

醫管局同事工作專業，想不到公餘時還可練出一身隱藏技能。今期《協力》介紹幾位同事，他們樂於跟大家分享他們對某些興趣的熱情。有一位觀星達人教同事觀賞奇妙星空；有筋膜刀高手教授舒緩痛症技法；有家居維修專家教省錢自行維修家居；還有園藝師傳授種植花卉植物的心得。

他們都獻出公餘時間，讓同事在繁忙的工作中學會放鬆及學習新技能。他們分享興趣的同時，亦收穫快樂和滿足感。

他們的故事提醒我們工作固然重要，但培養不同興趣有助我們放鬆身心，對無論作為醫護還是一般人都很重要。只有身心健康，才能繼續走下去。

Hospital Authority colleagues are consummate professionals. You might not imagine they could develop hidden talents in their spare time. In this edition of *HASLink*, we introduce you to colleagues with absorbing pastimes who take pleasure in sharing their enthusiasm with the rest of us. One is a veteran stargazer who introduces workmates to the wonders of the night sky. Another is a master of fascial blading who teaches colleagues how to ease muscle pain. Then there is the home repairs expert who teaches staff members how to save money by fixing up their own homes, and the keen gardener who teaches colleagues how to gently nurture flowers and plants from seedlings.

They all give their time freely to help colleagues find inspiring ways to unwind and gain new skills outside their busy working lives – and all of them gain happiness and fulfilment from sharing their interests and abilities with others.

Their stories remind us that while our work is vitally important, developing different interests and abilities that stretch us mentally or physically can make us more complete, both as professionals and as human beings. Stay mentally and physically healthy is the key to go any further.





天台探索星空

Starry night reveals a galaxy of delights for amateur astronomers at hospital

莫毅成醫生的攝影作品《在石澳初升的夏季銀河》。

Dr Mok's stunning astrophotography image *Milky Way rising above Shek O Beach*.

「觀星其實毋須用高科技器材，最重要是你願意走出門，抬起頭細心觀察，便可收獲一片美麗星空。」年初六晚，瑪嘉烈醫院 J 座天台聚集了一班「追星族」，由該院內科及老人科顧問醫生**莫毅成**指導 20 多名九龍西醫院聯網同事用智能望遠鏡觀星，逐個介紹他的「老朋友」：「最閃亮的是大犬座的天狼星；旁邊三顆星連成一線，是否很像腰帶？這就是大家很熟悉的獵戶座。」

一班同事相聚，源自莫醫生於員工論壇上分享他的多年「追星」經歷，之後更組成員工星空探索小組，吸引近百人加入。院方破例於天台舉辦觀星夜，數名資深觀星同事借出集合望遠鏡、相機及追星儀於一身的智能器材，帶領新手同事觀賞和拍攝星空，並分享各種觀星知識和技巧。

莫醫生解釋，觀星講求「天時、地利、人和」，只要夜空無雲、無明亮月光，在空間廣闊、低光害的市區位置也能清楚看星和拍攝星空，「『人和』自然是和三五知己一起觀星，互相分享探索星空的樂趣。」他最喜歡「路邊天文」：「在公園、路邊設好望遠鏡，遇到好奇的途人便教他們如何觀星，曾有婆婆第一次用望遠鏡看到土星環，非常雀躍。觀星的滿足感來自與他人分享，因此我十分歡迎更多同事參加觀星小組。」

瑪嘉烈醫院電氣技術員**Mars**中學開始參加天文學會，但工作後便放下觀星愛好，參加今次觀星夜後才發現如今有各種先進器材，拉近與星空的距離，令他重拾對天文的興趣。北大嶼山醫院病人服務助理**Flora**從沒想過可以在醫院觀星，「以前一直認為觀星門檻很高，想不到用簡單器材便可拍到星空照片，與同事一起觀星氣氛很好，很期待下一次觀星團。」



莫毅成醫生分享觀星知識，教大家分辨七姊妹星團、獵戶座大星雲等。

Dr Mok shares his knowledge of stargazing, teaching participants to identify the Pleiades star cluster and the Great Orion Nebula.

