



热血最强

HA-lympics



Work hard, Play hard



觀看體育賽事令人熱血沸騰，做運動同樣使人興奮，亦為健康帶來好處。它可令你體內釋放安多酚，有助減壓、改善情緒，身心愉快。

今期《協力》有參與女子籃球、壘球、龍舟和保齡球比賽的同事，分享他們的熱血時刻，其中包括在今個秋季贏得工商機構運動會（工商盃）女子籃球賽的成員，這已是醫管局女子籃球隊的六連冠。

工商盃由康樂及文化事務署舉辦，今次是疫情後首度復辦。同事在賽事中充份展現運動天份及團隊精神，為醫管局贏得工商盃甲組全場總冠軍，分數更大幅拋離亞軍。在11項比賽中，醫管局囊括排球、籃球、五人足球、乒乓球、長跑和田徑冠軍，羽毛球及網球獲亞軍，而11人足球則獲季軍。連同今次，醫管局已經連續七屆取得工商盃甲組全場總冠軍！

同事在比賽場上盡情拼搏，返回工作崗位依然力求進步。我們藉此為他們打氣，並期待迎接更多勝利。

Being a spectator at a thrilling sports event can get your pulse racing. Taking part in the event has the same effect along with many other health benefits. It also generates the production of endorphins which lower stress, improve your mood, and enhance your sense of well-being.

In this edition of *HASLink*, we share the passionate stories of our colleagues who competed in a diverse range of sports including basketball, softball, dragon boat racing and bowling. They include members of the victorious Hospital Authority (HA) Women's Basketball Team, which won the Corporate Games for the sixth consecutive tournament this autumn.

Hosted by the Leisure and Cultural Services Department, the Corporate Games resumed for the first time since the epidemic. Our colleagues demonstrated exceptional sporting talents and team spirit, and earned for HA the Overall Champions in Group A, leaving the first runner-up far behind. Among the 11 sports events, HA has won titles in volleyball, basketball, futsal, table tennis, distance run, and athletics, and was the first runner-up in badminton and tennis, and second runner-up in 11-a-side soccer. This is the seventh consecutive time for HA to win the Overall Champions in Group A at Corporate Games!

The successes have proven how HA colleagues work hard and play hard too. Let's take this opportunity to cheer them on and look forward to many more victories to come.



這場籃球賽離完場僅剩下數秒，對手正領先一分，眼看對手再控球快攻，醫管局女子籃球隊心知不妙。此時，一道身影掩至，醫管局隊小前鋒成功偷截，轉守為攻，三下快傳至籃底瞬間起手，完場哨聲隨即響起，籃球應聲入網，頃刻反敗為勝，場館內立時歡聲雷動。

「整隊人興奮到衝出球場擁抱慶祝，打了幾屆工商機構運動會最難忘這一戰！」九龍中醫院聯網人力資源部高級經理陳靜儀（Jan）說起2016年絕地反勝的一幕仍然激動。醫管局女子籃球隊是工商機構運動會常勝將軍，連同剛舉行的賽事，已連續六屆蟬聯冠軍。當中五屆總決賽，Jan都參與其中。「致勝之道是堅持，即使分數落後都堅持到最後一秒。大家為同一目標奮鬥到最後一刻，很熱血。」

隊員實力均不容小覷，每屆醫管局女子籃球隊都有甲組球員加持，包括Jan。「有些球員退出，剛好

隊員的孩子在場邊為媽媽打氣，是醫管局隊最可愛的「吉祥物」。
Team members' children cheer their mothers on from the sidelines and provide them with the cutest mascots imaginable on their way to victory.

又有甲組球員加入，在香港女子籃球的圈子，彼此都認識，可能做過隊友、又做過對手，知道有人入職醫管局，就馬上招攬進隊。」

最可信賴的隊伍

在Jan眼中，醫管局隊還有一大特色，「一般球隊通常會有一名軍醫，但我們隊不止一人，隊員中有骨科醫生、外科護士，還有幾個物理治療師，一受傷就有幾個醫護人員跑過來查看傷勢，特別有安全感。」Jan笑說。

瑪麗醫院外科病房經理黎苑彤（Fi）與Jan一樣，效力醫管局女子籃球隊逾10年。Fi是現役香港甲組球員，繁忙的病房工作中，有時連甲組球隊練習都分身乏術。然而，她再忙都堅持為醫管局隊出戰。「感激隊長、教練，還有隊員，他們的鬥心感染我竭盡全力。我在隊內負責的角色與在甲組練習的位置不同，迫使我反思自己在甲組練習時需要改進的地方，會更明白其他隊友的難處。」這種換位思考也為Fi的工作帶來莫大裨益，「在病房工作時，我會更有耐性去理解其他人的難題，或者深思怎樣表達更容易令人明白。」

工商機構運動會每兩年舉辦一次，常勝將軍有沒有信心下屆七連霸？「有！」Jan沒半點遲疑。「我們正積極招攬高手加入，絕對有信心再下一城！」看來醫管局女子籃球隊那團火仍然燒得旺盛，隨著新血加入，那份堅持和信念一定能夠傳承下去。

Seconds remained in the vital basketball match and the opponents were leading by a single point after dominating the game with their skilled dribbling and fast breaks. The Hospital Authority (HA) Women's Basketball Teammates were getting nervous. Suddenly, a wave moved across the court. The small forward player of the HA Team seized control and turned defense into attack. In a last-gasp gambit, the HA player took a desperate shot after three quick passing and the ball bobbed into the net as the final whistle blew. The buzzer-beating basket sent the crowd into a frenzy of excitement.

“The whole team was so thrilled that they rushed out onto the court to hug each other and celebrate. That was the most unforgettable battle in the past few years of the Corporate Games,” recalls Senior Manager of Human Resources Division of Kowloon Central Cluster Jan Chan as she describes the come-from-behind victory in the Corporate Games which her team has now won six consecutive times, including the one which has been held recently.

“The way to win is to be persistent,” says Jan, who has played in five of the finals. “Even when you fall behind, you must persist to the last moment. We all fought for the same goal right to the very end, and it was very intense.”

The HA team's strength in depth is impressive and includes players like Jan from the Hong Kong Women's Basketball League (Division A) players. “When players leave, other Division A players join the team,” she explains. “In the community of women's basketball players in Hong Kong, we all know each other. We may have been teammates or opponents, and if we know someone has joined the HA, we recruit them to the team immediately.”

Sport in safe hands

Jan is impressed by an unusual sporting advantage of the team. “Usually there is one medic in a sports team, but we have more than one,” she says with a smile.

“There are orthopaedic surgeons, surgical nurses, and physiotherapists in the team. When someone gets hurt, several medical staff come over to check on the injury, which makes us feel very safe and secure.”

Like Jan, Ward Manager of the Department of Surgery at Queen Mary Hospital Fi Lai has played for the HA Women's Basketball Team for more than 10 years. She is a Division A player and her busy ward schedule means that she is sometimes unable to attend practice sessions with the Division A team. Despite this, she insists on playing for the HA team in the Corporate Games.

“I am so grateful for the captain, coaches, and team members, their fighting spirit has inspired me to keep up the hard work,” she explains. “Besides, my role in the HA team is different from my role in the Division A team, which makes me reflect on what I need to improve in the Division A team and understand the difficulties of teammates better.”

This perspective has benefited her work, she believes. “When I work on the ward, I have more patience to understand others, and I reflect on how to express myself in a way that is more understandable to other people,” Fi says.

The Corporate Games are held every two years. Asked if they can win the tournament for a seventh consecutive time, Jan insists without hesitation, “yes! We are working hard to recruit top players, so we are confident we can win again.” With their passion and strength of character combined with a steady flow of new talent, their persistence and faith will hopefully be passed on to the next generation.



六連勝
Six consecutive victories



「壘球在香港算是冷門運動，本地賽事多數是親友或壘球粉絲撐場。首次參加亞運，觀眾席坐滿千人，在一大片歡呼聲中贏波，心情原來這麼興奮！」香港女子壘球隊早前出戰杭州亞運，大口環根德公爵夫人兒童醫院註冊護士袁靖怡（Sally）是其中一員。五天的實戰令她大開眼界，渴望加快進步，「親身看到日、台等強者如何對戰，她們的表現十分值得學習，激勵我更想進步。」

Sally 於大學時期開始接觸壘球，曾出戰亞洲大學女子壘球賽，並打出人生首支「全壘打」，後來正式加入港隊，首場挑戰便是四年一度的亞運會。港隊於上屆雅加達亞運首度出戰女子壘球項目，但未嚐勝果；Sally 今次作為亞運新丁難免緊張：「賽前我們的目標是新加坡和泰國，惜敗給新加坡，但我們立刻重整旗鼓，對戰泰國時雙方分數追得很緊，幸好隊友默契配合得宜，我們得以領先。」港隊在排位賽最終擊敗泰國嚐亞運首勝，名列第七完成今屆賽事。

賽前屢遇風雨 不減士氣

她表示，今次應戰亞運要克服許多難關，例如受疫情影響，訓練場地長期關閉，她與隊友仍不放棄每個訓練機會，甚至改用羽毛球來練習擊球，並在家中加強體能訓練；臨近亞運時本港遭遇連場暴雨，球場一度被淹，「但隊友們仍冒雨齊集練球，士氣很好。壘球最重要是團隊合作，遇到難關反而鍛鍊了彼此的默契和不服輸的精神。」

Sally 說，壘球賽制相對複雜，不算是熱門運動，有同事主動支持壘球比賽，教她意料不及，「同事主動看亞運直播，



Sally 表示出賽前多場暴雨令球場水浸，但她與隊友仍冒雨齊集練球。 Despite the heavy rains before the tournament, Sally and her teammates still got together for training.

