rehabilitation goes...in the neighbourhood

90後物理治療師**麥卓恒**花了500小時工餘時間，與同事走遍大埔每個角落，製作「網上復康運動資源中心」。這個網上平台臚列區內80個社區復康設施，簡述不同活動器材的治療功效，推介社區復康訓練「蒲點」及方法，並以文字和短片形式介紹術後運動詳情。關節置換手術病人離院後可隨時查看，解決「唔記得、唔識做、怕做錯」的煩惱。他更設計出方便攜帶的「QR Code 小卡片」，病人可隨時隨地用手機查閱所需資訊。

卓恒時時為病人提供「貼心又貼地」的物理治療小點子。如知道病人術後計劃遊日本，他會查看航機座位佈局，發現傳統航空公司的經濟客位座距為30多吋，廉航則只有28吋，他就建議病人選乘傳統航空公司，以避免過度屈曲關節。他又會到日本書店尋寶，發現有書籍教曉關節置換手術後的病人，以幾個步驟平躺睡榻榻米，避免髖關節過度屈曲而脫臼。他又喜愛「蒲」社區，從細節分析如何調節病人的復康練習，如親自量度小巴梯級高14吋、巴士則高11吋，便知道該如何調節治療方法。

為造福病人，他樂此不疲，腦中常有新想法。他將與同事推出水療復康運動的教學系列，病人可在公眾泳池做腰背、下肢、太極、瑜伽和術後水療運動，放鬆關節、強化肌肉，緩減痛楚。病人可更方便自由地練習，不用返回醫院做運動。

Physiotherapist **Thomas Mak**, a Gen Z young man, spent 500 hours after work with his teammates to explore every corner of Tai Po in order to produce an online platform 'E-Rehabilitation Exercise Resource Centre', providing information on rehabilitation for patients undergone total joint replacement. Understanding patients' difficulty in learning rehab information after they leave hospital or clinic, Thomas and his colleagues list 80 hotspots in Tai Po with rehab facilities on the platform and present post-operative exercises in interesting text and videos. He also created a handy card with QR codes for patients to retrieve information anytime anywhere at their fingertips.

Thomas often offers patients with down-to-earth physiotherapy advice. For example, when a patient planned to travel to Japan after operation, he checked out cabin layout and recommended taking economy class of full service carrier over budget airlines, since the seat pitch is over 30 inches for the former and only 28 inches for the latter, so as to avoid overbending of joints. He went one step further to browse around Japanese bookstores in search of tips of all kinds. He discovered that post-hip replaced patients could sleep on tatami mats by slowly lying down to avoid joint dislocation. Wandering around in community also inspires him in various ways. Noticing the heights of the flight of stairs in minibuses and bus are 14 inches and 11 inches respectively, he modified rehab exercises so as to make them easier for patients.

To benefit patients, he is always restless in looking for nouveau ideas. He and his teammates plan to launch a series of water rehab exercises. The new tool will enable patients to relax joints, strengthen muscles and relieve pain by doing lower back and lower limb exercises, tai chi, yoga and post-operation training in public swimming pool. Patients can easily exercise at their convenience in free time without returning to hospital.

復健同行 在社區 Hand in hand for patient's recovery in community

醫人實戰場

傳承父親教學精神

Pass on Dad's spirit of teaching

黃祈恩當醫生，深受爸爸——黃建明醫生影響。他說：「爸爸同樣是婦產科醫生，縱使已過世，但我最記得的是當年他即使不在醫院工作，甚至後來患病，仍以榮譽顧問身份回東區醫院將自己畢生所學傳授給下一代。」黃爸爸此舉促使黃祈恩立下要將知識傳承下一代的決心。

2014年，黃祈恩在東區醫院與團隊發展臨床模擬訓練中心，由規劃課程、安排硬件配備、教書，以至推廣，他都親力親為。「很多病人不希望由新手醫生診症，但若新手醫生沒有臨床經驗，又怎能成為日後可靠的醫生呢？所以必須發展模擬訓練，加強醫生的自信心外，提升服務安全。」

能夠在35歲就成為顧問醫生，殊不容易。除運氣外，信念也很重要。他說：「不管被派發甚麼工作，我都視為寶貴的學習機會。」例如2013年他被安排重整「無人問津」的泌尿婦科，處理60至90歲婦女子宮下垂導致小便失禁的個案。「手術不易做，所以只有少數醫生感興趣，但我仍堅持把事情做好。」默默耕耘換來長者的笑臉，「每次他們告訴我可以去旅行，生活質素提升，就提醒我緊記行醫的初心。」

Dr **Daniel Wong**'s aspiration of becoming a doctor originates from his father – Dr Wong Kin-ming, who was also a doctor in obstetrics and gynaecology. "It impresses me most that he still taught younger doctors at PYNEH in an honorary capacity even after he left the hospital and got sick later." Influenced by his father, he determined to pass on his knowledge and skills to younger doctors.

