

「OK」的祝願

It's OK – A gesture that says our wish



今期封面的「OK」手勢對醫護別具意義。

由年初至今，我們應對一浪接一浪的疫情，無疑是「燒腦」的過程。但不能否認的是，我們也在累積經驗和實力，為未來更多不可預知的疫戰作好準備。「疫」境中，我們以「智謀」籌劃有系統的應對策略、借鑒及實踐前人抗疫「智慧」和經驗，以及應用「智能」科技應對疫情帶來的挑戰，從疫中求智提升醫護的抗疫能力，達至「零感染」目標（即大家眼中的「OK」手勢）。

大疫當前，醫管局上下堅守使命，迎難而上，默默守護香港，展現本港醫護專業無私的精神，向著曙光進發。

The common 'OK' hand gesture is exceptionally meaningful to our healthcare workers in fighting against COVID-19.

Hong Kong has been struck by successive waves of the COVID-19 pandemic. The struggle has been long and hard, but it has also built up our competence to carry on and prepare for the next battle. We have deployed strategic and systemic anti-pandemic plans with intelligence. We have drawn on insights of our predecessors into the past, and we have addressed the challenges of the pandemic with technological innovations. The 'OK' gesture is more than just 'all right'. It in fact signifies our commitment to fight for zero infection, with the wisdom acquired as we go forth.

At the Hospital Authority, we remain united, steadfast and professional to stand firm against the pandemic and safeguard the health of Hong Kong people. We will continue to fight COVID-19 with courage and the belief that, together, we shall overcome it.

智謀 Intelligence

可收可放 善用社區設施抗疫 Scalability of community facilities in containing the virus

本港7月中爆發第三波疫情，出現安老院舍、食肆等多個社區感染群組，確診人數短時間內激增。面對反覆又持續的疫情，醫管局即採取「可收可放、適切護理」的靈活策略，透過設立社區隔離及治療設施，以「合適時間、合適地點、合適病人」原則進行分流，提高接收病人的能力。

「當年沙士，醫院其中一個最大困難是隔離病床不足，增加病毒傳播風險，所以隔離治療對控制疫情的重要性是不言而喻的。而從全球各地的抗疫經驗可見，社區一旦大規模爆發，感染個案隨時可以幾何級攀升，公立醫院的隔離治療設施極可能於短時間內出現嚴重樽頸。因此，我們3月已開始擬定策略，及早籌劃加建硬件設施和部署分流方案，確保公立醫院有足夠能力應對大規模社區感染。」醫院管理局行政總裁高拔陞醫生說。

整個隔離及治療設施的分流體系包括公立醫院內較高規格的一線及二線隔離病床、社區隔離設施、社區治療設施和興建中的臨時醫院。高醫生解釋：「這個分流體系讓我們可因應疫情發展靈活分配資源，調整設施使用量，達至可收可放。如8月至9月時，隨著疫情逐漸緩和，社區隔離設施和社區治療設施先後轉為備用狀態，以集中醫療資源和人手。同時，我們亦可按確診者的病況分流到合適的設施，有助紓緩醫院內隔離病床的壓力。」

這個分流模式亦為即將進入冬季服務高峰期作好準備。高醫生續說：「在冬季服務高峰期，預料可能有不少病人因肺炎、慢性阻塞性呼吸道疾病及心臟病需要入院，屆時急症室及內科病床需求將相當緊張，所以我們更要做好2019冠狀病毒病病人的分流，預留服務空間，應對其他病人的醫療需要，盡量減少對其他醫療服務的影響。」

今次疫情為醫療體系帶來巨大的挑戰。醫管局在抗疫中累積了很多實戰經驗，包括掌握推行各種抗疫政策的方向，如感染控制措施、資源設施運用、治療方法等。高醫生感謝同事在過去多月的無私奉獻，時刻展現極高的醫護水平和專業能力，他有信心與團隊一起跨過這難關。

隔離及治療設施分流體系 Triage mechanism for isolation and treatment facilities

First-tier isolation bed

一線隔離病床



約 1,200 張病床
Around 1,200 beds

接收入院時病情較嚴重的病人
For patients admitted in severe condition

Second-tier isolation bed



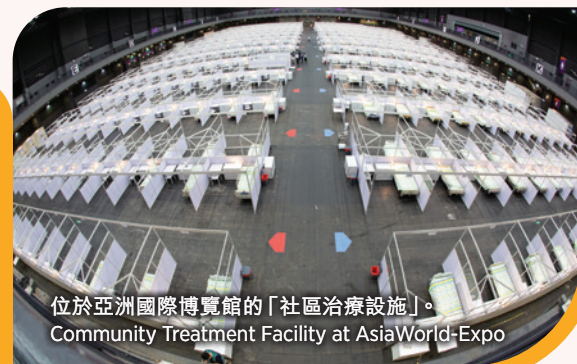
約 660 張病床
Around 660 beds

接收在醫院正在康復中、等候病毒檢測呈陰性結果的病人
For recovering patients waiting for negative test results

二線隔離病床

Community Treatment Facility

社區治療設施



位於亞洲國際博覽館的「社區治療設施」。
Community Treatment Facility at AsiaWorld-Expo

一及二號展館 Hall 1 and Hall 2:

約 900 張病床
Around 900 beds

其他展館 Other halls:

約 1,000 張病床
Around 1,000 beds

- ▶ 主力照顧18至60歲、病情較穩定和有自理能力的病人
For patients aged 18 to 60 who are in stable condition with self-care ability
- ▶ 部分展館將增設組裝式負壓房
Part of the facility will be equipped with pre-assembled negative pressure cabins

Community Isolation Facility



位於鯉魚門公園度假營的「社區隔離設施」。
Community Isolation Facility at the Lei Yue Mun Park and Holiday Village

逾 350 張病床
More than 350 beds

接收臨床情況穩定、等待出院的病人
For patients in stable clinical condition and waiting to be discharged

社區隔離設施



Temporary hospital

逾 800 張病床
More than 800 beds

設負氣壓設施，可集中處理病人
Equipped with negative pressure facilities to centralise patient treatment

臨時醫院

The number of COVID-19 cases has been on the rise since the third wave of the outbreak hit the city in July, with emergence of infection clusters in elderly homes and restaurants etc. In response to the volatile development of the pandemic, a Community Isolation Facility (CIF) and a Community Treatment Facility (CTF) have been set up by the Hospital Authority (HA) to treat patients in the right place at the right time based upon a flexible approach with two factors: optimisation of care, and scalability.

The strategy was devised from the experience of SARS in 2003, explains HA Chief Executive Dr Tony Ko. "In 2003, one of the biggest challenges was that the insufficiency of isolation beds caused a higher risk of infection transmission. It illustrated the critical importance of isolation facilities in controlling an outbreak," he says. "The global pandemic experience has also shown how exponential growth of infection can cause bottlenecks in isolation facilities in public hospitals within a short time. To prevent this, the HA began preparations in March to build up its capacity to tackle large-scale community infection through the early planning of facilities and a triage strategy."

Under the triage system for isolation and treatment facilities, there are first-tier and second-tier isolation beds in public hospitals, CIF, CTF and a temporary hospital which is currently under construction. "Scalability is key – having flexible facility arrangements according to the development of the pandemic can optimise patient care," Dr Ko explains. "In August and September, the CIF and the CTF were put on standby as the outbreak stabilised, allowing for the centralisation of resources and manpower. Also, the triage system ensures appropriate resource allocation and suitable treatment for different patients which eases the demand for isolation beds in public hospitals."

The triage system is also designed to help the HA prepare for an increase in admissions during the winter service surge. "In winter, we anticipate a large number of patients may require admissions due to pneumonia, chronic obstructive pulmonary disease, and heart disease, which greatly stretches the capacity of Accident and Emergency Departments and medical wards," Dr Ko says. "A tactful triage system for COVID-19 patients is therefore essential to reserve service capacity and minimise the impact on other medical needs."

As the pandemic continues, the HA has accumulated invaluable experience from the enormous challenges to the healthcare system in areas such as infection control measures, resources and facilities allocation, and treatment protocol. Colleagues have demonstrated a consistently high standard of professionalism since the very beginning of the outbreak. "I would like to thank everyone for their selfless dedication," says Dr Ko. "I am confident that, together, we will rise to this challenge."