甚至把我的比賽片段分享給病人看，令我十分鼓舞。原來自己的付出，可令更多人關注這項運動。」

既是運動員，亦是病房護士，Sally 認為兩者也有相似之處，作為球員需反覆練習「傳、接、打」等壘球技術，變成肌肉記憶；而在病房，同樣需要不斷練習床邊照顧和護理技巧，才能避免出錯，「回想起去年初畢業時，我上班時十分『驚青』，怕自己不熟練，但如今已在實踐中慢慢建立信心，也發現自己很喜歡照顧小病人。無論是打球還是臨床工作，也要秉持認真態度和嚴格的自我要求，才可不斷超越自己。」



《瑪麗通訊》訪問短片
Interview video of
QMH Newsletter



Sally 首次出戰亞運，為港爭光。 Sally made her debut in the Asian Games that fighting for the glory of Hong Kong.

“Softball is a niche sport in Hong Kong with most events attended by friends, family, and enthusiasts. So, when I was participating in the Asian Games for the first time, and the stands were filled with thousands of spectators. It was incredibly exciting to win against a backdrop of resounding cheers,” recalls Sally Yuen, Registered Nurse of the Duchess of Kent Children’s Hospital in Sandy Bay, who has competed in the 19th Asian Games in Hangzhou with the Hong Kong women’s softball team earlier. Five days of intense competition opened her eyes and made her determined to play the sport better. “Witnessing firsthand how the world’s top-ranked opponents like Japan and Taiwan play the game was a valuable learning experience,” she recalls. “Their performances were inspiring and motivated me to strive for improvement.”

Sally took up softball at university and represented Hong Kong in the Asian University Women’s Softball Championship, where she hit her first home run. She later joined the Hong Kong team, and her first major challenge was the quadrennial Asian Games where – at the previous tournament in Jakarta – the Hong Kong women’s team made their debut but failed to register a win.

As a newcomer, Sally was nervous. “Our goal before the competition was to defeat Singapore and Thailand, but we lost to Singapore. However, we quickly regrouped and put up a strong fight against Thailand. Fortunately, our team had taken the lead with great synergy.” The Hong Kong team defeated Thailand to secure its first Asian Games victory and finished seventh overall in the tournament.

Training through the storms

The Hong Kong team had to overcome severe challenges before the tournament with its training facilities closed during the epidemic. Sally and her teammates missed no opportunity to prepare, practising with badminton shuttlecocks and exercising at home. Then, in the weeks before the Asian Games, Hong Kong was deluged with heavy rain and the softball field was flooded. “Despite the rain, we got together to train, and our morale remained high,” says Sally. “Softball is all about teamwork, and facing challenges only strengthened our mutual understanding and our spirit of never giving up.”

Sally was moved by the support and encouragement of her colleagues at work who took a keen interest despite softball being a complicated and not particularly popular sport. “Some of them even watched the live broadcast of the Asian Games and shared clips of my matches with patients. It was very encouraging to see my efforts attracting more attention to the sport,” she reflects.

There are surprising similarities between her role as a nurse and a softball player, Sally believes. As a player, she trains constantly to develop skills such as throwing, catching, and hitting until they become muscle memory. Similarly, in the ward, continuous practice of bedside care and nursing skills is needed to avoid mistakes.

“When I graduated a year ago and started work, I was quite nervous and afraid I was not skilled enough,” Sally says. “But now, through practical experience, I have gradually built confidence and discovered that I really enjoy caring for young patients. Whether it’s playing softball or clinical work, dedication and strict standards are necessary to continuously improve yourself.”



Sally 要兼顧運動員訓練及護士工作，兩者都令她有滿足感，促使她堅持下去。 Sally has to balance athlete training and nursing work. Both of them give her a sense of fulfillment, which motivates her to persevere.



「之前從未接觸過龍舟，一玩就愛上了，因為感覺非常刺激。」大埔醫院職業治療部病人服務助理鄧啟中（Henry）今年新加入新界東醫院聯網龍舟隊，划龍舟讓他覺得「相逢恨晚」。「游泳累了可以扶池邊休息，但划龍舟不能停，隊員落槳時間差半秒都能影響船速。這項運動提醒我，遇到任何挫折都不輕言放棄，其他隊友也會輔助自己。」

團隊教練、雅麗氏何妙齡那打素醫院社區外展服務資深護師雷蘭詩（Nancy）划龍舟超過20年，獲獎無數，划跡遍佈杭州、日本、泰國、匈牙利。她說划龍舟致勝之道，不只是體力，更講求團隊合作。「就算安排幾個健碩的健身教練上龍舟，只要有一人不齊槳，整條船就會亂，隨時輸給另一隊落槳節奏一致的纖瘦女生。」Nancy說，培養默契全靠練習，隊中不少同事需要輪班工作，但仍積極參與每周三次的集訓。「有同事甚至在上午更與通宵更之間來練習，就像在病房為病人施行心肺復甦法，誰負責壓胸、誰負責給藥？事前都要反覆演練練習崗位。」

年齡零界限

除了參加醫管局和新東龍舟隊，Nancy亦與志同道合的朋友組隊參賽，今年代表香港到泰國出戰錦標賽，並於先進隊丙組（划手年齡為60歲或以上）擔任鼓手，最終團隊成功奪金。「鼓手不限年齡，感激一班師叔讓我參與丙組賽事，希望將來可以保持體能，像他們一樣划到60歲。」Nancy笑道。龍舟不但適合男女老幼，視聽障或復康人士均可參與。「有乳癌康復者組成龍舟隊，除了有助改善淋巴水腫等症狀，也讓病友及家屬產生同甘共苦的情誼。龍舟適合不同病症的康復者，投入運動的人生更健康快樂。」

新界東醫院聯網物料供應部採購員蕭文邦（Charles）是新東龍舟隊員常常提起的「總教」，曾執教新東龍舟隊逾10年，其間帶隊到國外奪得釜山以及大阪國際龍舟比賽第二名佳績。「踢波、賽跑等選手可能會收起必殺技，但在龍舟上恰恰相反，不是追求發揮自己120%能力，而是協助隊友發揮120%能力，最重要是分享、討論進步心得。」

Charles同時執教醫管局及其他制服隊伍的龍舟隊，他認為醫管局同事多有醫療背景，教學時事半功倍。「同事們很快掌握到各種動作需要用到的骨骼、肌肉以及推動龍舟的槳桿原理，而且極具團隊精神，這是醫管局特色。」

疫後首個醫管局龍舟賽原定於10月7日舉行，因颱風吹襲延期。現時選手們繼續奮力備賽，期待將來拼盡全力完成賽事的一刻，不管有沒有獲勝，亦留下美好回憶。



訪問短片
Interview video



“I had never set foot in a dragon boat before, but I fell in love with the sport the moment I did, because it was so exciting,” says **Henry Chow**, Patient Care Assistant of Department of Occupational Therapy of Tai Po Hospital, bubbling with enthusiasm after joining the New Territories East Cluster (NTEC) Dragon Boat Team this year. As a keen sportsman, Henry felt he came to dragon boat racing too late after his first experience. “You can rest by the side of the pool when you’re tired of swimming, but you can’t stop when you’re racing in a dragon boat,” he explains. “If you’re just half a beat behind your teammates, it affects the speed of the boat. This sport reminds me that no matter what setbacks I encounter, I should not give up and understand that my teammates will assist me.”

As NTEC team’s coach, **Nancy Louie**, Advanced Practice Nurse of Community Outreach Services Team of Alice Ho Miu Ling Nethersole Hospital, has more than 20 years’ experience in dragon boat racing and has won prizes in various competitions, racing in destinations as far afield as Hangzhou, Japan, Thailand, and Hungary. The key to victory in dragon boat racing is not only physical strength but also team collaboration, she believes. “Even if a group of fitness instructors is assigned to the dragon boat, if one of them is not moving at the same pitch, the whole boat will be in disarray and there is a good chance they will lose to another team of slim girls who paddle in unison,” Nancy says. Cultivating a tacit understanding between team members takes practice, and lots of it. Although many team members work shifts, they all take part in training sessions three times a week. “Some of us even practise between the morning and overnight shifts,” reflects Nancy. “It is like administering cardiopulmonary resuscitation to a patient in a ward. Who is responsible for compressing the chest and who is responsible for giving medication? We have to drill and rehearse to familiarise ourselves with the positions beforehand.”

A sport with no age limit

As well as participating in the Hospital Authority (HA) Dragon Boat Team and NTEC team, Nancy competes in teams with like-minded friends and this year took part in the Thailand championships where she was a drummer in the Senior C team, whose paddlers must be aged 60 or above. The team won a gold medal. “There is no age restriction for drummers, and I am grateful that the older members let me participate in the team. I hope I maintain my physical fitness and paddle until I reach the age of 60, just like them,” she says with a smile. Dragon boat racing is a sport suitable for men and women of all ages and is also a

healthy pastime for people with sight and hearing impairments or need rehabilitation. “Some breast cancer survivors have formed a dragon boat team, which not only helps improve the symptoms of lymphoedema, but also creates a spirit of friendship between the patients and family members when going through thick and thin. Dragon boating is suitable for people with a range of illnesses, and a life engaged in sports is happier and healthier,” Nancy says.