“You don't need high-tech equipment to go stargazing. All you have to do is step outside and look up, and you will be rewarded with a beautiful starry sky,” explains veteran stargazer Dr **Mok Ngai-shing**, Consultant of Department of Medicine and Geriatrics at Princess Margaret Hospital (PMH), who introduced a group of colleagues to the hobby. On the sixth evening of the Chinese New Year, more than 20 staff from the Kowloon West Cluster joined Dr Mok on the rooftop of Block J at the hospital as he showed them how to use smart telescopes and introduced them to his old friends on high. “The brightest star is Sirius of constellation Canis Major. The three stars next to it form a line, resembling a belt. This is the familiar constellation Orion,” he says.

The stargazing party – as an exceptional arrangement to be held on the hospital rooftop – was the first activity for the 100-member group after Dr Mok shared his years of stargazing experience on a staff forum. During the party, several experienced stargazers provided telescopes, cameras, and star trackers, and gave tips and advice so that novices could observe and photograph the night sky.

Stargazing requires finding ‘the right time, place, and people’, according to Dr Mok. As long as the sky is clear and free from bright moonlight and significant light pollution, stars can be seen and photographed clearly from urban areas of Hong Kong. ‘Right people’ means a few close friends sharing the night sky together. Dr Mok particularly enjoys ‘sidewalk astronomy’. “I would set up telescopes in parks or on sidewalks and teaching passers-by how to observe the stars. I once had an elderly lady who saw Saturn’s rings for the first time through a telescope and was absolutely delighted,” he recalls. “The satisfaction of stargazing comes from sharing it with others, so I would warmly welcome any more colleagues who want to join the stargazing group.”



One member is the appropriately named **Mars**, an electrical technician at PMH who was in an astronomy club at secondary school but dropped his hobby once he began work. The rooftop stargazing event made him realise how today's

觀星當日天氣晴朗，更出現「木星合月」天象，讓參加者留下珍貴合照。

The night sky is clear on the evening of the stargazing event and a conjunction of Jupiter and the Moon takes place, giving participants the opportunity to take a memorable group photo.



觀星小知識 Reaching for the stars

地點：空曠廣闊、光污染程度較低的天台、公園、沙灘均可觀星，郊外則建議西貢北潭涌、清水灣大坳門及萬宜水庫等。

器材：最基礎是以一雙明亮眼睛觀星，亦可以準備一個雙筒望遠鏡及用手機下載即時電子星圖，進階一點可帶備智能望遠鏡。

時節：不同季節能看到不同星座，如組成「冬季大三角」的大犬座、小犬座及獵戶座；3至5月則可看到組成「春季大鑽石」的獵犬座、獅子座、室女座和牧夫座。

Where: Stargazing can be done in open areas with less light pollution such as rooftops, parks, and beaches. Further away from the city, recommended locations include Sai Kung Pak Tam Chung, Clearwater Bay Tai Au Mun, and High Island Reservoir.

What to bring: The most basic equipment for stargazing is your eyes. You can also use a pair of binoculars and download a real-time digital star map on your phone. For more advanced stargazing, you can use a smart telescope.

When: Different constellations can be observed in different seasons. For example, during winter, you can see the Winter Triangle consisting of three bright stars from the constellations Canis Major, Canis Minor, and Orion. From March to May, you can observe the Great Diamond which comprises four bright stars from the constellations Canes Venatici, Leo, Virgo, and Boötes.

advanced equipment can bring him even closer to the stars, and reignited his passion. North Lantau Hospital Patient Care Assistant **Flora** never imagined she could examine stars from a hospital rooftop. “I thought stargazing was only for experts,” she exclaims. “I didn’t expect that with simple equipment, we can take photos of the night sky. The atmosphere is great when you’re stargazing with colleagues. I’m really looking forward to the next event.”



參加者以電子星圖定位，追蹤星體位置。

A digital star map helps stargazers identify objects in the night sky.



修補家居無難度 Workshops Tap Into Staff's Talent For Home Repairs



(左起) 馮韶宏、凌啟濠及郭智全。
(From left) Jeffery Fung, Ling Kai-ho and Jeffery Kwok.