拆解亞博館 變身背後

Behind the AWE makeover

亞博館一號展館由表演場地變身為社區治療設施（CTF），在場地策劃、硬件設置和 workflows 方面，均嚴守防感染控制原則。館內主要分紅綠兩區：紅區是接觸病人的區域，同事需穿著全套個人防護裝備，而綠區則是非病人區域。館內亦加裝過濾抽風裝置並定時注入鮮風，確保室內氣流達到防感染標準；並且調整空氣的溫度和濕度，讓病人能舒適地接受治療。該館在運作期間接收近 700 名病人。

When Hall 1 of AsiaWorld-Expo (AWE) was transformed into a Community Treatment Facility (CTF), the principle of infection control is strictly applied on site planning, facility installation and workflow arrangement. The CTF is segregated mainly into red and green zones. The red zone, also known as the patient zone, is where colleagues could only get access to after putting on a full set of personal protective equipment (PPE). Green zone is the area for non-patient care. In the CTF, HEPA filters are installed and fresh air is injected regularly to maintain a standard level of airflow for infection control. The temperature and humidity are also adjusted to provide a comfortable environment for patients. During its operation, around 700 patients were admitted to the CTF for treatment.



病人入住流程
Patient flow



設施逐格睇
On-site facilities

1 PPE 穿卸區 PPE donning and doffing area

館外有更衣室 2 供醫護人員穿著個人防護裝備。館內門口位置設卸除區 1，供同事先卸下保護衣，再到館外指定位置 1 脫下外科呼吸器。
Changing rooms 2 are set up outside the hall for staff to put on PPE. Staff should take off their gowns at the de-gown room 1 located at the entrance of the hall and remove their surgical respirators at the de-mask room 1 outside.

2 更衣室 Changing room ▶



2 藥房 Pharmacy

藥物一般每次以三日份量派發。
Medication is supplied in a three-day portion in general.



3 中央指揮中心 Central command station

設有多部電腦，用以聯絡和統籌整個 CTF 的病人出入程序和維持日常運作。醫護人員每日在視像診症室與病人視像通話最少 15 分鐘，密切跟進病人病況，並透過大螢幕監察病人維生指數和病區情況。
Computers are set up for coordination of CTF patient admission and discharge, and daily operation. Medical staff conduct tele-consultation for at least 15 minutes for each patient daily to closely follow up on their conditions. They also monitor patients' vital signs and the patient zone on the screen.



12 黃區 Yellow zone

紅綠區之間的緩衝，用來交收餐車和物資。
An area between the red and green zone for meal trolley and materials collection.

11 指定病人出入口

Designated patient access

病人由救護車送抵後，從旁邊門口進入場館；康復後離開場館則經指定門口前往車站。
When patients are sent to the CTF by an ambulance, they will enter the CTF by the entrance nearby. They also have direct access to transportation upon discharge.

10 樣本室 Specimen room

設有指定出入口，方便工作人員直接運送樣本，減低過程中受污染的風險。
There is a designated exit for easier specimen transport to prevent contamination.

9 負氣壓設施

Negative pressure facility

位於救護車停泊處附近，方便急救後直接上救護車到醫院。
It is right next to ambulance parking lot for the convenience of transporting patients directly to the hospital after resuscitation.

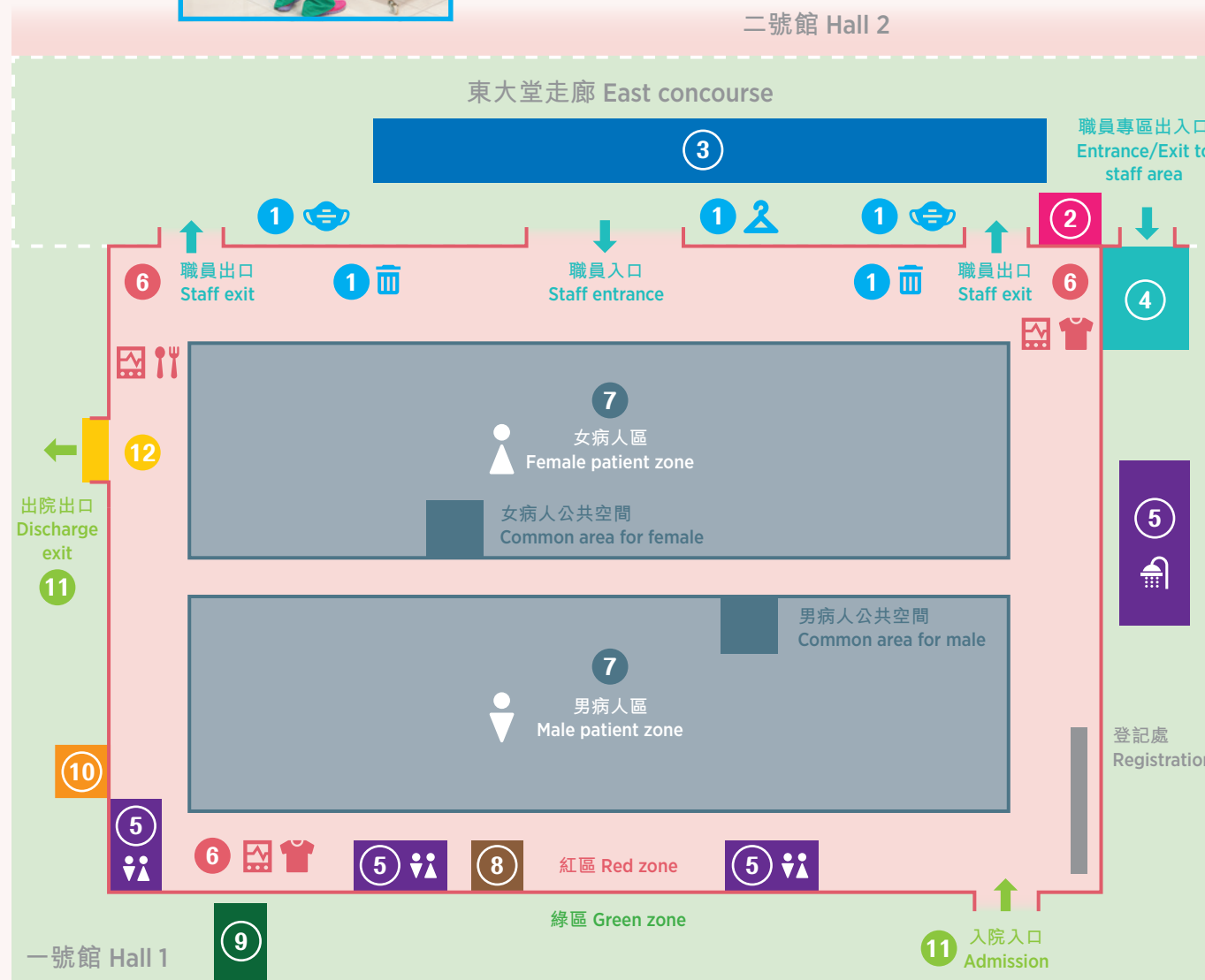


8 X光室 X-ray room

設有兩部流動 X 光機。物理學家事前利用儀器模擬工作情況，設計鉛板擺放位置，防止洩漏輻射。
There are two mobile X-ray machines. Lead sheets are placed at a suitable location after physicist's simulation to prevent radiation leakage.

7 病人區 Patient area

男女病人分隔在不同區域，男病人使用洗手間和淋浴間等設施不用經過女病人區。
Female and male patients are settled in different zones. Male patients do not need to pass through female area for using facilities e.g. washroom and shower room.



4 職員專區 Staff area

職員出入通道、更衣室、淋浴間和用膳區均與病人設施分開，以防感染。
The access, changing rooms, shower rooms and dining area for staff are segregated from patient facilities to prevent infection.

5 病人洗手間和淋浴間

Washrooms and shower rooms for patients

設有 31 個洗手間 5 和 24 個流動淋浴室 5，每兩至四小時清潔一次。
31 washrooms 5 and 24 mobile shower rooms 5 are cleaned every two to four hours.

6 自助區 Self-service area

為減少病人與醫護人員接觸，館內有 15 部自助維生指數機 6 供患者每日自行量度體溫、血壓和血含氧量，數據會自動上傳到雲端系統供醫護人員遙距監察病人狀況；另設餐飲區 6 和被服存取區 6，方便病人自行領取膳食和被服。
To minimise the contact between patients and healthcare workers, 15 e-vital stations 6 are set up for patients to measure their body temperature, blood pressure and blood oxygen level by themselves daily. The data would be automatically uploaded to the cloud for the medical staff to monitor patients' conditions. Patients can also pick up their meals, bedding and clothing in food counter 6 and bedding and clothing counters 6.