Charles Siu, Supplies Supervisor of NTEC Procurement and Materials Management Division, is referred to as Chief Coach by NTEC Dragon Boat teammates. He has coached the team for more than 10 years, leading it to second place in the Busan and Osaka International Dragon Boat Competitions. “Athletes who play football or run races may hide their unique skills, but in dragon boat racing, it is just the opposite. Instead of trying to give 120% of your ability, you have to help your teammates give 120% of their ability. Most importantly, we share and discuss ideas for improvement,” he says. Charles also coaches HA Dragon Boat Team and other teams. As most HA team members have medical backgrounds, teaching them is twice as effective, Charles has found. “Colleagues from the HA quickly understand the bones and muscles required for different various movements, as well as the principles of levers used to propel the dragon boat. They are also very team-oriented, which is a characteristic of the HA,” he explains.

The first post-epidemic competition for hospital clusters was scheduled for 7 October, but was postponed because of the typhoon. Racers reacted by continuing their preparations and looking forward to the moment they crossed the finishing line after another superb team effort – regardless of whether they finish first or last.



（左起）Nancy、Charles及Henry期待疫後重啟的醫管局龍舟賽。
（From left）Nancy, Charles and Henry are looking forward to the resumption of the HA Dragon Boat Competition after the epidemic.



「很多人問，打保齡球只是『碌』個波出去，怎算是運動？」球齡30年的明愛醫院高級物理治療師郭文亮（郭sir）娓娓道出箇中學問：要投出一個10多磅重的保齡球並擊中球瓶，除了講究體能，更是心智上的拼鬥，短時間內計算持球角度和投球手法，還要觀察球道變化和場地光線等影響，才可打出完美的「strike（全倒瓶）」。打保齡除為了消閒，更賦予殘障者第二人生。

郭sir自1997年開始參加公開比賽，贏過不少獎項，他在2006年開始舉辦的醫管局保齡球大賽曾取得六屆個人賽冠軍，並負責籌辦醫管局和九龍西醫院聯網保齡球活動。他指保齡球在醫管局雖不算最熱門運動，但有長期忠實擁躉。隨著疫情過去，大型運動比賽復辦，他期望更多同事參與：「打保齡球可以歎冷氣，不限高矮肥瘦，新手更易有成功感。只要有熱情，打到70歲都可以勝出比賽！」



郭sir（右）剛於10月陪同港隊代表出戰新加坡殘疾人保齡球國際賽，勇奪兩銀四銅佳績。
Kelvin (right) accompanied the Hong Kong athletes to compete in the Singapore Para Bowling International 2023 in October and won two silver and four bronze medals.

考牌做教練 發掘傷殘運動員

堅持參與保齡運動多年，除了出於熱愛，郭sir更視其為畢生使命。他成為物理治療師後一直在中國香港傷殘人士體育協會為運動員做傷殘級別鑑定。2000年代，本港開始籌備殘疾運動員的保齡球賽事，他為此考取教練牌，並到海外與其他地區代表開會商討賽制。此後雅加達亞殘運以及東南亞和澳洲等地的國際賽事，他均有陪同殘疾運動員出戰。

郭sir說，身為物理治療師有助他更了解殘疾運動員，「我在院內的工作是跟進受傷或殘障病人，幫助他們復健，因此十分了解他們的身心需要，甚至有不少運動員也曾是我的病人。」郭sir表示，有些年輕病人會因傷患而一蹶不振，但運動能重燃他們的人生希望，「不少同事也會轉介有潛質的病人，我鼓勵他們傷患不是生命的全部，日後可嘗試參與體育訓練，不只是保齡球，任何運動也可以。」

從教練再化身「球探」，郭sir認為最感動時刻是看到昔日意志消沉的病人，最終站上頒獎台，接受觀眾的掌聲。「球溜歪了，下一局可以重來，甚至打得更精彩，我經常以此鼓勵病人，也令我延續對保齡球的熱愛。」



打保齡球需短時間內計算持球角度和投球手法。
Playing bowling requires fast calculation of the ball's angle and throwing techniques.

“Many people ask how bowling can be considered a sport when all you do is rolling a ball,” says Kelvin Kwok, Senior Physiotherapist at Caritas Medical Centre, who has played the game for 30 years. He then explains the intricate skills the sport demands: Striking pins with a bowling ball over 10 pounds takes not only physical prowess but also mental acuity. The player must quickly calculate the ball's angle and their techniques, as well as observing lane conditions and the effect of lighting to achieve a perfect strike. Being a healthy leisure activity, bowling also gives people with disabilities a second life.

Kelvin has won numerous titles since he began competing in 1997, claiming individual championships six times in the Hospital Authority (HA) Bowling Competition since 2006 and organising a host of HA and Kowloon West Cluster bowling events. Although bowling is not the most popular sport among HA staff, it has a group of enthusiastic loyal supporters. Kelvin encourages his colleagues to join in now as the epidemic was over and large-scale sporting events are back. “Bowling gives you the chance to enjoy sport in an air-conditioned environment,” he says. “It is not restricted by height, weight, or body shape. Beginners can experience a sense of achievement and, as long as you have the passion, you can continue winning competitions even at the age of 70!”

Being a coach to discover athletes with disabilities

Kelvin treats the promotion of bowling as a lifelong mission and is a volunteer at the Sports Association for the Physically Disabled of Hong Kong, China where he helps assess the disability levels of athletes. Bowling competitions for disabled athletes began two decades ago and Kelvin obtained a

coaching license and travelled overseas to meet with the representatives from other regions to arrange tournaments. He has accompanied disabled athletes to a variety of international events, including the Asian Para Games in Jakarta and competitions in Southeast Asia and Australia, etc.

Kelvin's role as a physiotherapist gives him a deeper understanding of disabled athletes and their capabilities. “My work involves following up with injured or disabled patients and assisting them in their daily rehabilitation, so I understand their physical and mental needs very well,” he explains. “In fact, many current athletes were once my patients.” He believes young patients can get their appetite for life back by sport.



九龍西醫院聯網早前復辦保齡球賽，郭sir鼓勵更多同事打保齡球。
Kowloon West Cluster has resumed the bowling activities earlier. Kelvin encourages more colleagues to play bowling.

“Many colleagues refer potential patients to me, and I encourage them by telling them an injury does not have to define their entire life. They can try participating in sports training – not just bowling but any sports.”

Kelvin's most treasured memories are of former patients, once despondent over their disabilities, receiving medals on podiums and enjoying the applause of spectators. “If a ball goes wide in bowling, you can try again in the next game and play better, and the same is true of life,” Kelvin reflects. “I often use this analogy to encourage my patients, and it helps drive my passion for bowling.”



中央援港應急醫院 CENTRAL GOVERNMENT-AIDED EMERGENCY HOSPITAL

河套醫院擴服務

CGAEH expands services 盼紓緩前線壓力
to ease public hospitals' pressure

「日間放射診斷服務先導計劃」4月推出，邀請情況合適的病人到中央援港應急醫院（河套醫院）接受放射診斷服務，至今逾4,400名病人受惠。河套醫院由10月起再擴展服務，除增加電腦掃描服務量外，亦展開顯影電腦掃描造影服務及超聲造影服務；推行「內視鏡服務先導計劃」，讓病人多一個選擇；設微生物化驗室，提供多重耐藥性菌類篩查；並提供睡眠測試服務。醫管局期望擴展服務可縮短病人輪候時間，紓緩公立醫院的壓力。

The Ambulatory Diagnostic Radiology Service Pilot Programme was launched in April to allow patients with suitable conditions to receive radiological diagnostic services at the Central Government-Aided Emergency Hospital (CGAEH). More than 4,400 patients have joined the programme so far, and the CGAEH further expanded its services in October. It increased the service capacity for Computed Tomography (CT) scan and launched contrast CT scan and ultrasound scan services. In addition, it now offers one more option to patients under an endoscopy service pilot scheme and has set up a microbiology laboratory for multi-drug resistant organism (MDRO) screening as well as provides sleep test. Hospital Authority hopes the expansion will shorten waiting times for patients and ease pressure on public hospitals.

內視鏡檢查 Endoscopy service

為患有胃痛及胃酸倒流的病人提供胃內視鏡檢查，服務對象為18至70歲的非緊急非住院病人，由家庭醫學部轉介，或輪候超過六個月的專科門診個案。合適的病人會獲邀自願參與，預料輪候時間將可縮短至三個月。

CGAEH has launched a pilot scheme on endoscopy service for patients suffering from stomachache and acid reflux. Non-urgent outpatients aged 18 to 70 who are referred from family medicine clinics or who have waited for more than six months at specialist outpatient clinics are eligible and can join on a voluntary basis. The scheme is expected to shorten waiting times to three months.



電腦掃描服務 Radiological diagnostic service

正逐步增加每日服務量，預料年底前，可完成6,000宗電腦掃描，及2,000宗磁力共振掃描。而從12月起，超聲造影服務及顯影電腦掃描造影服務將會擴至全港公立醫院病人。截至9月底，參與「日間放射診斷服務先導計劃」的病人，其電腦掃描和磁力共振的輪候時間大大減少，分別由123周減至38周，及由122周減至50周。

CGAEH has gradually increased its daily service capacity and is expected to complete 6,000 CT scans and 2,000 Magnetic Resonance Imaging (MRI) scans by the end of this year. Ultrasound scans and the

contrast CT scan service will be available to all public hospital patients from December. The waiting times for CT scans and MRI scans for patients who joined the Ambulatory Diagnostic Radiology Service Pilot Programme were respectively reduced from 123 weeks to 38 weeks and from 122 weeks to 50 weeks at the end of September.