Dr Wong and his team established Multidisciplinary Simulation and Skills Centre at Pamela Youde Nethersole Eastern Hospital from scratch in 2014, from programme planning, hardware arrangement, teaching, to even promotion. "Patients today are reluctant to consult green doctors. But how can these doctors gain clinical experience if they don't have the chance to attend to patients? Simulation training is indeed necessary to build up doctors' confidence and enhance patient safety."

To become a consultant at the young age of 35, one needs more than luck. It is the faith that brings Dr Wong to this position. "I see every task a valuable learning opportunity," he says. For instance, he was asked to restructure the urogynaecology service, which is not a popular subspecialty. It serves female patients aged 60 to 90 who suffer from uterine prolapse and urinary incontinence. Few doctors are interested in this area because of the complex surgery. Yet Dr Wong does his best for the well-being of elder patients. "When patients tell me that their quality of life has improved and can even travel on their own, it is encouraging and it reminds me of my resolution to become a doctor."

黃祈恩
顧問醫生(婦產科)
東區尤德夫人那打素醫院
Daniel Wong
Consultant
(Obstetrics & Gynaecology)
Pamela Youde Nethersole
Eastern Hospital

冼佳卓
副顧問醫生(深切治療部)
伊利沙伯醫院
Sin Kai-cheuk
Associate Consultant
(Intensive Care Unit)
Queen Elizabeth Hospital

More than healing: Doctors who train future doctors

黃卓力
副顧問醫生(內科及老人科)
明愛醫院
Wong Cheuk-lik
Associate Consultant
(Medicine & Geriatrics)
Caritas Medical Centre

言行合一 以身作則 Trust your heart, be a role model

黃卓力是內分泌及糖尿科專科醫生，2009年加入明愛醫院。五年前仍是專科受訓醫生時，他自動請纓培訓醫科生、駐院實習醫生和駐院受訓醫生，毫不吝嗇地與人分享他的知識、技巧和經驗。他的熱誠和貢獻得到學生和同事認同，自2016年起連續兩屆獲頒香港中文大學的模範教學獎。

黃醫生平易近人，以大哥哥的角色與新手醫生分享經驗。「我是過來人，知道行醫初期若有人在旁提醒自己，可免走冤枉路。有些初出茅廬的醫生可能需要工作上的建議或不習慣面對沉重壓力。不管甚麼理由，都可隨時找我傾訴。我覺得帶教新人除傳授臨床知識和診症技巧外，還要關心他們的情緒和工作感受。」

縱使工作繁重，黃醫生仍堅持抽空培訓新人，只因一顆傳承的心。「我希望學生能重視病人感受，緊記自己行醫的初心，延續將心比己的精神。」

Dr **Wong Cheuk-lik**, a specialist in endocrinology and diabetes, joined Caritas Medical Centre (CMC) in 2009. When he was still a Specialist Trainee five years ago, he volunteered to be a tutor for medical students, training coordinator for interns and peer mentor for resident trainees, hoping to pass on his knowledge, skills and experience. Not only is he being well recognised by interns and fellow colleagues, he has also received the Exemplary Teaching Award from The Chinese University of Hong Kong for two consecutive years since 2016.

Being amiable, Dr Wong is like an elder brother to young doctors. "I have gone through the struggles and challenges as a junior doctor. And I am keen to share my experience with the younger generation and provide fitting guidance whenever they are in need or under extreme stress," says Dr Wong. "I feel really flattered if they approach me and talk to me, not only about clinical knowledge and skills, but also their ups and downs. Their emotion and feelings are also what I would care about."

Why is Dr Wong still motivated to teach even when he is tied up with work? "I always remind the junior colleagues as well as medical students to stay firm with and live out the belief: put yourself into a patient's shoes and be kind and empathetic. As I wish to pass this spirit on, I keep on teaching."

開創 VR 模擬訓練新領域 Pioneer VR in simulation training

冼佳卓醫生自2011年起在深切治療部工作，兼顧培訓實習醫生，教導他們如何安全運送危重病人。2012年，他與九龍中醫院聯網綜合模擬及技能培訓中心合作，為醫院實習醫生制定模擬臨床培訓課程。去年他獲邀參加醫學研討會時，得知虛擬實境已逐漸運用在醫學生臨床教學，即與香港理工大學工業及系統工程學系合作，為血液配對和抽取血液樣本作細菌培植兩項醫療程序，研發虛擬實境訓練系統。實習生透過互動過程，可重複練習，反應良好。