第三波疫情來得急，公立醫院隔離病床需求銳增，高峰期時曾出現逾百確診病人需等候安排入院。記得當時收到總辦事處來電商討，希望抽調部分同事聯絡等待入院的確診病人。我們立即與上司討論預備事項，包括準備電腦系統、調配人手、制定對答內容、分批訓練同事等。一切準備就緒後，「護訊聆」電話專線7月30日啟用，主動接觸及支援等待入院的確診病人，為他們提供入院前須知，詢問身體狀況，並教導病人如何避免感染同住家人。其實，他們很憂慮和無助，常問：「還要等幾耐？我排第幾名？」『走佬袋』需準備甚麼？」

記得有一名病人很焦急，說要自行到急症室要求入院。我們首先了解病人的身體情況，然後解釋病床每刻都在輪轉，醫護人員正努力調配病床，幸好最終他表示理解；亦有個案擔心會被鄰居「起底」遭受歧視，要求深夜入院。聽到這些事情，我們感同身受，並盡力為病人分憂。但願在抗疫路上，這通電話可以給病人心靈上一點支援。

The rapid spread of the third wave of COVID-19 in Hong Kong has led to surging demand for hospital isolation beds. During the peak period, more than 100 confirmed patients were waiting for hospitalisation. We received a call from the Head Office suggesting deploying some nurses of Patient Support Call Centre (PSCC) to support patients awaiting admission. We immediately discussed with supervisor the preparation arrangements including enhancement of IT system, manpower deployment, preparation for scripts and staff training by batches. With everything ready, the PSCC designated line commenced service on 30 July to proactively reach out to and support patients in need. We provided pre-admission advice, checked on their health conditions and offered tips to prevent spreading the virus to their household members. Understandably, patients felt anxious and helpless, and would often ask “How long do I still have to wait? What’s my position in the queue now? What should I prepare for my admission?”

Recalling one of the most unforgettable experiences, there was a patient who was nervous and wished to attend Accident and Emergency Department in order to be hospitalised as soon as possible. After assessing the health conditions of the patient, we explained the situation that staff were working hard to optimise the allocation of beds. Fortunately, the patient showed understanding of the arrangement. Some patients were afraid of being discriminated by their neighbourhood and requested for hospital admission in the dead of night. Through telephone support, we shared the feelings and worries of those patients. In this battle against COVID-19, we hope that our short call could provide some comfort to our patients.



我的抗疫動態



Anti-pandemic snaps

在亞博館的X光部，所用的儀器適用於一般亞洲人士身形，不過也遇過特別情況：曾有一位兩米高的俄羅斯海員病人入住，他遠比X光板高，結果要「紫馬」來照X光！全靠醫院支援館內設施、資訊科技部同事設立系統上傳影像、各個聯網的放射科醫生即日完成報告助館內醫生診症和分流，加上同事很有交帶及互相幫助，這三周的工作都十分順暢。有時我們會與病人談談病況和在亞博館的生活，希望他們感受到醫護人員的關懷。

當知道亞博館需要支援時，我即時請纓加入團隊。要短短兩日內設立護士站和抽血站，同時要熟習場內設施、收症流程，以及協調各部門如消防處和入境處的合作細節，絕對是一大挑戰。憑著大家一致的目標，就是為病人提供準確而到位的服務，最終將難題一一解決。尤其在第一周，因要處理大量聯絡、分配病床、照顧病人等工作，收症時確實有點手忙腳亂。幸好同事互相支持，在各自崗位配合和提出意見，令工作變得愈來愈順暢。

當中最難忘的是，一名在港工作的年輕外籍病人一直擔心自己因血壓高而未能出院。於是，我們教導他深呼吸和放鬆心情，緩和緊張情緒。後來，他經評估後適合出院，即高興得如贏了球賽般歡呼起來，並以「唔鹹唔淡」的廣東話向我們道謝。每當在場館內看到病人對生命的熱愛，我都很感動呢！

Learning about the call for support in AWE, I volunteered at once to join the team. From setting up nurse stations and blood draw stations, to familiarising myself with the facilities and admission procedures as well as coordinating with other departments, e.g. Fire Services Department and Immigration Department, we accomplished these missions impossible in two days. During my first week there, we were in a busy and chaotic state upon patient admission due to heavy workload of liaison work, bed allocation and patient care. Nevertheless, with our dedication to providing quality care, mutual support for each other and exchanges in opinions, we have overcome all the challenges.

Recalling one of the most unforgettable patients to me, a young foreign man working in Hong Kong was worried that he could not be discharged because of his high blood pressure. To ease his mind, we taught him to take deep breaths and relax. Just as he was found fit for discharge after assessment, he cheered loudly as if he had won a football match, and thanked us in his not-so-native Cantonese. It simply touches me as I witness the passion for living in our patients.

The X-ray machines at AWE are generally applicable to people with Asian physique. There were, however, exceptional cases. For example, a sailor from Russia was two meters tall and had to squat for an X-ray examination. In these three weeks, I was more than blessed that our work went smoothly with support from our reliable colleagues and the hospitals for providing the equipment. And thanks to colleagues from IT department who made uploading the images online possible, and radiologists from clusters who promptly provided medical reports by the end of the day to facilitate consultation and triage. Sometimes, we would chat with patients about their conditions and lives in AWE, hoping that this little act of care could fill them up with warmth.

7月底，我工作的葵涌貨櫃碼頭陸續出現感染個案。不久之後，我出現咳嗽及喉嚨痛症狀，進行深喉唾液測試後，收到衛生署來電告知「你已確診。」噢！腦海即時一片空白、憂心、無助。翌日，我被送往亞博館社區治療設施，在場醫護為我進行肺部X光等基本檢查，並講解入住流程及介紹各項設施。那裡的生活相當有規律，早、午、晚定時自行量度體溫、血壓等維生指數；又會定時抽血及進行深喉唾液測試；每天早上及下午，醫生會透過視像通話向我問診，監察我的身體狀況，醫護人員更會帶領我們做運動。最驚喜的是，亞博的伙食不錯啊！漸漸地，我體內的病毒量下降，產生抗體，兩周後終可回家。此刻，我最想說：「非常感謝醫護人員一直努力不懈守護香港！」

Since late July, confirmed cases of COVID-19 began to emerge in my workplace, the Kwai Chung Container Terminal. Not long after the outbreak, I started to cough and had sore throat. As I took a deep throat saliva test, the Department of Health informed me that I have been infected. I just felt anxious and helpless at that moment. I was therefore sent to the Community Treatment Facility at AWE on the next day. Just as I arrived, the medical staff went through a thorough examination including the chest radiograph for me. They also explained to me the check-in procedure, the facilities and so on. During my time at the facility, I picked up a daily routine of measuring my vital signs, including body temperature and blood pressure, by myself every morning, afternoon and evening. Besides, I needed to regularly take blood test and deep throat saliva test. Apart from these, the doctors met me via video call every morning and afternoon to monitor my physical condition. I also joined the medical staff for work-out to train up my body, and I must say that those meals were surprisingly good. As the viral load decreased and my body began producing antibodies, I was finally discharged after these two weeks of recovery. Here all I would love to say is that, a big thank you to the medical staff for safeguarding Hong Kong at your very best possible!



隔離設施運作之初，要「一腳踢」收症、電話巡房、分析檢測報告和處理所有突發事情。最難忘是有位病人某日收到醫院深切治療部電話，知悉其同患 COVID-19 的家屬病危。病人固然心急如焚，很想立即飛奔到醫院探望家人，但也明白不能離開隔離設施。為安撫病人的不安情緒，我即時和團隊聯絡醫院，商討能否安排二人見面。幸好，醫院翌日告知該名家屬情況穩定下來，我們才鬆一口氣。另外，因隔離設施網絡不穩，病人不能經常上網，有時連打電話給朋友聊天都有難度，所以每日巡房，他們都會跟我們分享生活瑣事，最關心的當然是Ct值是升還是跌！在隔離設施工作的五天，最開心看到病人康復笑著離開，這也是我每日最期待的畫面。只要大家健康就好！

身為醫管局的一分子，只要有能力就要出手幫忙抗疫。我曾參與鯉魚門社區隔離設施、駿洋邨、亞博館和北大嶼山醫院臨時檢測中心的工作。當中最大感受是在社區隔離設施工作的三周，要在攝氏35度的炎夏穿上個人防護裝備（PPE）逐家逐戶送飯給約170名病人，前前後後在戶外行走兩小時，汗流濕身，的確有點辛苦。但團隊互相鼓勵，無分彼此，只要待同事休息足夠後，就為病人送上補充物品如水和床單、協助姑娘收集深喉唾液樣本和抽血等，又互相提點穿著和卸除 PPE 時要留意的細節，守好零感染防線，同事間微細的互動令我很感動。

As a member of the HA, it is my responsibility to take action when I am able to fight the pandemic. I have worked at the CIF at Lei Yue Mun, Chun Yeung Estate, AWE and the temporary test centre at North Lantau Hospital. To me, the three weeks working at the CIF is definitely the most unforgettable experience. Those were hot summer days when temperature could hit 35 degree celsius, and I worked outdoor in full personal protective equipment (PPE) to deliver meals to about 170 patients. Each time it took two hours to deliver all meals and I was drowned in sweat from working so hard. Nevertheless, our team has always stayed united and cheered each other up to get better. Colleagues who got refreshed would help the others to deliver supplies, such as water and bedsheets, to patients, assist nurses to collect deep throat saliva specimen or conduct blood taking and other tasks. We also reminded each other about donning and doffing PPE to protect ourselves and patients from infection. I was deeply moved by the warmth brought by the supportive interaction among colleagues.