微生物化驗 Microbiology service

多重耐藥性菌類篩查包括耐萬古霉素腸球菌及耐多藥鮑氏不動桿菌的細菌鑑定、抗菌素敏感度測試及耐藥性基因檢測，服務將逐步從新界東覆蓋到新界西及港島東醫院聯網，預料每年服務量可達七萬個樣本。

MDRO screening services include identification, antimicrobial susceptibility test and gene detection of vancomycin-resistant enterococci and multi-drug resistant Acinetobacter. The services will be gradually expanded from New Territories East Cluster to New Territories West and Hong Kong East Clusters and are expected to handle up to 70,000 samples a year.



睡眠測試 Sleep test

善用10間配備獨立洗手間的單人房間，10月起為全港公立醫院病人提供每周40個睡眠測試名額。

10 single rooms with adjoining restrooms have provided 40 sleep tests a week for public hospital patients since October.

器官捐贈：生命接力的緣份

Organ donation: From heartache to serendipity

器官捐贈能為器官衰竭病人帶來曙光，因此前線同事適時辨識及轉介潛在器官捐贈者，讓有需要的病人重獲新生，十分重要。

一旦病人情況符合以下臨床情況，即深度昏迷，昏迷指數跌至五以下（Glasgow Coma Scale <5）、不可逆轉的腦部創傷（Irreversible brain injury）、須借助呼吸機呼吸（Ventilated），並接受臨終護理（End-of-life care），前線醫護同事可憑「GIVE」啟動臨床轉介，將潛在捐贈者轉介予器官捐贈聯絡主任。若病人被判定腦死亡，器官捐贈聯絡主任會接觸其家人跟進，希望讓生命得以延續。

瑪嘉烈醫院器官捐贈聯絡主任周美寶（Mabel）表示，以往一般人會因為保留「全屍」的傳統觀念拒絕捐出遺體器官，「現今大部分市民對器官捐贈持開放態度，但因離世者生前並沒有提及死後是否願意捐出器官，家人就不願意代為決定。」Mabel 認同病人剛離世，要家人在最哀傷的時候作出決定非常困難。

現時本港遺體器官捐贈僅限於腦死亡病人，由於適合的遺體器官捐贈者為數有限，能成為器官捐贈者和受贈者也是一種緣份。捐贈及移植手術完成並不代表器官捐贈聯絡主任的工作完結。他們一般會繼續為捐贈者家庭作跟進，部分更長達10多年，「很開心他們會視我們為朋友。在我們陪伴離世者家人度過最悲痛的時間後，他們往後亦希望與我們分享最開心的時刻。有捐贈者家庭甚至邀請我們出席女兒的婚宴；而在疫情期間，亦有捐贈者家庭發訊息給我，說想送口罩過來。這一切都讓我覺得很窩心，也是我對器官捐贈工作熱誠和動力的來源。」

「當我們每一個願意 sign-up（在中央器官捐贈登記名冊登記捐贈器官的意願）、speak-out（向家人及朋友分享捐贈器官意願）及 spread-out（鼓勵身邊家人朋友支持器官捐贈），生命就會因大愛得以延續。相信這段生命接力的緣份除了在捐贈者和受贈者之間建立，同時亦伸延至器官捐贈聯絡主任、捐贈者和受贈者家庭。」Mabel 說。

Organ donation gives new life to those who suffer from organ failure. Immediate identification and referral of donor by frontline colleagues are important, so that patients in need may find a second chance at life.

Once a patient fulfills the following clinical conditions: The Glasgow Coma Scale is under five (G); he has irreversible brain injury (I); he is ventilated (V) and is currently receiving end-of-life care (E), frontline healthcare workers could trigger clinical referral with 'GIVE' by referring the potential donor to Organ Donation Coordinator (ODC). When brain death is confirmed, ODC will approach family members of the deceased to seek written consent for donation of deceased organs.

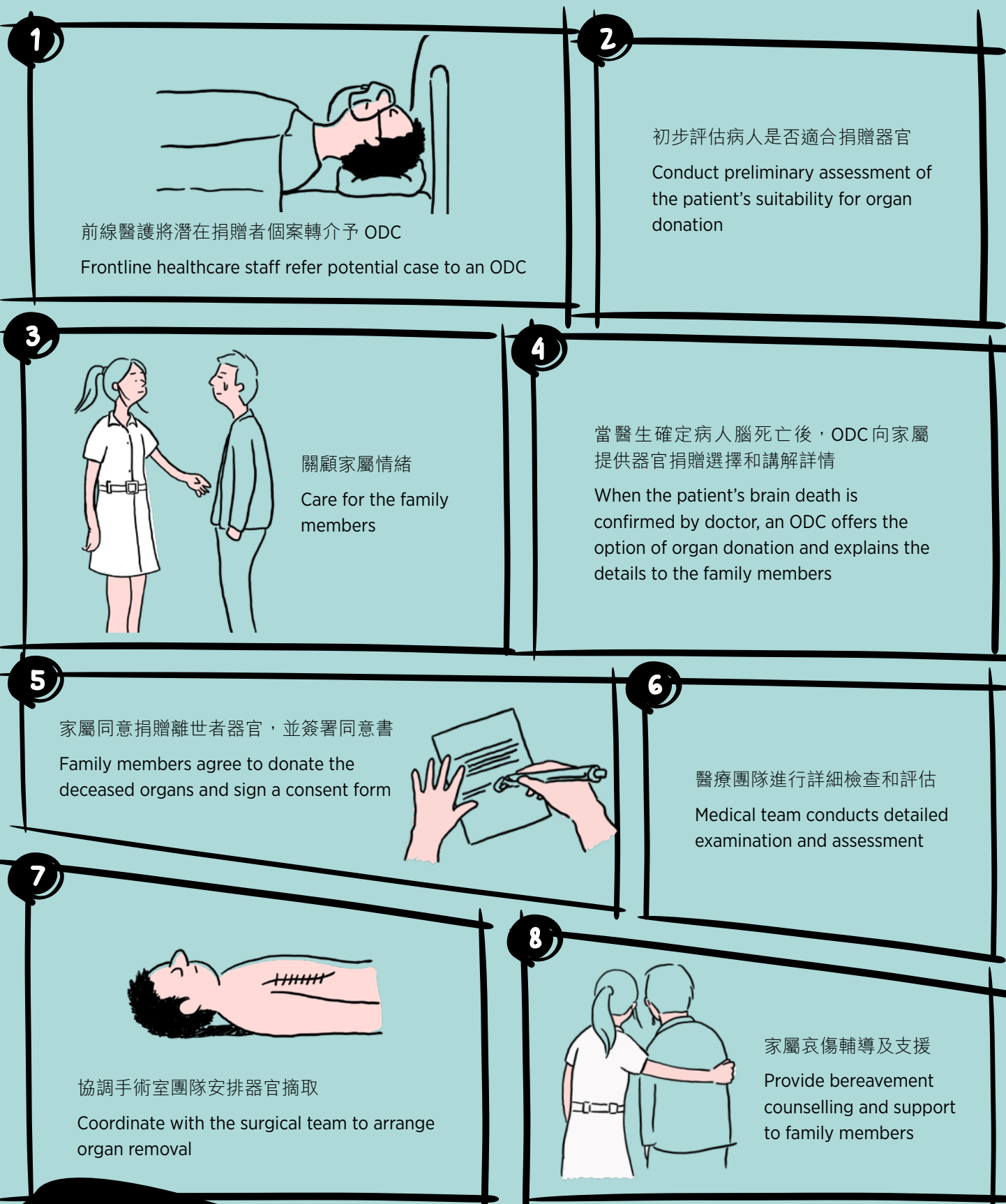
Mabel Chow, ODC of Princess Margaret Hospital, says the traditional value of keeping an intact body was the major barrier to organ donation in the past. "Nowadays most people have an open attitude towards organ donation. However, if the patients did not express their wishes when they were alive, in many cases their family members are not willing to make a decision on behalf." She understands that the death of a patient comes as a shock and it is not easy for family to make a decision in such a sorrowful time.

Only a brain-dead patient could be a deceased organ donor in Hong Kong, however, the number of patients who could be certified brain death is rather limited. Hence, it is a serendipitous encounter to become an organ donor and recipient. The completion of organ donation and transplant does not refer to a 'case close' to the work of an ODC. In general, an ODC would follow up with the donor families all along, which may last for over 10 years for some cases. "I feel so happy that they would see me as their friend. When we accompanied them through a hard time, they would also like to share the happiest moment with us. A donor family even invited us to attend their daughter's wedding banquet. During the epidemic, one donor family texted me and said they would send me face masks. I was so touched by that. All these motivate me to be an ODC."

"When all of us are willing to sign-up (register on the Centralised Organ Donation Register), speak-out (your wish to your family and friends), as well as spread-out (the message of organ donation to your family and friends), life can go on. I believe the serendipity develops between the donor and the recipient, would also extend to the ODC, the donor and the recipient families," says Mabel.

器官捐贈聯絡主任（ODC）根據以下步驟協調器官捐贈過程

An ODC coordinates the organ donation process according to the following steps





Strathan 15歲赴英留學，今年參加醫管局在倫敦的招聘會後決定回港。
Strathan studied in the UK at 15. He decided to return to Hong Kong after participating HA's recruitment event in London this year.