他說：「新一代醫生跟上一代的學習模式不同，上一代是帶教式，由『師父』邊診症邊傳授經驗；新一代醫生生於科技世界，我們可借助科技，加強走入病房前的培訓。我的角色如橋樑，引導實習生利用科技輔助累積臨床經驗，鞏固理論知識，有助提升病人安全。」

Dr **Sin Kai-cheuk** has been working at the intensive care unit since 2011, responsible for training interns on safe transportation of critically ill patients. The next year, he took a further step to collaborate with Multi-disciplinary Simulation and Skills Centre of Kowloon Central Cluster and introduced an organised simulation training programme to new interns. Inspired by a medical education conference last year in which

he learnt that virtual reality (VR) technology has been widely applied in clinical teaching, he cooperated with Department of Industrial and Systems Engineering of The Hong Kong Polytechnic University to design a VR training programme for blood test procedures (type and screen, and blood culture). The programme receives encouraging response as students can practise repeatedly in an interactive fashion.

"The learning model for doctors has changed from person to person teaching to the use of technology. Doctors today undertake training through technology before their actual work in ward. I act as a bridge to guide interns to reinforce their clinical skills and put theory into practice, thus, enhance patient safety," he says.

「雷達」醫生 愛探索敢創新 Innovation always on doctor's radar

人稱「雷達」的**雷俊達**醫生，人如其名，觸覺敏銳，能精準「探測」醫療服務改善的方位。他敢言、敢行，認為服務需求因應時代變遷不斷改變，因此醫療服務也要因時制宜，改革永不停步。再好的系統流程也有落後的一日，所以我們不會安於現狀，要不斷檢視、改善，才進步。」

雷達自小對科技有濃厚興趣，喜歡編寫電腦程式和網頁。在急症室工作多年，他發現急症室流程出現重疊，故與其他部門服務銜接不順暢。因此，2012年他向管理層提出「急症室電子系統」，病人由登記、分流至診症，均由同事直接將資料輸入電腦，與傳統由急症室醫護人員手寫病人資料在診症卡上的做法不同。新系統亦有助其他部門如放射科或病房人員，即時查閱急症室病人分布及危急程度等資料，方便即時調派人手跟進，減少病人等候時間。該系統使資料更準確，減少因字體差異而引致錯誤。此系統正逐步推廣至全港急症室使用。

雷達認為改善服務的過程充滿荊棘，除敢向管理層表達外，也要提出解決方案和具體執行細節，否則只限於「拗口水交」。幸有上司和同事共同努力和支持，大部分計劃都能順利推出。

Aptly-named 'Dr Radar', Dr **Lui Chun-tat** is perceptive and always keeps his wits about healthcare service enhancement. "Upcoming challenges in modern healthcare services arise day to day and technology is easily phased out by time. Therefore, we have to keep up with service change." With outspoken and assertive characters, he is certain of to improve is to change, to be perfect is to review and improve constantly.

Dr Lui has keen interest in technology since childhood. He likes computer programming and webpage design. Having worked in accident and emergency department (AED), he has identified service discrepancies, service gap and workflow duplications. In 2012, he proposed to management a new system named 'eAED' to improve the efficiency of operation workflow. From registration, triage to medical consultation, all patients' information is computerised. The new system enables staff of other departments, such as radiology or ward to access information on the status of patients in AED, facilitate immediate deployment of manpower and reduce patient waiting time. Besides, it also enhances data accuracy and minimises the risk of misunderstanding due to handwriting. eAED is being extended to other AEDs in HA.

Over the course of service enhancement, Dr Lui sometimes found it hot to handle. However, sheer talk will give way only to pragmatic and constructive solutions. Fortunately, with the concerted effort and support of his supervisors and colleagues, most of the plans have been successfully rolled-out.

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工字出頭 為醫院獻計「升呢」 Building services no trifle in hospital operations

屋宇裝備工程分風、火、水、電四大範疇，即空調系統、消防和安全設備、排水系統及電力供應的設計、安裝、維修和管理。**單然新**2014年加入歷史悠久的葛量洪醫院，為這間「爺爺級」醫院獻計「升呢」，做足保障規劃，確保醫院設備正常運作，有效維持病人服務。

住宅或商業樓宇遇到重大事故，例如停電，最大影響是引致錢財損失。但醫院停電，救命維生的醫療儀器通通停頓，影響的卻是寶貴人命。因此，單然新一改醫院以往出事才找人緊急維修的高成本做法，理順應變策略、制定定期檢測保養計劃，以及定期檢視所有設施的狀況。他一方面為醫院設施購買維修保養，提高穩定性；另一方面按序更換效能較差的設備。