Being a 'one-man band' in the Community Isolation Facility (CIF) in its initial period of operation, I was responsible for admissions of new cases, conducting tele-ward rounds, analysing test results and handling all ad hoc tasks. The most unforgettable thing is that one of the CIF inpatients had received a call from the Intensive Care Unit of a hospital one day, learning that his family member, who was also confirmed with COVID-19 infection, was in critical condition. The patient was very anxious and wished to rush to the hospital to see his family member, yet he also understood that he could not leave there. To comfort the patient, my team and I immediately contacted the hospital and see if it was feasible to arrange a meeting for the patient and his family member. Fortunately, we were informed by the hospital the next day that the condition of the family member had been stabilised, and we all felt greatly relieved. In addition, due to the unstable internet connection, patients in CIF did not always have internet access and sometimes even had trouble calling their friends. So every day, they would share with us their lives, but most of all they wanted to know whether their Ct value went up or down! Having worked at the CIF for five days, it was the most satisfying to see patients recovering and leaving with big smiley faces.



本地疫情概況

Situation of infections in Hong Kong

確診及疑似個案

Number of confirmed and probable cases

5,202宗

年齡中位數
Median age

43歲

死亡個案

Number of death cases

105宗

年齡中位數
Median age

82歲



*數據截至2020年10月13日
Figures are as of 13 October 2020

資料來源：衛生署衛生防護中心
Source: Centre for Health Protection of the Department of Health

大型感染群組

Large COVID-19 clusters

第一波 The first wave

- 19宗 cases** 北角美輪大廈福慧精舍
Fook Wai Ching She in Maylun Apartments, North Point
- 13宗 cases** 觀塘火鍋晚餐聚會
Hotpot dinner gathering in Kwun Tong
- 11宗 cases** 鑽石公主號
Diamond Princess Cruise Ship

全球患者常見病況 Clinical presentation of patients worldwide

常見症狀 Common symptoms

發熱
Fever
83-99%

食慾不振
Poor appetite
40-84%

失去味覺/嗅覺
Loss of taste or smell
15-30%

咳痰
Cough with sputum
28-33%

咳嗽
Cough
59-82%

呼吸氣促
Shortness of breath
31-40%

肌肉酸痛
Muscle aches and pain
11-35%

疲勞
Fatigue
44-70%

嚴重疾病 Serious illnesses

發高燒
High fever

混亂
Confusion

臉或嘴唇發藍
Bluish face or lips

咳血
Cough up blood

持續胸痛
Persistent chest pain

白血球減少
Decreased white blood cells

腎功能衰竭
Kidney failure

資料來源：
美國疾病控制及預防中心
Source: Centers for Disease Control and Prevention, the United States

第二波 The second wave

- 103宗 cases** 酒吧及樂隊群組
Bar and band cluster
- 15宗 cases** 大嶼山婚禮群組
Wedding party on Lantau Island
- 10宗 cases** 埃及旅行團/富亨邨亨泰樓
Travel tour to Egypt / Heng Tai House of Fu Heng Estate

第三波 The third wave

- 77宗 cases** 葵青貨櫃碼頭
Kwai Tsing Container Terminals
- 61宗 cases** Star Global 直銷
Star Global Direct Sales
- 46宗 cases** 港泰護老中心
Kong Tai Care for the Aged Centre
- 46宗 cases** 彬記/新發/建榮
Bun Kee/ Sun Fat/ Kin Wing

智慧 Insight

征戰兩大疫 抗疫先鋒談防感染

Veteran shares infection control measures in pandemic threats

在本港近代的傳染病史中，我們曾經歷沙士、豬流感、禽流感、中東呼吸綜合症、伊波拉病毒病，以至今日的2019冠狀病毒病等威脅。每次疫症都是累積經驗的寶貴機會，亦為今次這場持久硬仗預備最強武器。

曾參與多場戰疫的總辦事處高級行政經理（護理）唐華根博士（見圓圖）本身是深切治療科出身。17年前沙士爆發時，他自願從社康護士的崗位調入瑪嘉烈醫院深切治療部，協助處理沙士病人，自此便與傳染病科結下不解之緣。「當年大家對沙士病毒的認識不多，只能『摸著石頭過河』。我最深刻記得當時N95呼吸器供應不足，同事需在N95呼吸器外加外科手術口罩，減少表面污染，休息時也要將N95呼吸器放進即棄紙袋『慳住用』。」經此一疫，前線同事明白防感染控制措施的重要性，而傳染病及緊急應變中央委員會和傳染病中心亦應運而生。

在2019冠狀病毒病疫情爆發之初，唐博士憑過往經驗，立即為前線護士提供模擬訓練，重溫為病人進行高風險醫療程序要注意的地方，保護自己。面對在社區為病人提供服務的新挑戰，團隊集合眾人的智慧，上下一心，成功完成火炭駿洋邨、鯉魚門的社區隔離設施，以及亞洲國際博覽館的社區治療設施的任務，為病人提供適切護理。



總辦事處護理服務部為逾1,500名護士提供模擬訓練，與同事重溫高風險醫療程序。
Nursing Services Department at Head Office provided simulation training to over 1,500 nurses in order to review the high-risk medical procedures.

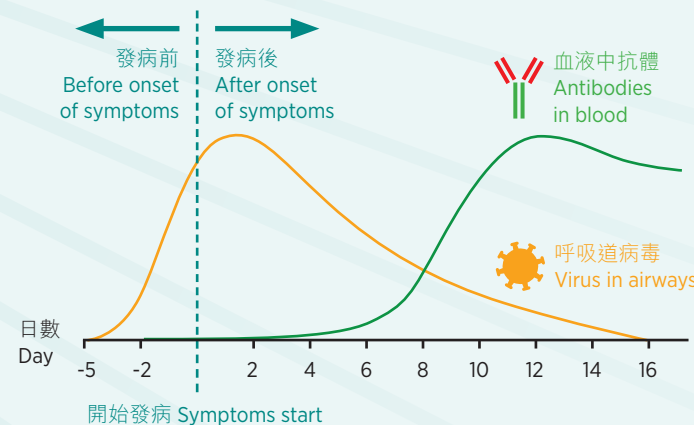
Recounting the history of infectious diseases in Hong Kong, we have experienced threats from SARS, Swine Influenza, Avian Influenza, Middle East Respiratory Syndrome, Ebola Virus Disease as well as COVID-19 over the years. The accumulated experiences have created the strongest weapon for us to fight this protracted battle.

Dr **Danny Tong** (photo in circle), Senior Manager (Nursing) of Head Office, had been a veteran at Intensive Care Unit. As a community nurse, he volunteered to treat SARS patients in Princess Margaret Hospital during the outbreak of the deadly virus 17 years ago, and had since been in the field of infectious disease. “Recalling on those days when SARS went rampant, we had very little knowledge about the disease. All we could possibly do was to grope for stones to cross the river. To this date, I could still remember that we were facing a critical shortage of N95 respirators. To prevent it from contamination, our colleagues had to put on a surgical mask on top of the respirator, and kept it in a one-off paper bag while off for a break.” This tragic epidemic had taught our frontline staff a lesson about the importance of infection control measures, and also given rise to the establishment of the Central Committee on Infectious Diseases and Emergency Response and Infectious Disease Centre.

Dr Tong arranged simulation training for frontline nurses as soon as the COVID-19 emerged. These exercises refreshed the nurses' memory on the areas of concerns when undergoing high-risk medical procedures for better protection against the virus. In face of the new challenges in providing community medical service, the team has successfully offered prompt help in Chun Yeung Estate, the Community Isolation Facility at Lei Yue Mun and the Community Treatment Facility at AsiaWorld-Expo, with collective wisdom and concerted effort of the team.