醫管局代表團今年先後到訪倫敦及悉尼出席招聘活動，邀請非本地培訓醫生加入香港公營醫療體系。屯門醫院眼科駐院醫生**秦肇亨**（Strathan）離港14年後回到自己成長的地方，直言「香港是我家，我的志願是服務香港市民。」

「我一直有計劃返香港工作，但沒有實際時間表，直至4月參加醫管局在倫敦的招聘會，得知取得正式註冊的新途徑，並提供專科培訓，便決定一試。」Strathan指，雖然香港工作忙碌工時長，但從正面想，公營醫療機構處理的個案多且複雜，當中所累積的經驗將終身受用。

正式上班前，他曾到屯門眼科中心進行兩星期工作實習，有助更快融入團隊。他說與在英國工作最不同的是，他在香港需要翻譯醫學名詞，但他能說廣東話和普通話，所以和病人溝通沒有問題。

Strathan 15歲負笈英國讀書，先後取得內外全科醫學士、解剖科學碩士及公共衛生碩士，現正攻讀工商管理碩士（臨床領導），在英國完成兩年實習。疫情是推動他回來的主要原因，過去三年他無法回港和家人見面，現在希望爭取更多時間和家人相處。「父母知道我回港當然很開心，不過無論我做甚麼決定，他們也一樣支持。」



A delegation from the Hospital Authority (HA) has staged recruitment events in London and Sydney this year to invite non-locally trained doctors serve in the public hospitals in Hong Kong. Dr **Strathan Dino Chun** moved back to Hong Kong after 14 years in the UK in response to the appeal and now is working as a Resident of the Department of Ophthalmology at Tuen Mun Hospital. He says, “Hong Kong is my home. I wish to serve the people of Hong Kong.”

Strathan explains, “I always wanted to return to Hong Kong to work, but I didn’t have an actual timeframe. It wasn’t until the recruitment event in London in April that I discovered there was a new pathway to obtain full registration in Hong Kong, as well as specialist training opportunities. So, I decided to give it a try.” Despite the heavy workload and long working hours in Hong Kong, as well as the complex cases in the public healthcare setting, in a positive way, Strathan believes he will be benefited from these experiences.

Before going to work, Strathan had a two-week attachment at the Tuen Mun Eye Centre to get him used to Hong Kong working practices. The biggest difference he found was dealing with translating medical terms, but he has no difficulty communicating with patients in both Cantonese and Mandarin.

Strathan left Hong Kong to study in the UK at the age of 15. He is a Bachelor of Medicine and a Bachelor of Surgery, a Master of Science in Anatomical Science, a Master of Public Health, and is studying for a Master of Business Administration (Clinical Leadership), having completed his second foundation year. The epidemic was a powerful motivation for Strathan to return home as he was unable to see his family in Hong Kong for three years and is now able to spend time with his parents. “They were certainly happy when they learnt that I would be back to Hong Kong, but they will always support me whatever decision I make,” he smiles.

Strathan相信回港工作可累積寶貴的經驗。
Strathan believes working in Hong Kong will accumulate valuable experience.



首個海外招聘會 做足準備

Fully prepared for the first overseas recruitment event

4月的倫敦招聘會是醫管局第一次在海外舉行招聘會，希望用誠意打動非本地培訓醫生加入公營醫療體系。從籌備到成行僅個多月時間，醫管局總辦事處醫療職系、人力資源部、機構傳訊部等爭分奪秒，希望為英倫之行做充足準備。尤其因為這是首次即場派發有條件聘書，法律事務組亦就聘書用字提供意見，確保招聘程序萬無一失。

港英有時差 工作至深夜

行政總裁高拔陞醫生聯同四名分別來自醫療職系、人力資源部的同事抵達倫敦後，即到會場視察。招聘會一連兩日舉行，線上線下共吸引610人參加。除總行政經理（醫療職系）關慧敏醫生與現場參加者交流之外，身在香港的高級經理（醫療職系）莊紹賢醫生及人力資源部的同事亦在網上與未能親身到現場的醫生面談。

招聘會在英國時間早上九時至下午五時舉行，由於香港與倫敦有七小時時差，身在香港支援的醫療職系及人力資源部同事連續兩晚週末都要工作至深夜12時，絕對是一大挑戰。

大部分參加者都關注回港後是否有足夠專科培訓。有不少參加者兩夫婦都是醫生，甚至有些港人子弟在英國讀醫科，結識了另一半，都希望一起到香港。醫管局在招聘會現場發出110份有條件聘書，當中約70人將陸續來港。



The recruitment event in London in April was the first-of-its-kind held by the Hospital Authority (HA). HA hoped to deliver our sincerity to non-locally trained physicians so that they would be attracted to the public healthcare system in Hong Kong. It took just over a month from preparation to implementation. The Medical Grade, the Human Resources Division and the Corporate Communication Department of HA Head Office worked against time to make full preparations for the trip. In particular, as this was the first time that the conditional offer would be issued on site, the Legal Services Department also provided valuable advice on the document in advance to ensure that the recruitment procedure was sound and proper.

Working late into the night

After arrival in London, Chief Executive Dr Tony Ko, together with four colleagues from the Medical Grade and Human Resources Division, visited the venue. The event was held for two consecutive days and attracted 610 participants both online and offline. Dr Gladys Kwan, Chief Manager (Medical Grade), communicated with the on-site participants and Dr Catherine Chong, Senior Manager (Medical Grade), and colleagues of the Human Resources Division in Hong Kong, conducted online meetings with doctors who were unable to attend the event in person.

The recruitment event was held from 9am to 5pm, UK time. The seven-hour time zone difference between Hong Kong and London meant that the staff members of the Medical Grade and the Human Resources Division who provided support in Hong Kong had to work until midnight for two consecutive nights over the weekend, which was quite a challenge.

Most participants were concerned about the availability of specialist training opportunities upon return to Hong Kong. Many participants were couples and some doctors who were from Hong Kong were bringing back their other half whom they met while studying medicine in the UK. The HA gave 110 conditional offers at the event, and around 70 participants would come to Hong Kong in the near future.



歷生死考驗

迎難而上的瑪嘉烈醫院

Lessons in life from PMH's challenging history

1986年葵涌馬可皮革廠爆炸、1997年美孚新邨奪命大火、1999年機場空難……本港歷來的大型嚴重事故救援，瑪嘉烈醫院都擔當一個重要角色。醫院自1975年臨危受命提早開院接收越南難民，多年來抵住無數的考驗。三位醫院元老笑言瑪嘉烈「多災多難」，但同事始終秉持「一馬當先」的精神，令醫院立下抗疫先鋒、腎移植手術先驅等里程碑，更不斷求進，為市民提供創新服務。

難忘大火悲劇

1980至90年代，因應鄰近新市鎮急速發展及工廠聚集，瑪嘉烈醫院經常接收西九龍至新界南的突發意外傷者。九龍西醫院聯網前護理總經理**蔡沛華**對馬可皮革廠爆炸事故釀成14死10傷印象難忘：「每次經過燒傷科病房也會嗅到一陣『燒肉味』，看到傷者洗傷口時痛不欲生，心情也很難受。」

蔡沛華自80年代畢業後在瑪嘉烈急症室工作，儘管經歷無數突發考驗，仍為生死分離動容，「美孚新邨大火那次，我們把急症室的手術室改為臨時太平間，讓家屬好好道別；有小朋友搶救不治，家長要求留下一個玩偶陪孩子長眠，此情此景不禁想起自己的孩子，大家也眼濕濕。悲劇亦加速了急症科服務改革，尤其是院前嚴重創傷分流服務，由不同醫院接收傷者，加快救治。」

醫道有段故

The Inside Stories of Hong Kong's Hospitals

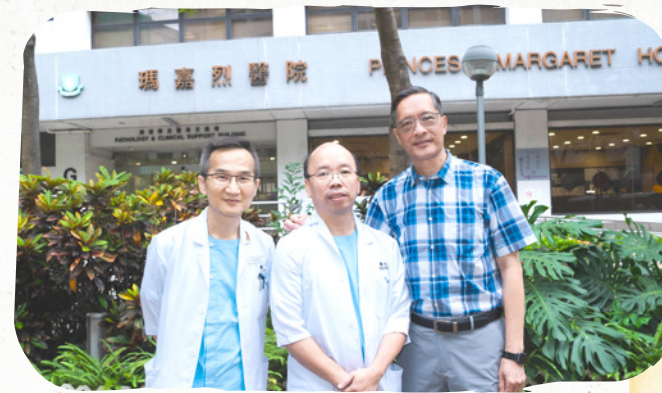


沙士歷最艱難抉擇

2003年爆發的沙士，是一場席捲全港的考驗。如今為醫管局傳染病中心醫務總監的**曾德賢**醫生，當年才剛完成傳染病科專科培訓，「以往接觸的多是熱帶傳染病，沒想過出現如此大規模的社區爆發，令大家措手不及。」瑪嘉烈醫院被指定作為沙士醫院，治理全港三分之一以上的沙士病人，「但不夠一星期，深切治療部（ICU）已超負荷，有同事努力搶救病人，亦有同事確診變成被搶救那位，大家承受著巨大心理壓力，但仍要緊守崗位。」

蔡沛華則面對人生一次最難的抉擇：要在短時間內調派40多位急症室護士，決定誰留守急症室、誰去沙士病房、誰去支援ICU，「好艱難地選了10位同事上ICU支援，當中有同事不幸確診。幸好經歷生死大難後，同事更團結。」

瑪嘉烈醫院副行政總監（臨床服務）兼顧問醫生（外科）**黎德榮**醫生形容，醫院人情味濃厚，團隊願意創新，種種考驗給予醫院成長的機會：「我們早在70年代後期已引入整形外科手術服務，亦是本港首間醫院進行活體無血緣關係腎臟移植手術，而且較早發展微創手術，例如疝氣手術。醫護人員往往會遇到不同的挑戰，因此要積極培訓下一代醫護人員，迎難而上。」



（左起）曾德賢醫生、黎德榮醫生及蔡沛華。

（From left）Dr Owen Tsang, Dr Lai Tak-wing, and Philip Choi.