水龍頭漏水、壞門鎖、櫃門關不緊……繁忙生活中總避不開各式各樣的家居問題，伊利沙伯醫院早前首次為員工舉辦三場家居維修 DIY 工作坊，由該院工程部同事指導參加者分辨常見五金工具、更換水龍頭、修理廁所水箱及更換門鎖等多種實用家居維修技巧，親身實踐修補家居不求人。

工作坊導師、高級院務經理（工程部）馮韶宏表示，課程目標是讓同事了解常見維修工具和基本操作，「他們掌握了基本知識和用法後，便能分辨哪種損壞程度可自行修理，哪些需尋求專人協助。在教學中我們更以設施管理部的工作經驗作範例，讓其他專業的同事更明白我們的運作，促進彼此溝通。」他最深刻是教導更換門鎖，有學員提出用真實門鎖示範，「最後用了會議室一個門鎖即場示範，學員輪流嘗試換鎖，大家也掌握到箇中技巧。」

擔當指導員的工程部運作助理（支援）凌啟濠笑言，課堂上大家紛紛提出各自的家居問題，雖然對自己無難度，但過程中亦能回想最初如何拆解難題，一步步累積經驗，「教會同事自己擅長的知識，非常有滿足感。」九龍中醫院聯網人力資源經理郭智全認為今次工作坊由『同事教同事』，可促成不同職級和工種的同事互相交流的機會，而籌備工作坊最大挑戰是「太多同事報名」，名額始終有限，因此計劃籌辦新一期的家居維修班。

資深職業治療師 Katrine 是參加者之一，她說以往只能靠維修師傅打救，「現在掌握了不少工具用法，最記得導師提醒我們要『預防勝於治療』，因此會加倍重視家居保養。」

Leaky taps, broken locks, loose doors: There is no end to the household jobs we need to do to keep our homes in good order at the end of our busy working days. Queen Elizabeth Hospital (QEH) initiated three home repair workshops where colleagues from the engineering department guided participants through a range of practical skills, including differentiating hardware tools, replacing taps, repairing toilets, and changing door locks, allowing colleagues to take charge of their own home repairs.

Workshop instructor and Senior Hospital Manager (Engineering Services) Jeffery Fung explains the primary goal was to give colleagues basic knowledge and techniques to carry out some of their own home repairs. "Once they understand the essentials and how to use the tools, they are able to determine which repairs they can handle themselves and when to seek professional assistance," he says. "During the workshops, we used practical examples from the Facilities Management Department to make the workshops more engaging for participants, while fostering better understanding and communication among different disciplines." In response to a participant's request, they even replaced a door lock in the conference room as a demonstration in one instance. "Everyone had the opportunity to try their hand at replacing the lock, and they all walked away with valuable skills and insights," says Jeffery.

Workshop facilitator and Operation Assistant (Supporting) Ling Kai-ho recalls how each participant asked for advice on their own household issue and he was delighted to be



參加者在家居維修工作坊上學啣玻璃膠。
Participants learn how to use silicone sealant at home repair workshops.

able to solve their problems. It also allowed him to reflect on how he initially tackled difficult tasks and gradually accumulated experience. "Being able to teach colleagues about areas in which I excel gives me a great sense of satisfaction," he reflects.

Featuring colleagues teaching colleagues, the workshops provided an opportunity for staff in different departments and disciplines who might never otherwise meet to communicate, according to Human Resources Manager of Kowloon Central Cluster Jeffery Kwok. The biggest challenge was that many colleagues wanted to sign up but there were limited quotas, and plans are now being made for more workshops in future.

One participant, Advanced Occupational Therapist Katrine, says she used to pay for professionals to fix things in her home. "Now I have learnt something about hardware tools and their uses, the thing that sticks with me most is the instructor's reminder that prevention is better than cure," she says. "I will pay more attention to home maintenance from now on."



家居維修小技巧 Home repair tips

1. 換水龍頭：在龍頭牙紋位置逆時針地捲水喉膠布，大約20至30圈左右，直至填平坑紋，再裝上水龍頭，最後幾圈可用鉗扭緊。

Changing a tap: Wrap plumbers tape counterclockwise around the threaded of tap for around 20 to 30 turns until the grooves are filled. Screw in the tap and then use pliers to tighten it for the last few turns.