血清抗體測試 掌握康復進度

Serology tests: Keep track of COVID-19 recovery



第二波疫情爆發期間，社會出現「復陽」個案。醫管局在4月與香港大學公共衛生學院進行病毒研究，同時參考國際文獻，總結以下兩項科學證據，並經衛生署衛生防護中心轄下新發現及動物傳染病科學委員會匯報及討論後，認為血清抗體測試有助掌握確診病人康復進度，以及作為終止隔離須符合的其中一項條件。

1. 病人呼吸道樣本的病毒量在發病早期已達至頂峰，首星期的病毒水平會較高，其後一星期隨時間遞減。通常在發病後的七至十天，身體開始製造中和抗體對抗病毒，反映病人正在康復。
2. 利用反轉錄聚合酶連鎖反應測試（RT-PCR）分析病人呼吸道樣本。當Ct值為30或以上，再進行病毒培養，檢測結果呈陰性，即檢測不到「仍存活的嚴重急性呼吸系統綜合症冠狀病毒2」（即COVID-19病毒），證明病毒已經沒有傳染力。然而，有部分病人康復後，仍可能持續出現RT-PCR呈陽性反應的情況，因為RT-PCR測試的靈敏度非常高，病毒屍體的核糖核酸碎片都會被檢測到。

總行政經理（感染及應急事務）莊慧敏醫生稱：「根據上述的科學實證和評估病人的臨床情況，安排已康復的2019冠狀病毒病人出院，有助調配隔離病床。值得注意，自從新條件實施後，在第三波疫情下病人平均住院日數明顯縮短。」

During the second wave of COVID-19 infection, suspected re-positive cases were found in the community. In April, the Hospital Authority had collaborated with the School of Public Health of the University of Hong Kong to conduct a viral study and literature review, with the following two pieces of scientific evidence being concluded and presented to the Scientific Committee on Emerging and Zoonotic Diseases (SCEZD) under the Centre for Health Protection of the Department of Health. After a thorough discussion and review, the SCEZD concluded that a serology test can help keep track of the recovery progress of patients with COVID-19; and should be included as one of the criteria for releasing the patients from isolation.

1. The viral load of COVID-19 patients attains the highest level at the early stage of infection and gradually decreases in the second week after symptom onset. Patients will start to produce neutralising antibodies to fight against the virus seven to ten days after symptom onset, which implies that the patient is in recovery.
2. Reverse transcription polymerase chain reaction (RT-PCR) test was performed on patients' respiratory specimens for analysis in the study. For specimens with the Ct (Cycle threshold) value equals or above 30, viral culture test would be conducted. It was observed that the culture results were negative for these specimens. In other words, viable SARS-CoV-2 (the COVID-19 virus) was not detected in the specimens that the virus was therefore proved to be no longer infectious. Nevertheless, some patients might continue to have positive RT-PCR test results even after recovering from COVID-19 due to the high sensitivity of the RT-PCR test, ribonucleic acid fragments of dead virus could be detected.

Dr **Vivien Chuang**, Chief Manager (Infection, Emergency & Contingency) mentions, “By assessing the infectiousness of patients based on the above-mentioned scientific evidence as well as the clinical conditions of patients, we can safely discharge clinically recovered patients so as to facilitate the usage of isolation beds. It is noted that the average length of stay of patients during the third wave of infection is significantly shorter after implementation of the new criteria for releasing patients from isolation.”

公立醫院7月引入血清抗體測試的試劑。圖為實驗室人員正在進行相關測試。
The serology test kits were introduced in all public hospitals in July. A laboratory staff is conducting the test as shown in the photo.



現時終止隔離準則（只供英文版）
Current criteria for termination of isolation (English only)



血漿變治療武器

Convalescent plasma – A trump card for treatment

全球正在努力尋找治療2019冠狀病毒病的方法。根據前人經驗及臨床應用所得，康復者的「恢復血漿」是其中一張治療重症病人的「王牌」。

20歲的Jacky是第二波疫情的患者，3月中從英國回港避疫，其後確診感染。康復後出院不久，他再次不適入院，檢測再呈陽性，住院至5月初出院。他坦言當知道自己是合適的捐贈者，立即答應捐出血漿。「我覺得自己確診某程度上是加重了香港醫療負擔，全靠醫護團隊日夜悉心照顧，才能康復。既然我的血漿可幫助其他病人，我很樂意盡一分力。」

香港紅十字會輸血服務中心（中心）行政及醫務總監李卓廣醫生表示，過去20年，「恢復血漿」治療曾成功用於治療沙士、豬流感和伊波拉病毒病，療效和安全性令人滿意。由於2019冠狀病毒病的病毒學和臨床特徵與沙士相似，故中心於疫情初期，便與香港大學探討應用「恢復血漿」的可能性。

港大內科學系傳染病科主任孔繁毅教授指出，由於大部分康復者的中和抗體水平會隨時間下跌，故康復後一個月內是捐血漿的最佳時機。曾有病人接受血漿治療後數天，病毒指數由約10億降至數十萬至數百萬，毋須繼續使用呼吸機。二人均表示，入冬後或現第四波疫情，故需要儲備「子彈」應對，呼籲符合條件的康復者踴躍捐血漿。



李卓廣醫生（右）、孔繁毅教授（左）及康復者 Jacky 呼籲符合條件的康復者踴躍捐血漿。
Dr Lee Cheuk-kwong (right), Professor Ivan Hung (left) and Jacky, the recovered patient, encourage the eligible recovered patients to donate plasma.



恢復血漿
Convalescent plasma

The pursuit of a solution to combat COVID-19 has escalated to become the worldwide goal. With reference to previous experience and clinical application, convalescent plasma is one of the trump cards for treating critically ill patients.

Jacky, who is 20 years old, is the patient of the second wave of pandemic. He returned to Hong Kong from the United Kingdom in mid-March and the infection was later confirmed. Soon after his recovery, he was readmitted to the hospital as he was unwell and was tested positive again. Until early May, he was discharged from the hospital. Once he knew that he was eligible for the plasma donation, he immediately agreed to become a donor. "I somehow added burden to our healthcare system. Thanks to the meticulous care from our medical professionals, I won this battle and recovered from the illness. As long as my blood might cure other COVID-19 patients, I am happy to help."

Dr Lee Cheuk-kwong, Chief Executive and Medical Director of Hong Kong Red Cross Blood Transfusion Service (BTS), says, "Convalescent plasma had been used to treat SARS, swine flu and Ebola virus disease in the past 20 years and its efficacy and safety were encouraging. Since the virology and the clinical clues of COVID-19 are similar to SARS, BTS has been exploring the

捐贈血漿需知

Points to note for plasma donors

誰人可捐？

捐贈者要符合以下三個條件：

- 2019冠狀病毒病康復者
- 18至60歲男士（由於女性有機會懷孕，而懷孕時產生的抗體可能誘發病人出現肺部問題，故不合適）
- 血液的中和抗體濃度達1:80或以上

多久捐一次？

捐贈者每兩星期可捐一次，每次捐贈400至500毫升，需時約40分鐘。每人最多可捐兩至三次。

血漿保存期？

一年

Who can donate?

Donors have to fulfil the following three criteria:

- Recovered COVID-19 patients
- Male aged 18-60 (women are excluded because they have a chance of pregnancy and thus develop antibodies that might induce lung problems in patients.)
- Neutralisation antibody titre in blood reaches 1:80 or above

How often can donors give?

Donors can donate 400-500 mL of their plasma every two weeks. The whole donation process takes around 40 minutes. Each donor can donate for at most two to three times.

How long can the plasma be stored?

One year.

possibility of convalescent plasma treatment with The University of Hong Kong (HKU) since the early stage of the pandemic."

Professor Ivan Hung, Chief of Infectious Diseases Division, Department of Medicine of HKU points out that, the neutralisation antibody titre decreases over time for most of the recovered patients. Therefore, the donation of plasma is best to be done within one month after recovery. There were patients whose viral load has significantly dropped from 1 billion to several hundred thousand to millions after receiving convalescent plasma treatment, and hence no longer needed a ventilator. In preparing for the coming winter when the fourth wave of COVID-19 might hit Hong Kong, they appeal to eligible recovered patients to donate plasma.

中醫診療助復康

Chinese medicine aids rehabilitation

「中醫門診特別診療服務」自4月下旬開始，於七間中醫診所暨教研中心，為在本港完成治療的2019冠狀病毒病病人出院後六個月內，提供最多10次免費中醫內科門診服務。超過350人參與計劃，當中約半數病人求診時，仍有氣喘、咳嗽及流涕等症狀，約一成病人失去味覺或嗅覺。大部分病人獲處方中藥後改善症狀，有病人的味覺及嗅覺問題恢復近九成，成效獲肯定。



康復者最多獲10次免費中醫內科門診服務。
A maximum of 10 free Chinese medicine general consultations are provided for discharged COVID-19 patients.

A Special Chinese Medicine Out-patient Programme has been rolled out at seven Chinese Medicine Clinic cum Training and Research Centres since late April, providing a maximum of 10 free Chinese medicine general consultations for discharged COVID-19 patients within six months from the discharge date. Over 350 patients participated, of which half of them presented symptoms like asthma, cough and runny nose, while around 10% of them lost their sense of smell or taste. Significant improvement on symptoms was observed after treatment. Majority of patients have improved their symptoms after receiving prescriptions of Chinese medicine. Some patients have restored their sense of taste and smell by nearly 90%.

智能 Innovation

科技應用大爆發

New technologies applied in medical settings

疫情期間，前線服務遇上各項挑戰，但有危亦有機，全憑同事發揮小宇宙，借助科技克服種種困難，以下是部分例子。

Every crisis creates problems, yet lies opportunities also. During the COVID-19 outbreak, colleagues have overcome various challenges in frontline services with creativity and leverage on technology. The following are some outstanding examples.