It is the hospital that cared for victims of an explosion at the Cipel-Marco factory in Kwai Chung in 1986, a fire at Mei Foo Sun Chuen in 1997, and a flight crash at Chek Lap Kok Airport in 1999. Princess Margaret Hospital (PMH) has been at the eye of the storm through a succession of disasters and major incidents from the moment it opened its doors ahead of schedule in 1975 to help deal with an influx of Vietnamese refugees. Reflecting on the hospital's windswept past, three veteran staff say their colleagues have always risen to challenges and set major milestones by being at the forefront of the fight against epidemics and pioneering kidney transplant surgery. The hospital strives constantly for reform and innovation to provide the best healthcare possible.

Compassion for burn victims of tragedies

PMH frequently dealt with accident victims from the rapidly developing new towns and factory clusters in West Kowloon and New Territories South in the 1980s and 1990s. **Philip Choi**, former Cluster General Manager (Nursing) of the Kowloon West Cluster, vividly remembers the heartbreaking aftermath of the Cipel-Marco factory explosion that claimed 14 lives and 10 injuries. "There was a constant smell of burns coming from the burn ward. Seeing survivors in excruciating pain while cleaning their wounds was so distressing," he recalls.

Philip has worked in the Accident & Emergency (A&E) Department of PMH since the 1980s and says he was deeply moved by the tragic incidents he handled, such as the Mei Foo Sun Chuen fire. "We converted the operating room in A&E into a temporary mortuary and allowed family members to say their final goodbyes," he says, remembering the parents of a daughter who placed their daughter's favourite doll alongside her as her life ebbed away. "It reminded me of my own child and everyone's eyes were moist," he says. "The tragedy led to reforms in A&E services, especially in the pre-hospital severe trauma diversion services where we began to triage patients to different hospitals to accelerate their treatment."

Life and death decisions during SARS

Hong Kong was gripped by the SARS crisis in 2003. Dr **Owen Tsang**, currently the Medical Director of the Hospital Authority Infectious Disease Centre, had just completed specialised training in infectious diseases at that time. "Up to that point, I had dealt mostly with tropical infectious diseases and I never expected such a large-scale community outbreak to catch everyone off guard," he says. PMH was the designated hospital for SARS and handled more than one third of SARS patients in the territory. "However, its Intensive Care Unit (ICU) was overloaded within a week. Some colleagues worked hard to save patients, while others who confirmed with SARS turned out to be the ones being saved," he reflects. "Everyone faced tremendous pressure while continuing their work."

Philip then faced the most difficult decision of his life – deploying over 40 A&E nurses shortly and deciding who would stay in the A&E and who would support the SARS wards or the ICU team. "It was extremely difficult to choose 10 colleagues to support the ICU, and sadly some of these colleagues were later diagnosed with SARS," he says. "Fortunately, after experiencing such a life-and-death ordeal, our colleagues became even more united."

Dr **Lai Tak-wing**, PMH Deputy Chief Executive (Clinical Services) and Consultant of Surgery Department, says PMH is a hospital with human touch. The team is willing to innovate and believes that challenges provide opportunities for the hospital to learn and develop, he explains. "PMH has started plastic surgery service in the late 1970s. It was also the first Hong Kong hospital to perform living unrelated kidney transplantation and introduced minimally invasive surgery at an early stage such as laparoscopic hernia surgery.

"The healthcare professionals always encounter challenges, and we must nurture the next generation of professionals to face head-on," Dr Lai reflects.



瑪嘉烈醫院曾在2003年成為沙士指定醫院。
PMH was the designated hospital for SARS in 2003.

瑪嘉烈事件簿 PMH chronicles

抗疫先鋒 源自越南難民潮

An anti-epidemic pioneer when Vietnamese refugees flooded in



時任港督麥理浩爵士到瑪嘉烈醫院了解越南難民情況。
The then Governor Sir Murray MacLehose visited PMH to learn about the situation of the Vietnamese refugees.

70年代正值越戰時期，大批越南難民經水路逃亡至香港。瑪嘉烈醫院當時尚未完工，惟時任港督麥理浩爵士決定提前啟用醫院，作為臨時收容中心為難民檢疫，奠定瑪嘉烈醫院成為傳染病專科醫院的地位。醫院其後亦繼續協助處理越南難民的健康衛生問題，例如1989年在收容中心爆發的瘧疾。

Numerous Vietnamese refugees stampeded to Hong Kong by sea following the Vietnam War in the 1970s. Although the construction of PMH has not yet been finished, the then Governor Sir Murray MacLehose ordered to bring forward the opening of the hospital and designated it as the centre for refugee quarantine, establishing the position of PMH specialising in handling infectious diseases in Hong Kong. The hospital continued to deal with the health and hygiene problems of Vietnamese refugees, including the malaria outbreak in the refugee camp in 1989.

醫院生活那些年

Previous years in the hospital

醫生限定「賒數」飯堂 The Big Boss canteen

昔日職員飯堂由承辦商「大波士」營運，由於醫生經常趕急 on call，飯堂特設一本「賒數簿」，讓該院醫生免帶現金用膳，每月清帳。黎德榮醫生和曾德賢醫生笑言「賒數簿」內帳目分明，沒有人敢「走數」。

The staff canteen was once run by the purveyor named 'Big Boss'. As doctors were often in a hurry for on-call duties, the canteen has set up a credit book to allow doctors to take meals without cash and settle their bills every month. Dr Lai Tak-wing and Dr Owen Tsang laughed that no one dared to cheat out from the accounts in the credit book.



黎德榮醫生（前排左二）在1989年與其他醫生合照。
Dr Lai Tak-wing (second from the left in the front row) pictured with his colleagues in 1989.

院內踢波 BBQ Football and BBQ time

瑪嘉烈停車場前身是一個硬地足球場，不少「波友」同事下班後相約踢球；球場附近的角落更有兩個以磚頭搭建的燒烤爐，需輪更的護士會相約「搭定爐」，午飯時間去燒兩隻雞翼。由於燒烤爐深受歡迎，一度需要預約。

The car park at PMH was a hard-surface football pitch, where many football buddies would meet after work to play football. There were two BBQ grills built up by bricks at the corner around the pitch. Nurses on different shifts would roast chicken wings there during lunch time. Reservation was once required since the grills were so popular.



最親切員工選舉 The most genial staff election

醫院曾積極舉辦員工獎勵計劃及活動，其中包括「禮貌員工選舉」和「最親切員工選舉」，由全院一人一票選出，曾德賢醫生也曾經當選「最親切員工」。

PMH has actively organised staff incentive programmes and activities, including 'good manner staff election' and 'the most genial staff election', which were elected by all staff on a one-person-one-vote basis. Dr Owen Tsang was once elected as the 'most genial staff'.



揭本港首宗愛滋病例

Diagnosis of the first case of AIDS in Hong Kong

1984年，一名病人因發燒、胃痛和全身乏力前往瑪嘉烈急症室求診，醫護在手術中發現該名病人胃部及腸臟組織有巨噬細胞，因而懷疑病人染上「後天免疫力缺乏症」，即愛滋病。當時本港尚未有血液抗體檢測，適逢一名研究愛滋病的教授準備離港，答應帶同病人的血液樣本回美國測試，結果證實該病人染上愛滋病。不少醫護曾替該病人驗血、採肛等，擔心受感染，幸只是虛驚一場。

In 1984, a patient went to PMH A&E due to fever, stomachache, and fatigue. Surgical staff later found out macrophages in patient's stomach and intestinal tissue and suspected the patient had acquired immunodeficiency syndrome, namely, AIDS. Blood antibody test was not available in Hong Kong at that time. It happened that a professor studying AIDS was about to leave Hong Kong and agreed to take the blood sample of the patient to the U.S. for testing. Finally, the patient was confirmed with AIDS. As some of the healthcare staff had performed blood and rectal examinations for the patient and were worried of being infected. Fortunately, that was only a false alarm.

八號風球遇飛機失事

The air crash on a typhoon day

香港國際機場1998年於赤鱗角啟用後，瑪嘉烈醫院便被指定為接收機場意外傷者的第一線醫院。1999年颱風「森姆」吹襲本港，一架載逾300名乘客的客機降落時翻側著火，整條跑道即時封閉，瑪嘉烈醫院需短時間內接收和治理40多名傷者。蔡沛華說，當晚滂沱大雨，火勢及時撲滅，加上同事早已於醫院戒備，未至於釀成大量死傷者，乃不幸中之大幸。

Since the opening of Hong Kong International Airport at Chek Lap Kok in 1998, PMH has been the designated hospital to receive casualties from the airport. On the day that Typhoon Sam hit Hong Kong in 1999, a flight carrying more than 300 passengers made a hard landing and overturned and burnt. The entire runway was closed. PMH received and treated over 40 injured passengers in a short time. Philip Choi recalled that the fire of the flight was put out in time due to heavy rain, and colleagues had already been standing by in the hospital earlier. It was fortunate not to have caused a mass of casualties.



機場災難演習。
Airport disaster drill.



313 郵筒 313 mailbox

醫院內有個313號皇冠郵筒，是現時碩果僅存的殖民地時代郵筒，每年3月杜鵑花開，這裡便成為員工打卡勝地。

There is a 313 crown mailbox - one of the last remaining colonial-era mailboxes - in the hospital, which is a popular photo spots for staff when the azaleas bloom every March.