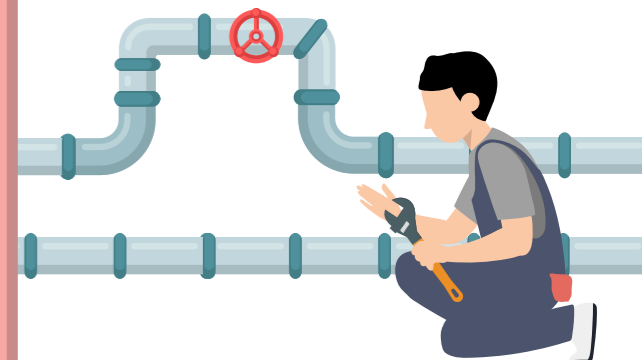
2. 校正櫃門位置：不要直接重裝櫃門鉸，可先嘗試調校門鉸前端的活動螺絲（紅圈示），以調整門隙。

Repairing loose cabinet doors: Instead of replacing the cabinet hinges, first try adjusting the screws at the front end (indicated by the red circle) of the hinges to adjust the door gap.



3. 換門鎖：門鎖後方有一個小孔，用專用匙或大頭針按壓小孔，便可卸下門鎖並更換內部零件。

Replacing a door lock: There is a small hole at the back of the door lock. Use a proprietary key or pin to press into the hole, which will release the lock and allow you to replace the parts.





筋膜刀減痛有法

Lessons in a cutting-edge treatment for muscle pain

「我太太有腰痛問題，之前她試過不同治療，但情況時好時壞，我曾經在網上看過筋膜刀的資訊，知道效果不錯，難得醫院有同事開班便立刻報名。」天水圍醫院義肢及矯形部資深義肢矯形師司徒安下班後和其他同事一起「鑽研刀法」。

筋膜刀療法意指通過外力放鬆筋膜，當人體肌肉過度使用或受損後，筋膜會發炎甚至有疼痛感，筋膜刀可破壞黏連組織，促進軟組織修復、重建。物理治療部資深物理治療師管政棋（Jackie）是工作坊導師，他在課堂上教導學員，針對身體不同部位的肌肉群使用不同大小、型號的筋膜刀。「以30至45度角來回刮，大概三至五分鐘就可改善疼痛，特別適合久坐久站的同事。而且器具簡單輕便，可以隨時隨地使用，所以對同事投入學習並不意外。」

Jackie續說，使用筋膜刀亦有助增加血流量、移除代謝廢物及改善代謝過程。益處眾多，不過使用時要注意力度，否則得不償失。「有些人以為像中醫刮痧一樣，皮膚要夠紅、夠黑『出痧』才好，其實不然；筋膜刀本身有重量，自然地刮數分鐘已可放鬆筋膜，切忌過度施力，不應刮到皮膚破損。」

Jackie早前更修讀解剖列車證書課程，擴闊對人體結構的專業知識。「課程有助我生動地教授使用筋膜刀的技巧，當學員們掌握到用法，看到他們舒筋活絡的笑容，我特別有滿足感。他們在課堂也提出不同難題，讓我見識各類型的真實案例，無疑是教學相長。」下課後，司徒安急不及待展現刀功，「我希望筋膜刀能緩解太太的腰部不適，期待將來和她去更遠的地方，行更多的路。」



筋膜刀包括（左起）探掃刀、蝙蝠刀、大M刀、鉤子刀及鯊魚刀，多為醫療鋼製成。

Fascia blades include (from left) the exploration knife, bat knife, large M-knife, hook knife and shark knife, which are mostly made of medical grade stainless steel.



“My wife suffered from low back pain. She had tried several therapies but she found they were not working for her. I had read about the fascia blade on the internet and heard it was quite effective, so I immediately signed up when a colleague organised a workshop,” says Tin Shui Wai Hospital Advanced Practice Prosthetist and Orthotist **Szeto On**. He attended the fascial blading workshop with colleagues after work.

Fascial blading involves using a handheld blade to relax the fascia – the tissue that can become inflamed and painful because of overuse or damage of muscle. The process breaks down scar tissue and allows for the repair and regeneration of soft tissue.

The workshop was led by Advanced Practice Physiotherapist **Jackie Kwan** who taught participants how to use different sizes and models of fascia blade for different muscle groups and body areas. “Scraping back and forth at an angle of 30 to 45 degrees for about three to five minutes can ease pain, especially for colleagues who sit and stand for long periods,” he explains. “The blade is easy to use and the procedure can be done anywhere, so it is no surprise colleagues were keen to learn more about it.”