自研系統識別高風險地區病人 Self-developed system optimises risk assessment

九龍中醫院聯網的服務範圍內出現多個社區群組爆發，聯網資訊科技部遂於7月中自行研發及推出「2019冠狀病毒病個案大廈名單查詢系統」。聯網資訊科技部系統經理鄭宏表示，系統每日擷取衛生防護中心公布的疫廈名單資料。獲授權的醫護人員輸入病人的身份證號碼或掃描病人條碼，系統便會自動比對病人的登記地址，識別他們是否來自高風險地區或疫廈，有助醫護人員進行風險評估，分流病人到合適的隔離設施及安排檢測，減低傳播病毒的風險。

In view of the clusters of COVID-19 infections in Kowloon Central Cluster (KCC), Information Technology Department of KCC developed and launched the Residential Address Search System in mid-July. Wallace Cheng, System Manager of the Department, explains that the system extracts daily updates on the list of buildings with confirmed cases from the Centre for Health Protection. When authorised medical staff enter a patient's ID number or scan his barcode, the system will be able to identify whether the patient resides in a high-risk place or building by referring to the registered address. This tool is proven to effectively enhance risk assessment, and hence facilitate arrangements for isolation facilities and provision of testings for patients, which further minimises the risk of transmission.

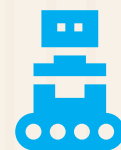


黃大仙慈正邨正輝樓
CHING FAI HOUSE, TSZ CHING ESTATE, WONG TAI SIN

黃大仙慈正邨正康樓
CHING HONG HOUSE, TSZ CHING ESTATE, WONG TAI SIN

黃大仙樂富邨樂民樓
LOK MAN HOUSE, LOK FU ESTATE, WONG TAI SIN

九龍城侯王道39-43號
39-43 HAU WONG ROAD, KOWLOON CITY



隔離病房的得力助手 'DeliverBot' in isolation wards

伊利沙伯醫院為減低同事與病人接觸的感染風險，以及節省穿卸個人防護裝備的時間，於隔離病房採用機械人擔當「醫護小助手」，協助運送食物、被服和物資給病人。機械人配有三層層架和多個感應器，能辨認天花板上的標記。只需在屏幕輸入目的地，機械人便會自動導航到指定位置；完成工作和經同事消毒後，便返回充電站待命。同事對這位得力助手讚不絕口，計劃將機械人的服務範圍擴展至更多前線的運作。



Queen Elizabeth Hospital has introduced 'DeliverBot' in assisting deliveries of meals, linens and other supplies to patients, so as to reduce colleagues' direct contact with patients and hence the risks of infection, as well as to save time in donning and doffing personal protective equipment. The robot helper is equipped with three trays and multiple sensors which can detect the marks on the ceiling. Colleagues could simply key

in the destination on its display panel, 'DeliverBot' will then automatically navigate to the designated location. It will return to the charging station and go into standby mode after completing its tasks and being disinfected by healthcare workers. It offers a helping hand in the ward and colleagues plan to extend the application of robot to frontline operation.



診症零距離 Healing at a distance

醫療服務無分順境、「疫」境。在疫情下，遙距診症在水圍醫院急症室和博愛醫院深切治療部搶救危殆病人時，發揮重要作用。遙距診症結合了複雜的感應器及醫療物聯網的應用。透過高清鏡頭、藍芽聽筒及傳送軟件等設備，天水圍醫院急症室醫生實時與博愛醫院深切治療部醫生觀察病人情況、超聲波影像及維生指數，從而準確地判斷病人是否需要轉送到博愛或屯門醫院的深切治療部，及時拯救生命，亦節省病人轉院時間。



Delivery of healthcare services goes on during the outbreak of COVID-19, rain or shine. Tele-care plays a vital role in resuscitation of critical patients between Accident and Emergency Department of Tin Shui Wai Hospital and Intensive Care Unit (ICU) of Pok Oi Hospital (POH). This eICU initiative consists of various sophisticated sensors and Internet of Medical Things. By using high resolution cameras, Bluetooth stethoscope and data transmission software, doctors from the two hospitals can conduct clinical assessment, view ultrasound images and monitor patient's vital signs in real time, thus more accurately determine whether the patient should be transferred to POH or Tuen Mun Hospital for further intensive care. It not only offers timely consultation, but also saves the time of patient transfer.

5G 手術室的5G時代 The 5G era in operating theatres

疫症期間，遙距醫療服務需求增加，將軍澳醫院率先引入第五代流動通訊服務（5G），覆蓋手術室範圍。當醫生在施行手術期間需要尋求意見，可以透過佩戴5G智能眼鏡（左圖），利用5G網絡即時分享內視鏡畫面，以超高速傳輸數據頻率，實時傳送手術室情況。手術室外的資深醫生便能透過手機和平板電腦等流動裝置，觀看手術的立體影像，即時掌握手術細節和病人情況，遙距提供指導，提升手術效率和精確度。

另外，在疫情之初率先推行遙距診症先導計劃的九龍東醫院聯網，為在家病人提供視像檢查和診症，減低醫護和病人的感染風險。他們亦正研究指導病人以維生指數監察儀器，量度血壓、脈搏、血氧量等。數據會即時傳到醫院，讓醫護人員更準確掌握病人情況。

The demand for tele-care services has increased during the pandemic. Tseung Kwan O Hospital is the first to build a 5G network in the hospital which covers its operating theatres (OT). When surgeons need to consult with other medical professionals during an operation, they can instantly share the endoscopic images through the 5G smart glasses (photo on left) they are wearing via the 5G network. With

5G technologies, data and images can be transmitted at ultra-high speed, allowing the situation in the OT to be viewed by senior doctors outside through mobile devices such as mobile phones and tablets. By examining the 3D images of the surgery, the senior doctors can grasp the details of the operation and patient's situation in real time, and provide guidance remotely to improve the efficiency and accuracy of the operation.



Furthermore, Kowloon East Cluster has first implemented tele-care pilot programme since the beginning of the pandemic. Patients at home are provided with tele-care examination and consultation, in order to reduce the risk of infection of healthcare workers and patients. The team is also exploring the use of vital sign monitoring equipment. Patients will be guided to use the equipment, so that data such as blood pressure, pulse and blood oxygen level will be transmitted to hospital instantly for medical staff's monitoring.

視像藥劑服務 Video call for pharmaceutical care

瑪麗醫院藥劑部自2018年推行「遙距藥劑服務先導計劃」，服務對象為所有18歲或以上於瑪麗醫院出院或覆診的病人。病人需在家中或安靜的環境，預先準備現正服用的藥物，藥劑師會透過視像通話，為病人評估症狀、跟進他們的用藥情況及治療成效、提供藥物諮詢及解答病人有關藥物的疑問，從而達致安全和有效的藥物治療。病人可與藥劑師預約在周一至五進行查詢，藥劑師亦會按病人情況，作出合適的安排。

The Telepharmacy Pilot Scheme, launched by the Pharmacy at Queen Mary Hospital since 2018, is targeted at all patients aged 18 or above, who have been discharged from or arranged for consultations at the hospital. Before meeting the pharmacist, the patient should be settled at home or in a quiet setting and prepare the medicine he is currently taking. During the video call, the pharmacist would assess patient's symptoms, follow up on the use of medicines and therapeutic outcome, arrange medicine consultation and answer drug-related questions. Patients may arrange an appointment with pharmacists for enquiries from Mondays to Fridays. Pharmacists may also make proper arrangements subject to patients' conditions.