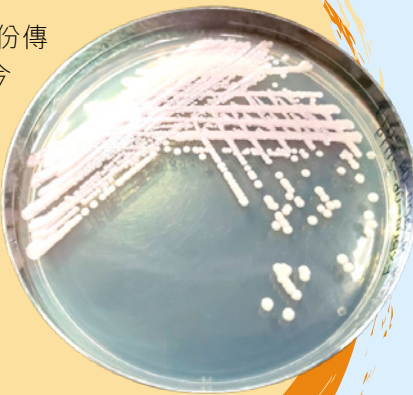


耳念珠菌

A closer look at *Candida auris*

美國疾病控制及預防中心在今年首季發表報告指，耳念珠菌已在美國一半以上的州份傳播，2021年感染個案更大幅飆升95%。而在香港，自2019年出現首宗個案，截至今年8月底累積逾500宗個案，大部分屬於無感染徵狀帶菌者，患者年齡介乎20歲至101歲。耳念珠菌無疑成為全球公共衛生議題，亟需採取積極行動。

Candida auris (*C. auris*) has been spreading in more than half of the states in the U.S. following a dramatic 95% increase in cases in 2021, according to the country's Centres for Disease Control and Prevention in the first quarter of 2023. In Hong Kong, up to August this year, there have been more than 500 cases since the first case was diagnosed in 2019. Most cases detected in Hong Kong are carriers without symptoms, with patients ranging aged 20 to 101. These figures indicate that *C. auris* is a global health issue requiring urgent action.



甚麼是耳念珠菌？

What is *C. auris*?

耳念珠菌是念珠菌的一種，具多重耐藥性，對常用的抗真菌藥物氟康唑、兩性黴素B的耐藥性高達90%。耳念珠菌容易在醫療機構擴散，可在環境中存活數個月，一般消毒劑未必可以完全消滅，以往標準實驗室化驗方法也難以鑑別，容易被誤診成其他念珠菌。約一成帶菌者會受到入侵性感染，死亡率達三至六成。全球首宗個案於2009年在日本發現。

C. auris is a fungal infection caused by a yeast called *Candida* which is 90% resistant to the antifungal medication fluconazole and amphotericin B. It spreads easily among patients in healthcare facilities. It can survive for months and common disinfectants may not be effective against *C. auris*. *C. auris* was difficult to be identified and was easily misidentified as other *Candida* species by standard laboratory tests. Around 10% of carriers develop an invasive infection and the mortality rate can be as high as 30% to 60%. It was first discovered in Japan in 2009.

傳播途徑？

How is it transmitted?

耳念珠菌可以透過接觸受污染的環境表面或設備、直接或間接接觸患者而傳播。故此，實施感染控制措施能有效防止耳念珠菌的傳播，包括保持良好的手部衛生及環境衛生。

C. auris can be transmitted through contact with contaminated surfaces or equipment, or from physical contact with a person who is infected or colonised. Meticulous attention to infection control measures, including good hand hygiene and environmental hygiene, is important to prevent the spread of infection.

哪類人較易受感染？

Who are most susceptible to *C. auris* infection?

免疫系統受損、患慢性腎病、糖尿病、長期入住深切治療部、接受血液透析的病人、長期服用抗生素和抗真菌藥物人士、近期曾接受血管和腹部手術、使用入侵性醫療儀器如中央靜脈導管、術後引流管和導尿管的病人，都較易受感染。

Patients with immunocompromised conditions, chronic renal disease, or diabetes mellitus, as well as long-stay patients in intensive care unit and haemodialysis patients, are at higher risk of *C. auris*. People given antibacterial and antifungal treatment, have recently undergone vascular and abdominal surgery or treated with invasive medical devices such as central venous catheters, post-operative drains, and urinary catheters are also at higher risk of infection.

有甚麼徵狀？

What are the clinical features?

耳念珠菌可在腋下、腹股溝等皮膚、鼻孔、外耳道、傷口和尿道等發現，病人可以帶有該菌而沒有出現感染症狀，部分病人可能出現感染情況，例如傷口感染、尿道感染、甚至菌血症。

C. auris can be found in the armpits, groin, nostrils, external ear canals, wounds and urethra. People can be colonised with *C. auris* without symptoms. However, some colonised patients may develop *C. auris* infection such as wound infection, urinary tract infection or even bloodstream infection.



醫管局策略： 集中聯網隔離 指定團隊照顧

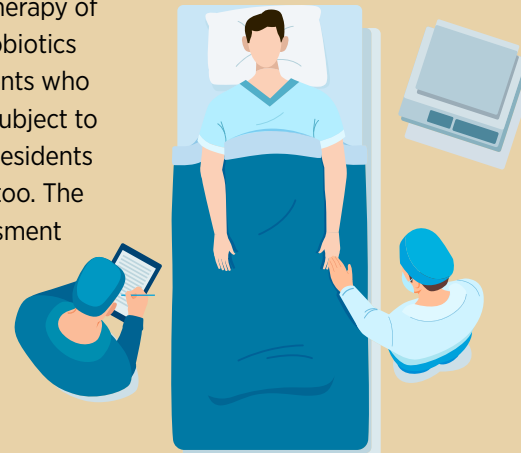
HA's strategy: Designated healthcare team in designated location

耳念珠菌病人會盡量送到九龍中及九龍西醫院聯網隔離，並由指定醫療隊伍照顧。公立醫院採取風險為本策略，為有較高風險的住院病人進行耳念珠菌篩查。曾接收院內感染耳念珠菌病人、或出現爆發的病房，亦會在院舍病人出院前進行篩查，以免病菌蔓延。醫管局亦加強清洗所有病房的空調通風口。曾出現耳念珠菌個案的醫院，會監測及篩查病房空調通風口，及早找出隱形病人，避免院內爆發。

耳念珠菌可在身上存活數月。為縮短帶菌情況及減低出現耳念珠菌感染的風險，醫管局與衛生防護中心已加強合作，醫生會為病人作個別評估，處方為期三個月的除菌療程，該療程包括使用麥盧卡蜂蜜沐浴露及服用特定的益生菌。院舍院友亦有機會帶有耳念珠菌，社區老人評估小組會支援安老院舍，盡可能為院友除菌。

Patients with *C. auris* will be transferred to Kowloon Central and Kowloon West Clusters for isolation as far as possible where they will be cared for by a designated healthcare team. Public hospitals adopt a risk-based strategy to provide screening for higher risk inpatients. If a ward once received a *C. auris* patient who is associated with nosocomial infection, or had an outbreak before, discharge screening for patients in that ward will be conducted before returning to Residential Care Homes for Elderly (RCHE) to avoid any outbreak. HA has stepped up the cleaning frequency of air grills of air conditioners in inpatient wards. Hospitals where *C. auris* cases were found also enhance sentinel surveillance of air grills of air conditioners for early detection and to avoid outbreaks in inpatient wards.

People can remain colonised with *C. auris* for months. To shorten the duration of carriage and decrease the risk of *C. auris* infection, HA has enhanced cooperation with the Centre for Health Protection, a 3-month decolonisation therapy of Manuka honey bath and probiotics would be provided for patients who are colonised with *C. auris* subject to case-by-case assessment. Residents in RCHE may carry *C. auris* too. The Community Geriatric Assessment Team provides support to RCHE to decolonise residents as far as possible.





醫管局大會新成員 New HA Board Member

「騰空」的藝術 翟紹唐：以科技分配資源

Jat Sew-tong : Free up manpower and hospital space with new technology

「我在長洲長大，記得小時候身體不適到長洲醫院，等候時間長，印象中醫生和護士都很兇。」資深大律師翟紹唐今年加入醫管局大會，回憶兒時就醫經歷，他認為現今公立醫院服務比從前大有改善，未來亦應持續提升醫院用家的體驗。「用家包括病人、照顧者以及醫護同事，要堅守以人為本的核心價值，由他們的角度設想，如何讓整個過程舒適一點？如何減少同事壓力？這些都是我關注的議題。」

翟紹唐曾擔任多項公職，深明改變不易，「大機構猶如航空母艦，較難轉急彎。」面對與日俱增的醫療需求，人手緊絀，他認為新科技有助分配資源，「騰空」人力及醫院空間。「很多覆診病人屬於恆常個案，運用科技有助精簡流程，騰出人手。」舉例說，引入 AI 人工智能技術篩查 X 光片，比傳統人手檢視更快找出異常個案，醫護能更專注於診斷和手術等工作，提高效率。「另外，大數據預告病人患上慢性疾病的趨勢，我們就投放更多資源發展日間醫療服務，處理較穩定的慢性病個案，減少不必要入院、加快病床流轉，騰空人力、物力集中處理嚴重個案。」

要達致可持續發展，翟紹唐認為增加外援亦是妙計。「從海外招募醫護以及大灣區醫療人才交流計劃都是好開始，值得繼續推行，招募更多合資格醫護加入，分擔工作。」

回顧過去三年疫情，翟紹唐一度因封關滯留英國數個月。「實屬意料之外，我需要借假髮和律師袍進行遙距聆訊，香港早上十點開庭，正是英國半夜三點，回想起來都是有趣經歷。」疫情亦令他領悟到人生無常，希望分配更多時間與家人共聚。

作為資深大律師，翟紹唐平日忙於工作，閒時最愛聽古典音樂放鬆心情。「我中學開始學大提琴，很喜歡巴赫、馬勒的作品。音樂可以帶人進入另一時空，清空自己，重新整理再出發。」



Senior Counsel **Jat Sew-tong** grew up in Cheung Chau and has vivid early memories of hospital. “I remember going to St. John Hospital when I was a child, and having to wait for a long time while feeling very unwell. I remember that the doctors and nurses were quite mean then,” says Jat. The barrister, who joined the Hospital Authority (HA) Board this year, believes public hospital services are much better now than they were in the past and the experience of users should continue to be improved in the future. “Users include patients, carers, and healthcare colleagues. It is important to uphold the core value of being people-centred and to think from their perspective: How can we make the whole process more comfortable? How can we reduce the pressure on our colleagues? These are the issues I am concerned about,” he explains.