Using a fascia blade also increases blood flow, removes metabolic waste, and improves the metabolic process, but users must be careful not to inadvertently cause injury, Jackie cautions. “Some people think that red or purple bruises have to be seen on skin for the therapy to be effective like the Chinese gua sha treatment, but this is not the case,” he says. “The fascia blade itself has a weight and a few minutes of gentle scraping will relax the fascia, so do



（左起）司徒安和 Jackie 歡迎醫院舉辦更多工作坊，增加同事的歸屬感。
(From left) Szeto On and Jackie Kwan both hope to see more workshops organised at the hospital to foster a sense of belonging amongst colleagues.

not apply too much force and do not scrape to the point where the skin is damaged.”

Jackie took other courses about the Anatomy Trains In Motion to broaden his knowledge before hosting the workshop. “The courses helped me teach the use of the fascia blade in a more dynamic way, and it was very satisfying to see my colleagues’ smiling faces while relaxing their muscles,” he reflects. “They also raised different questions in the classroom so that I could see real-life cases which is a great way to learn.” After the workshop, Szeto On was delighted with his newly-acquired skills. “I hope fascial blading will relieve my wife’s back discomfort so that we can go to more places and travel together more in future,” he says with a smile.

忌用筋膜刀人士

Fascial blading is not for everyone

敏感皮膚、急性發炎或皮膚潰爛患者、體內有金屬或植入裝置的人士、孕婦、凝血功能障礙患者及急性扭傷患者等都不適合筋膜刀治療。

People with sensitive skin, patients with acute inflammation or skin ulcers, people with metal device or implants, pregnant women, patients with blood clotting disorders, and patients with acute sprains are not suitable for fascial blading.

飲水的重要性

Staying hydrated aids recovery

筋膜一旦缺水就會缺乏彈性和延展性，因此保養筋膜最簡單的方法就是多喝水，Jackie 提醒參與者使用筋膜刀前後緊記補充水分。

Once the fascia is dehydrated, it loses its elasticity and flexibility. The easiest way to address this is to drink plenty of water. Jackie reminds workshop participants to drink water before and after fascial blading.



真心的栽種 最後會結果

**Gardening enthusiasts sow
the seeds of happiness**

△抱之木，生於毫末，所有大樹都是由小樹苗而來。香港兒童醫院園藝小組由三位召集人一點一滴向同事傳授園藝知識，活動本志在減壓，但看到參加者互相幫助，還有收成時的喜悅，成為他們最大的得著，「透過同事雙手種出成果的快樂無可比擬，甚至比自己成功更快樂。」召集人之一、高級職業治療師方少麗 (Sanne) 說。

園藝小組的基地位於醫院 A 座四樓，不少同事趁上班前後或午膳時間到這裡打理植物。每期園藝班為期四個月，種的都是期內成形的蔬果或植物，如青瓜、蕃茄、燈籠椒和三色堇等。

「我們曾在西瓜和蜜瓜收成時舉辦『賞瓜大會』，20 多人瓜分一個手掌大的瓜，份量雖少，但那種快樂和美味難以形容。」另一召集人、血液及腫瘤科顧問醫生古德來說。他曾將自家種青瓜與到訪醫院的外國腫瘤科醫生分享，讓對方十分驚喜。

栽種講求不時不種，Sanne 解釋：「植物都有『時辰』，對的季節才能種出對的成果。每班約有七至八種時令種子供參加者挑選，他們從播種、成長到收成的整個過程都能一一體驗。」

(右起) 高級職業治療師方少麗、紓緩治療科註冊護士羅春霞、血液及腫瘤科顧問醫生古德來是園藝小組召集人，左方為參加者 Roy。

(From right) Horticultural group coordinators Senior Occupational Therapist Sanne Fong, Registered Nurse of Palliative Care team Mara Lo, Consultant of Haematology and Oncology team Dr Dennis Ku, with participant Roy.