單指出，屋宇設備管理講求合作和應變力。他早前為內設手術室及心導管室的「郭得勝心臟中心」更換中央冷氣系統。他先到現場視察，再向前線醫護了解服務流程，然後制定相關工作流程及應急方案，最終在非服務時間迅速更換系統，確保運作正常。另外，去年強颱風「山竹」吹襲期間，他與同事合力在醫院內鋸樹開路，打通對外交通，維持服務，齊心協力的團隊精神令他感動難忘。

他笑言今次得獎對「工程佬」是個很大的肯定，證明「工字可出頭」！

Building services engineering is basically categorised into the design, installation, maintenance and monitoring of ventilation system, fire services and safety, water supply and drainage system and electricity supply system. After joining the long-established Grantham Hospital in 2014, **Isaac Sin** has geared up since then various hospital facilities in order to ensure safe, comfortable and unimpeded patient services.

The most significant impact of major incidents like power outages in residential or commercial buildings is the loss of money. However, a power failure in hospital may cause loss of lives due to suspension of life-sustaining instruments. Therefore, to alleviate repair lead time and cost, Isaac re-strategised contingency plan for different scenarios, set up regular inspection and maintenance plans and reviewed the performance of all facilities and equipment in the hospital. On one hand, he adopted preventive maintenance and repair insurance for facilities with high efficiency performance to improve stability. On the other hand, equipment with poor performance was to be replaced.

Isaac reckons that building services management requires team collaboration and responsiveness. When he previously replaced the chiller system for the operation theatres and Cardiac Catheterization Laboratory of Kwok Tak Seng Heart Centre, he first had site inspection and studied the flow of services with frontline healthcare colleagues. Then, he developed an operation workflow and contingency plan, and replaced the system efficiently during non-service hours so as not to disrupt normal operation. Moreover, during the battering of Typhoon Mangkhut last year, he worked hard with colleagues together to remove fallen trees in order to reconnect the hospital with the outside and maintain normal service. The experience of collaborative team spirit left a lifelong impression on him.

He believes that the Young Achiever Award is a significant recognition for all engineers.

「密密睇」風濕疼痛速速減 Rheumatic pain eased with close monitoring

風濕免疫病是免疫系統出現自身攻擊，引致關節、腎、腸、肺、心臟及大腦等系統出現炎症。**郭殷**醫生相信，及早診斷和用藥，加上嚴密控制病情，不只可降低類風濕關節炎的活躍程度，更可減少關節損傷和慢性殘疾的機會。

郭醫生受海外治療方案啟發，早於2008年於風濕免疫科門診引入客觀的病情評估方法，每六至八星期評估及監察病人一次。醫生會綜合血液測試、關節疼痛及腫脹程度等多項客觀評分，衡量患者的疾病活躍程度。若患者情況未達到治療目標，醫生會加強藥物治療。此方法有助紓緩病徵，毋需使用昂貴的生物製劑治療。事實證明，這種策略在伊院是有效的。

郭醫生於2013年與本港13間醫院合作，成立類風濕關節炎患者名冊，至今綜合逾300名病人的疾病資料。由於亞洲人的基因與西方人不同，她相信這些綜合數據有助微調治療方案，制訂更適合本港病人的治療服務。

除了準確用藥，郭醫生認為用心聆聽和關注病人感受，互相溝通，均有助患者了解自己病況及治療效果；而支援及關顧病人家屬亦不可少。不管病人病況好與壞，郭醫生會繼續與病人攜手走過高山低谷。

Rheumatic diseases develop when the immune system turns against and attacks its own. This in turn causes inflammation in different body systems like joints, kidneys, gut, lung, heart or brain. Dr **Kitty Kwok** believes that early diagnosis of rheumatoid arthritis (RA) and prompt treatment with tight control of symptoms can increase the chance of remission and reduce damage to joints, resulting in chronic disability.

Inspired by overseas models, Dr Kwok pioneered an objective assessment method at RA clinic in her hospital in 2008 to assess and closely monitor patients by seeing patients once every six to eight weeks. Employing a protocol-driven method, objective scores are used to measure the patient's disease activity based on joint pain, swelling of joint and blood tests. Medications will be stepped up if treatment targets are not met. This approach helps achieve remission without using expensive biologic therapy.

Dr Kwok has collaborated with 13 hospitals in Hong Kong to set up an RA patient registry in 2013, building up a database of 300 patients so far. Due to genetic differences of Asians and Caucasians, she believes that the database can contribute to improvement of RA treatment protocols with substantial local evidence.

While prescribing the right medications is important, Dr Kwok said one also needs to listen to patients' concerns with a big heart in order to communicate well. Only by doing so can patients understand what is going on in their body and what to expect if they receive treatment. Besides, support for family and caregiver are also vital. No matter patients are getting better or worse, Dr Kwok is committed to standing by them.

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