Having worked in a variety of public offices, Jat understands change is never easy. “Large-scale organisations are like aircraft carriers – not easy to make sharp turns,” he says. In the face of increasing demand for healthcare services and manpower constraints, he believes new technologies can help better allocate resources to save manpower and hospital space. “Many follow-up cases in the hospitals are routine and regular, and the use of technology can help streamline the process and free up manpower,” he says. The introduction of AI technology to screen X-rays, for instance, can identify

abnormal cases faster than traditional methods, improving efficiency by allowing healthcare professionals to focus more on diagnosis and surgery.



爸爸是當代書法家，受家庭熏陶，翟紹唐對藝術產生濃厚興趣，曾到訪世界各地的博物館及美術館。

The son of a contemporary calligrapher, Jat Sew-tong has had a strong interest in art and has visited museums and galleries worldwide.

“In addition, as big data foretells the trend of patients suffering from chronic diseases, we can put in more resources to develop ambulatory care services to deal with more stable chronic disease cases, reduce unnecessary hospital admissions, speed up bed turnover, and free up manpower and resources to focus on handling serious cases,” he says.

Jat believes external assistance can help with the sustainable development of healthcare services. “The recruitment of healthcare professionals from overseas and the Greater Bay Area Healthcare Talents Visiting Programmes are a good start and are worth continuing to recruit more qualified healthcare professionals to share the workload,” he observes.

During the epidemic, Jat found himself stranded in the UK for several months because of quarantine restrictions. “It was really unexpected,” he says. “I had to borrow a wig and gown to conduct remote hearings, and when the court was in session at 10am in Hong Kong, it was 3am in the UK, which was an interesting experience.” COVID-19 also made him realise how fleeting life is and made him determined to spend more time with his family, he reflects.

Outside his work as a barrister, Jat relaxes with classical music. “I started learning the cello in secondary school, and I love listening to Johann Sebastian Bach and Gustav Mahler. Music is transcendental, and in music you can refresh yourself and start again.”

翟紹唐 小檔案 Profile of Jat Sew-tong

- 資深大律師
Senior Counsel
- 司法人員薪俸及服務條件常務委員會委員
Member of the Standing Committee on
Judicial Salaries and Conditions of Service
- 西九文化區管理局董事局成員
Member of the Board of
West Kowloon Cultural District Authority
- 證券及期貨事務監察委員會紀律研訊主席
委員會成員
Member of the Disciplinary Chair Committee
of the Securities and Futures Commission
- 香港小交響樂團副主席
Vice-Chairman of Hong Kong Sinfonietta
- 人生格言：役己道人
Motto: To serve and to lead

員工置業貸款計劃 助置業及轉按

Enhanced HLISS realises the dream of home ownership and refinance

上期《協力》介紹了員工置業貸款計劃（Enhanced HLISS）的優化措施，今期我們會分享數個成功個案。其中一位為首名獲得貸款的港島東醫院聯網副顧問醫生，他購入三房單位；另一同事黎先生則透過 Enhanced HLISS 轉按。二人皆表示，Enhanced HLISS 令他們得以省卻數十萬元利息或按揭保險費，認為計劃具吸引力。

The measures of Enhanced HLISS were introduced in the last edition of *HASLink*. This time, we share with you a few successful stories. One of them is an associate consultant of the Hong Kong East Cluster, the first successful applicant who purchased a three-bedroom apartment. Another colleague Mr Lai refinanced his existing mortgage loan with the scheme. Both say it has saved them hundreds of thousands of dollars in interest expense or mortgage insurance, and consider the scheme attractive.

一家四口換樓 共建安樂窩 Flat-for-flat for a family of four

副顧問醫生與太太及一對兒女原本住在兩房單位，因兒女漸漸長大需要為他們安排獨立房間，於是去年便開始四處物色心儀的三房單位。Enhanced HLISS 令他成功購入一個價值千萬的900呎三房單位（上圖）。

「Enhanced HLISS 加速了我的置業夢！我成功借取較高成數按揭，變相毋須繳付30多萬元按揭保險費，減輕財政負擔。子女對於有自己的房間感到相當雀躍呢！」

The Associate Consultant lived in a two-bedroom flat with his wife and two children. He would like to arrange his son and daughter to have their own bedrooms as they are growing up. He was looking for a three-bedroom flat since last year, and bought a 900 square feet three-bedroom flat (photo above) valued around 10 million dollars with the help of Enhanced HLISS.

“It speeded my dream of home ownership! I was able to get a higher mortgage loan. In other words, it saved me at least HK\$300,000 in mortgage insurance, which eased my financial burden. My son and daughter felt so excited to have their own bedrooms!”



9月初，部分申請的物業成交日剛巧是颱風「蘇拉」襲港及黑雨當日，因而需要順延。醫管局房屋福利組積極與有關同事及指定銀行跟進，確保同事物業在下一個工作天順利成交。

In early September, the transaction date of some applications had to be deferred because of Typhoon Saola and the black rainstorm signal. HAHO HLISS Unit proactively followed up with relevant colleagues and panel banks, ensuring the transactions were smoothly completed.

轉按省卻幾十萬元利息

Refinance to save up hundreds of thousands of dollars in interest expense

黎先生在奧運有一個700呎自住物業，現餘下約300萬元按揭，透過 Enhanced HLISS 申請轉按。

「我獲批260萬元員工貸款及50萬元銀行貸款。之前的按揭計劃還款期25年，Enhanced HLISS 員工貸款還款期則縮短了超過一半至退休年齡。雖然每月還款額因而有所增加，但毋須在退休後繼續供樓。現時息口高，Enhanced HLISS 的每月供款和之前相若，但由於還款期縮短及有醫管局的3%利息補貼，可省卻幾十萬元利息；長遠而言，如果息口回落，可省的利息就更加多。所以同事記得一定要小心計數。」

Mr Lai owned a 700 square feet apartment in Olympic. Now, he still has 3 million dollars of outstanding mortgage loan and refinanced it via Enhanced HLISS.

“I was approved 2.6 million dollars of staff loan, and 0.5 million dollars of bank loan. The loan tenor from my previous plan was for 25 years, but now the repayments of Enhanced HLISS is shortened by more than half until my retirement. Although the monthly repayment has been increased, there is no more repayment after my retirement. Under the recent high interest rate environment, the monthly repayment amount under the Enhanced HLISS is similar to my previous mortgage. However, in view of the shortened loan tenor and the 3% HA interest subsidy, I will probably save up hundreds of thousands of dollars in interest expense. In the long run, as interest rates are expected to decrease, I may be able to save more interest expense. Colleagues should do their sums carefully.”

一首歌的故事

「胡醫生！很久不見，還認得我嗎？」剛完成了一節冗長的門診，眼前出現一張親切而久違了的面孔。定了定神，立刻叫出了她的名字。

「你是縈！想不到在薄扶林遇到你，陳婆婆還好嗎？」

縈一貫溫文爾雅，她說：「你離開律敦治醫院很久了，自然不知道我們的近況！媽媽年紀大，早兩年已離開了。」

一言驚醒，自己已轉職10多年了。簡單交代了近況，禮貌地告別了縈——一個可敬可靠的模範糖尿病患照顧者。陳婆婆是一名很「難纏」的糖尿病患者。當年我初出茅廬，面對堅持食得是福、絕不運動，既不篤手指，也不要胰島素的患者，真是「老鼠拉龜」。直至某次病友活動，縈陪伴陳婆婆出現，事情才見轉機。

原來縈一直知道媽媽病情控制不佳，於是決心轉換一份上班時間較有彈性的工作照顧媽媽。她主動學習烹調合適膳食，也和陳婆婆共同進退，堅持健康飲食之道。每次覆診，縈都陪伴陳婆婆，並負起篤手指和注射胰島素的任務。要說服陳婆婆接受這些治療，相信她亦費了不少心機和唇舌。

縈帶着陳婆婆積極參與糖尿互助小組的義工服務，助己之餘亦樂於和病友分享控糖之道。陳婆婆搖身一變，成為糖尿界的模範生，縈居功至偉。

近年因緣際會，我有機會參與很多糖尿病的公眾教育工作，並大膽用原創廣東歌來宣傳，主題正是糖尿病與照顧者。

對抗糖尿病不只是患者個人的事，家人、朋友，甚至社會都應當起照顧者。填詞之際，縈的故事成為不可或缺的素材，也是重要的啟發。歌曲有幸得到各同道的支持和協作，拍成充滿故事性的音樂短片。糖尿病在本地擁有一首原創主題曲，教育效果如何也許有待驗證，但能憑歌寄意倒是一件美事。

我回過頭來追上縈，送上《甜在心頭》音樂短片的搜尋方法。

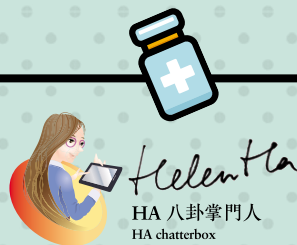
「沒有妳、陳婆婆、每位病友及照顧者，不會有這一首歌，希望你喜歡。」

胡裕初醫生
瑪麗醫院內科顧問醫生



《甜在心頭》音樂短片





同事打針喇! LET'S GET A FLU SHOT!

季節性流感疫苗注射計劃已經展開，醫院同事各出奇謀，鼓勵同事打針。流感疫苗可以保護自己同身邊人，同事盡快打針喇！

Seasonal influenza vaccination is now available. Colleagues are encouraging their counterparts to get a flu shot with brilliant and innovative ideas. To protect yourself and your loved ones, act now to get a flu shot!



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