園藝小組成立於 2022 年疫情期間，同事為生病同事的植物澆水，參加者之間形成一股很強的連繫。「除了收成的喜悅外，同事間互助亦令彼此的關係更緊密，也是園藝班受歡迎的原因。」Sanne 說園藝班招生超額全靠口碑。

參加者學識技巧回家展身手

資訊科技助理 Roy 讀幼兒園的兒子去年所種的盆栽未有開花，他加入園藝小組後，學習翻土、澆水和施肥等技巧，在醫院種的蕃茄結果，連兒子所種的萬壽菊都開花了。「我也曾是植物殺手，逢種必死，但對醫生來說不太好，因而努力鑽研園藝。」古醫生笑道。

三位召集人都覺得栽種可讓關係發芽成長，透過對園藝的熱情傳播快樂，亦推動他們繼續傳授園藝知識，為快樂工作間埋下種子。❤️

Mighty oaks grow from tiny acorns. Similarly, a horticultural group at Hong Kong Children's Hospital that began with the seed of an idea planted has blossomed into a fast-growing community of green-fingered colleagues with a shared passion for gardening. It was originally intended to relieve pressure. But the coordinators found that the cooperation among participants and their happiness are the greatest accomplishment after all. "The happiness of a successful harvest by colleagues cannot be compared to anything else. We found happiness in others' success," says coordinator and Senior Occupational Therapist **Sanne Fong**.

The group is based on the fourth floor of the hospital's Tower A where colleagues tend to the plants before and after work and during lunchtimes. Each gardening class spans four months during which participants cultivate flowers and vegetables such as cucumbers, tomatoes, bell peppers, and wild pansies.

"We held a melon party after harvesting watermelon and honeydew melon," recalls another coordinator and Consultant of Haematology and Oncology team Dr **Dennis Ku**. "More than 20 people shared a palm-sized honeydew melon with only a small portion for each person, but I cannot describe the happiness and deliciousness of that moment." On another occasion, Dr Ku surprised an overseas oncologist by serving up a cucumber he grew at the hospital.



Choosing the best time to plant seeds is essential, points out Sanne. "Every plant has its own season," she says. "We have to choose the right timing in order to get the right result. There are seven to eight seasonal seeds for participants to choose for each class.

They experience the whole process from sowing and growing to harvesting."

2. 優質種子：初學者可以幼苗代替種子，他們沒有種子般難發芽和較易種。若想增加種子發芽機率，可選抗病品種，及適合本港氣候的種子。

Seek out good quality seeds: Beginners can buy seedlings instead of seeds as they are less fragile and easier to cultivate. Disease resistant seeds and seeds that are suitable for the Hong Kong climate are recommended to increase the chances of germination.

The horticultural group was set up during the epidemic in 2022 when colleagues would tend to the plants of sick colleagues, creating a powerful bond between participants. "As well as the satisfaction of a successful harvest, colleagues offered each other a helping hand and developed close relationships," Sanne recalls. "That is why the gardening classes became so popular." The oversubscription is counting on the enthusiastic word-of-mouth recommendations.

Participant used the techniques of planting at home

One participant, IT Assistant **Roy**, says he was able to use the gardening techniques he learnt. Not only to grow a tomato plant at the hospital but to help his son grow a marigold for a kindergarten project, whose plant failed to bloom last year. "I used to be a plant killer," admits Dr Ku with a laugh. "All plants would die at my hands, which is not good for a doctor. So, I studied hard and found out how to be a good gardener."

The coordinators have discovered how gardening can help friendships and relationships to grow and flourish, spreading happiness and companionship through a shared passion. It has motivated them to carry on teaching and sowing the seeds for a happier workplace. ❤️



參加者出席賞瓜大會分享成果。
Participants attended the melon party to celebrate the joy of harvest.



園藝貼士 Gardening tips

1. 有機驅蟲：昆蟲都害怕刺激氣味，可用辣椒水、果皮或咖啡渣作為天然驅蟲劑。若葉上出現嚴重蟲蛀便需除去枝葉，避免害蟲蔓延。

Use organic pest control: Insects hate sharp smells. Hot pepper spray, fruit peel, or coffee grounds can be used as natural insect repellent. If leaves are seriously damaged by insects, you should remove the leaves and branches to avoid further damage.