大數據分析模型助亞博分流 Big data analytics model supports triage at AWE

Model Predictions on 2020MMDD										by Statistics & Data Science Department, Strategy & Planning Division											
Current Case No.	Current Hosp	Current Ward	Current Bed Number	Current Admission date	Age	Sex	Predicted Class	Prob. of Critical / Serious	Prob. of Stable	Prob. of Satisfactory	Latest Condition	LDH (U/L)	LDH Upper Ref (U/L)	Platelet (x10 ⁹ / L)	Albumin (g/L)	Globulin (g/L)	CRP (mg /L)	Neutrophil (x10 ⁹ / L)	Lymphocyte (x10 ⁹ / L)	CT Ref Date	CT Value
HN000000000	NLT	XXYY	YYZZ	2020MMDD	XY	F	Critical / Serious	0.560	0.085	0.355	Satisfactory	350	246.4	0.5	39.2	42.8	50.0	3.4	1.4	2020MMDD	20
HN000000000	NLT	XXYY	YYXX	2020MMDD	XY	F	Satisfactory	0.150	0.087	0.764	Satisfactory	179	246.4	0.5	40.6	30.7	4.6	2.4	0.8	2020MMDD	26
HN000000000	NLT	XXYY	YYZZ	2020MMDD	XY	M	Stable	0.058	0.867	0.075	Stable	173	247.4	0.7	46.0	29.2	0.4	5.2	2.5	2020MMDD	38
HN000000000	NLT	XXZZ	YYXX	2020MMDD	XY	F	Satisfactory	0.057	0.305	0.638	Stable	166	247.0	0.5	43.3	33.7	0.4	4.2	2.6	2020MMDD	33
HN000000000	NLT	XXZZ	YYZZ	2020MMDD	XY	M	Stable	0.057	0.870	0.073	Stable	158	247.4	0.7	43.7	31.1	2.0	3.5	2.9	2020MMDD	34

亞博館社區治療設施8月啟用，接收病況較穩定的病人，讓醫院一線和二線隔離病床集中處理病情較嚴重的病人。當中的分流決定，除有賴醫生臨床判斷外，大數據分析模型亦是重要的臨床參考工具。今年3月，總辦事處統計及數據科學部和專家小組合作設計大數據分析模型，透過分析30項病人數據，預測他們的病情發展。其後團隊簡化模型至七項參數，包括年齡、乳酸脫氫酶水平、C反應蛋白水平、血小板水平、嗜中性白血球和淋巴白血球比率、白蛋白和球蛋白比率及臨床評估狀況。模型根據最新的血液檢測結果和臨床狀況評估，將病人分為「嚴重或危殆」、「穩定」和「滿意」三組，預測準確率達九成以上。

模型曾應用於社區治療設施，每天早上七時，電腦自動將報告傳送至相關醫療團隊作參考。醫生接著進行臨床觀察和判斷，安排病況可能轉差的病人轉送至急症醫院接受治療。團隊希望未來加入其他模型參數，如肺部X光影像，協助醫生監察病人病情發展。

The Community Treatment Facility (CTF) at AsiaWorld-Expo (AWE) commenced operation in August for treating more stable COVID-19 patients to vacate isolation beds in hospitals for patients in more severe condition. The triage decision is based on the clinical judgment of doctors, but a big data analytics model has also served as an important reference prognostic

tool in the process. This March, the Statistics and Data Science Department of the Head Office started to collaborate with clinical experts in developing a model to predict disease progression of patients through analytics of 30 patient data items. The team further simplified the model to using seven parameters, which include age, lab results of lactate dehydrogenase, C-reactive protein, platelet, neutrophil to lymphocyte ratio, albumin to globulin ratio, and assessed clinical condition. Based on individual patients' latest blood test results and clinical condition, the model classifies patients into three outcome groups - 'Critical / Serious', 'Stable' and 'Satisfactory', and achieves a predictive accuracy rate of over 90%.

This prognostic tool has been applied to the daily operation of the CTF at AWE. Every morning at 7:00, a patient listing report is automatically sent to relevant medical team for reference. After clinical assessment on patients' conditions, potential deterioration cases are transferred to acute hospitals for treatment. Looking ahead, the team hopes to include additional model parameters, such as chest X-ray images, to assist doctors in monitoring patient disease progression.



醫管局大會新成員 New HA Board Member

Hardware and software sustainability in hospital development

註冊專業工程師出身的醫管局大會新成員黃永灝認為，醫院發展工程是重要的基建項目，首要確保軟硬件可持續發展，既可降低基建的生命周期成本，也能確保醫療服務穩健。

黃永灝曾參與多個大型基建項目，包括東江水第三期工程及赤鱗角機場工程。對於醫管局正推行兩個十年醫院發展計劃，他認為，這一連串醫院發展及改善工程都是長線投資，除了應付日增的服務需求外，亦要預留空間作未來發展。在香港這彈丸之地，軟硬件符合可持續發展尤其重要，因要避免醫院因工程而影響病人服務，也要維持營運醫院的生命周期成本。

縱然硬件設備如何盡善盡美，黃認為，醫護人員才是醫院以至整個醫療系統的核心。

「我在醫療及公共衛生事務是門外漢，但建造業與醫療同樣與民生息息相關，不容錯失。一旦出現失誤，牽涉的是人命，如大橋倒塌是一個災難。因此，我認為良好的人才管理，是維持高服務質素的關鍵。」

黃永灝憶述早年在建造業訓練委員會擔任主席時，曾開展大型問卷調查，發現年輕人不願入行是因為覺得在地盤工作，形象骯髒粗魯，難以結識異性，和未能得到家長認同。於是，他致力提升建造業工人專業形象、改善地盤工作環境及職業安全、拓展晉升階梯，結果逐漸吸引新一代投身業界。他希望這些實戰經驗，可以協助醫管局進一步改善醫院工作環境、鼓勵及支持同事參與科研項目、促進醫患溝通，從而提升醫護人員滿足感，吸引及挽留人才，紓緩人手短缺的問題。



黃永灝喜歡靜態活動，外遊時尤其喜愛拍攝大自然。左圖攝於四川成都都江堰熊貓基地；下圖攝於肯亞馬賽馬拉。

Billy is especially fond of nature photography. Photo on the left was taken in Chengdu Panda Breeding and Research Base in Dujiangyan, Sichuan, while the bottom one was taken in Masai Mara, Kenya.



Registered professional engineer **Billy Wong** recognises that the development of hospital buildings is a crucial element of healthcare services. As a new member of the Hospital Authority (HA) Board, he opines that it is essential to ensure the sustainability of both software and hardware to reduce the life cycle cost of infrastructure and to maintain stability in healthcare services.

Having been involved in a number of major infrastructure projects, including the import of water supply from China and the development of Chek Lap Kok airport project, Billy says the hospital development and improvement projects under the two 10-year Hospital Development Plans of HA are critical long-term investments. Apart from improving infrastructure to meet the rising demand for healthcare services, it is important to reserve land and space for future development, particularly in this tiny and densely-populated city. It is essential for both software and hardware to be sustainable so that the patient services are not affected by renovations and the life cycle cost of hospitals is under control.

Despite the importance of bricks and mortar, Billy stresses that medical professionals are at the very heart of any hospital and of the entire healthcare system. "I am not a healthcare or public health expert, but I perceive that both construction and healthcare professions are closely related to people's livelihoods, and there can be no mistake," he says. "When a mistake occurs in construction – take a bridge collapsing as an example – it is an absolute disaster and casualties are inevitable. Therefore, I strongly believe good talent management is key to maintaining a high level of service quality."

When Billy was the Chairman of the Construction Industry Training Board, he conducted a survey and found that young people were reluctant to join the industry because of the negative stereotype of construction workers as dirty, rude individuals who had difficulty communicating with the opposite sex, and were not recognised by parents. In response, Billy strived to improve the image of construction workers, enhance the environment and occupational safety levels at construction sites and develop workers' progression pathways, which have gradually attracted more young people joining the industry. Billy hopes to draw on this experience to help HA further improve the working environment in hospitals, to encourage and support employees taking part in scientific research projects, and to promote doctor-patient communications. This approach, he believes, will raise job satisfaction of healthcare workers and help attract and retain talents to ease the manpower shortage.

醫管局大會新成員 New HA Board Member

疫情推動IT與醫護 更強合作

Pandemic unites
medics and
IT experts
in saving lives

醫管局大會新成員邱達根是資深的科技企業投資者，去年12月上場，便遇上2019冠狀病毒病疫情，未及了解醫管局機構事務，就要上戰場。他形容這幾個月的心情：「好像P牌新手，行走一波之際，要突然轉跑道，開一級方程式賽車！」不過，他覺得突如其來的疫症也許是一個契機，推動前線醫護和資訊科技同事合作，在新常態下合力發揮重要作用。

他有感醫管局的資訊科技軟硬件俱備，需要改變的可能是同事的思維，因此，他希望從「人」入手，加速科技與醫療融合，引領醫療服務走得更前。他說：「COVID-19的出現，或多或少改變醫院現行運作模式。舉例說，遙距診症和視像會診的應用，正好讓前線醫護感受IT如何幫自己、幫病人。另一方面，這亦是一個絕佳時機跟IT同事說明，他們也可以透過建立不同系統拯救生命，鼓勵他們更主動地由幕後走到台前，將更全面的貢獻展示於人前，而非局限於解決電腦技術問題。」

醫院正邁向智慧型醫院發展，邱達根現時亦是醫管局相關工作小組的主席。他稱，小組經過數次會議後提出多項方案，利用科技簡化工作流程或輔助醫生診症，有關方案將在一至兩間醫院試行，若效果理想，會盡快推廣至更多醫院，惠及同事和病人。

邱達根熱愛壁球，他希望同事在奮力抗疫之餘，亦要好好照顧自己身體，多做運動，「如果捱壞了身子，又如何救人呢？所以同事更要保持身體健康，好好保重！」



邱達根有四名子女，強調「個個都疼愛，不會偏心任何一人！」。圖為他與長子合照。
Duncan has four children. He emphasises that "I love all of them and won't take side with anyone!" He took a photo with his eldest son.

IT investment specialist **Duncan Chiu** joined the Hospital Authority (HA) Board last December just before the beginning of the COVID-19 outbreak. He describes the experience of joining HA as being like that of a learner driver finding himself at the wheel of a racing car. "I was like a novice driver who was just starting off in first gear, and then all of a sudden, I was told to race in Formula One." Despite the shock of the outbreak, Duncan believes the pandemic may accelerate the collaboration between frontline healthcare workers and IT colleagues, gearing up hospitals to operate effectively under the 'new normal'.

While both software and hardware infrastructure are in place, Duncan argues that HA needs to encourage staff to embrace changes and better integrate technology into medical care, in a way to open up a new horizon for healthcare services. "The emergence of COVID-19 has inevitably changed the mode of operation in hospitals. For instance, the introduction of tele-consultation and tele-care services allows frontline healthcare staff to experience first-hand how IT can support them at work in offering better care to patients," he says. "This is in fact a perfect opportunity to let IT colleagues know that they can help save lives by developing different systems. I would also like to encourage our IT professionals to be more proactive, and shine on the stage by making an even greater contribution, rather than just limiting themselves to solving computer problems and technical issues."

Duncan is also the Chairman of a workgroup examining the transformation of public hospitals into smart hospitals. After a number of meetings, the group has put forward a series of recommendations aimed at streamlining workflows and helping clinicians in the diagnosing process with leverages on technology. The new measures will be implemented in one or two hospitals on pilot basis and extended to more hospitals if they are proved effective.

Meanwhile, as the effort to battle the pandemic continues, Duncan – a keen squash player – encourages colleagues to take care of their health and exercise regularly. "How can you save lives if you are in bad shape?" he asks. "So, stay strong and healthy and take good care of yourselves, my dear colleagues."

有「種」快樂人生



HA 八卦掌門人
HA chatterbox

Helen 早前經過總辦事處二樓職員餐廳外嘅露天花園，見到好多好靚嘅植物，有生菜、秋葵、蘆薈等。細問之下，原來總辦事處去年底開展園藝計劃，鼓勵同事綠化環境，亦希望同事喺工作間都可以享受耕種樂趣。以下就有兩位同事分享佢哋嘅種植心得。



Celebrating the joy of gardening

In the garden outside the staff canteen on the second floor of the Head Office, Helen happened to be amazed by the incredible plants, such as cabbages, okra, aloe vera and many more. This spectacular scenery is in fact attributed to the combined efforts of colleagues under the gardening project started at the Head Office since late last year. The project not only promotes the awareness of greening among colleagues, it also brings the joy of gardening at the workplace. Let's check out our staff's stories in planting.

Twiggy@ 護理服務部 Nursing Services Department

Twiggy 種過蕃薯、羽衣甘藍，同埋小甜椒。佢會提早返公司淋水，幫忙打掃園藝角，清理落葉。「計劃令我有機會同其他部門同事交流種植心得。例如經同事推介後，我正試用辣椒和洋蔥汁，噴喺葉子和泥土上除蟲。見到植物發芽成長，已經十分開心，收穫與否並唔重要。」

Twiggy has experience in planting sweet potatoes, kale and mini sweet peppers. She goes back to office earlier in the morning to water the plants, and clean up the gardening corner and fallen leaves. "I am grateful to have this opportunity of exchanging gardening ideas with colleagues from other departments," she expresses. "Just recently, upon recommendation of a colleague, I have started spraying the juice of chili pepper and onion on the leaves and soil for pest control. It is simply delighting to see the plants bud and grow while the harvest does not concern me that much."

Maggie@ 總藥劑師辦事處 Chief Pharmacist's Office

Maggie 經常喺辦公室種植觀賞花卉，而喺園藝角就種過南瓜同車厘茄。佢哋耕種心得係把種子先浸水才放入泥土，咁樣會比較容易發芽；而淋水嘅最佳時機係早上同黃昏，因為中午時分淋水，會令葉子過熱枯萎；星期五放工後就要淋多啲水，確保植物喺周末都有足夠水分。

Maggie is a fan of ornamental plants in the office. She has tried planting pumpkins and cherry tomatoes in the gardening corner. One of her gardening tips is to soak the seeds in water before sowing as this will speed germination. The timing of watering is another key to success. The best time to water plants would be in the morning or at dusk, as watering in the afternoon could easily produce withered leaves due to overheating. Also, before leaving the office on Friday, ensure that the soil has enough water for the plant to survive the weekend.



追憶德叔

德叔四女兒陳玉華（左）和二女兒陳萬華最終明白父親義行的初衷，願將這份精神延續下去。



在瑪嘉烈醫院的紫協社，無人不識陳德伍（德叔）。他在1999年加入我們的義工服務團隊，年屆69歲的他成為當時最年長的義工。德叔每次做服務總是臉掛笑容，毫不猶豫發放正能量。他13年多的義工生涯，提供服務逾7,000小時。

德叔參與過的義工服務多不勝數，如動物探訪、健康活動推廣、協助籌辦病友生日會、醫管局新春長跑路段指引、支援病友的水墨畫及書法班等。他對義工服務的投入，可以用「忘我」來形容。為了維持瑪嘉烈醫院專科大樓秩序，德叔經常忘了午膳時間，要我們提醒他要吃飯才有氣力服務；為了繼續助人，縱使身體抱恙，他亦堅持一出院，便立即回到自己的崗位；為了鼓勵病友在治療路上積極面對，他會以金句勉勵病友：「來醫院見醫生，就是要『醫生而非醫死』，自己要求生，怎可以輕易放棄生命呢！」

我們看到德叔為醫院的付出，深表敬意，可是在兒女的眼中，卻是一個黑人問號。他們不明白為何父親要全程投入義工服務，更曾不滿地說：「返少一日（醫院）都唔得！」直至他們出席義工嘉許禮，陪伴父親上台

德叔，謝謝你！

1分鐘自由講
Minute Talk



13年的義工生涯，
提供服務小時逾
7,000小時

德叔義行獲醫院嘉許。

領取榮譽大獎殊榮時，全場起立鼓掌，掌聲如雷，才明白父親的義行影響了這麼多人，為他無私的付出感到自豪。

隨後，兒女亦將德叔這份義行的精神延續下去。在疫情爆發前，二女兒和二女兒坐言起行，積極參與本地和內地的義工服務，並一直銘記著父親最後的教誨「幫人是快樂的，自己也必能從中有所得著」。

德叔離開我們快七年了，但我有幸曾與德叔相處，現在偶爾憶起他那人性本善之美，疲累的心也振作起來。德叔，謝謝你，但願你在天國，一切安好！

溫蕙心
社區健康資源中心文員
瑪嘉烈醫院

一針防流感 護己護人

Get protected, take a flu jab



抗流感，齊打針
Let's get a flu jab

同事對抗 COVID-19 疫情之餘，亦要嚴陣以待即將來臨的冬季服務高峰期。醫管局已在 10 月 8 日起為同事注射流感針，打針的同事可獲贈新款熊仔襟章一個。另外，今年接種率最高的三間急症醫院和非急症醫院，以及注射率與去年相比增幅最多的三間醫院，亦會獲頒發獎項，以示鼓勵和感謝同事用行動護己護人。



While combating COVID-19, staff should also be aware of the upcoming winter service surge. Starting from 8 October, colleagues can have a flu vaccine and get a new HA bear pin as souvenir. Furthermore, the three acute and non-acute hospitals with the highest staff vaccination rate, as well as the three hospitals with the best improvement in staff vaccination rate would be awarded.

去年攝影比賽
得獎作品
Winners of Photo Campaign
Award last year



「溫馨時刻組」冠軍 'Touching Moments' Champion

威爾斯親王醫院護士長 盧艷萍
Sally Lo, Nurse Officer, Prince of Wales Hospital

「萬眾齊心齊打針！威院員工，上下一心，萬眾齊心齊打流感針！」
"Together we take a flu jab! Fellow PWH colleagues, let's join up to take a flu jab!"

「輕鬆歡樂組」冠軍 'Cheerful Campaign' Champion

廣華醫院部門運作經理 俞麗芳
Yu Lai-fong, Department Operations Manager, Kwong Wah Hospital

「醫院各級別都推廣打流感針，有管理層做示範，同事間和各部門的推廣大使會互相支持提醒。打流感針是輕鬆、是快樂，實行我陪伴你去打針！」
"Flu vaccination is widely promoted to colleagues by the management acting as a role model, as well as encouragement among colleagues and GVP ambassadors in various departments. It is a joy to get a jab. Let's go!"



HA Go



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醫院管理局 Hospital Authority



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