(左起) 朱 Sir 和盧姑娘展示瑪麗醫院目前使用的「無線射頻辨識手帶」，裝置有專屬號碼，防水兼可重用。
(From left) Kevin Chu and Lo Ka-yee demonstrate the RFID initiative currently being trialed at Queen Mary Hospital. The strap is numbered, water resistant and reusable.

醫管局持續實踐「智慧醫院」發展策略，為提升病人安全，計劃於全港18間公立醫院急症室陸續應用「無線射頻辨識(RFID)手帶」。醫護人員會選擇為較高風險求診人士佩戴手帶，急症室出入口會安裝感應器——當這些戴著手帶的病人離開急症室時，感應器及護士站的控制台將會同時響起警報，及時提醒同事注意擅離急症室個案。

瑪麗醫院是其中一間率先試行此項技術的醫院。急症科部門運作經理盧嘉儀闡述，護士為病人進行分流時，會考慮其病情、當時的行為認知能力及不同風險因素。如屬高風險人士，會為其佩戴手帶及解釋原因。「我們亦會考慮病人有沒有曾經走失的紀錄、是否獨自求診的長者等。瑪麗醫院急症室今年1月起推行此措施，現時每天平均有兩至三名病人需用上手帶，病人普遍合作。」

瑪麗醫院急症室三個出入口均已配備 RFID 感應器，一旦警報響起，同事須親身前往特定位置，為感應器解除警報。瑪麗醫院急症科病房經理朱嘉麟形容：「同事都不介意多走一步去確認病人情況及了解需要，我們亦特意在安裝感應器時預留緩衝距離，一旦警報響起，同事亦有較多時間趕赴現場了解情況。」盧嘉儀預期，RFID 技術日後會進一步擴展應用至即將落成的新醫院大樓，為住院病人佩戴相關手帶，利用更精準的定位技術實時監測病人位置，更進一步提升病人安全。

急症室引進「智慧手帶」 加強監察高風險人士

SMART STRAPS INTRODUCED IN A&E
TO SAFEGUARD HIGH-RISK PATIENTS

As part of our ongoing commitment to implement the smart hospital development strategy, the Hospital Authority (HA) is progressively introducing the use of Radio Frequency Identification (RFID) straps across all 18 Accident and Emergency (A&E) departments in public hospitals to bolster patient safety measures. These RFID straps will be utilised by healthcare professionals on patients deemed to be at higher risk, alongside the installation of motion sensors at A&E exits. In the event that a patient wearing an RFID strap attempts to leave the A&E department, an alarm will be triggered at both the exit and nursing station, alerting staff to the patient's departure from the hospital without prior notification.

The RFID strap initiative is currently undergoing trials at hospitals including Queen Mary Hospital. Lo Ka-yee, Department Operations Manager of A&E, emphasises that nurses will assess various factors such as the patient's condition, cognitive ability, and risk level during triage. Straps will be applied to patients deemed to be at higher risk, with clear explanations provided. Lo further explains, "we may also consider using straps for patients with missing records, or for elderly patients who seek medical advice independently." The implementation of RFID straps commenced in January, with an average of two to three patients per day requiring them. Patients have generally been cooperative with the process.

Motion sensors have been installed at three A&E exits, requiring staff to disable the sensor after the alarm is triggered. Kevin Chu, Ward Manager of A&E, notes "our colleagues are willing to take this additional step to confirm the patient's condition and understand their needs. We have factored in response time, ensuring that the location of motion sensors allows adequate time for our colleagues to intercept a patient when the alarm is activated." Lo anticipates that RFID technology will be expanded to newly constructed hospital buildings and eventually integrated into inpatient care, with the possibility of real-time tracking being considered in the future to further enhance patient safety.

若病人戴著手帶離開急症室，出入口感應器和護士站控制台會響起警報，控制台會顯示病人手帶號碼及所在出入口。

If a patient wearing the strap attempts to leave A&E without prior notification, an alarm will be triggered at both the exit and the panel at the nursing station where the patient's strap number and the exit location will be displayed.



掌握高風險病人位置 提升安全

HI-TECH WRISTBANDS HELP LOCATE
VULNERABLE PATIENTS TO ENHANCE SAFETY

天水圍醫院是醫管局發展智慧醫院的試點之一，其急症室去年9月開始，試行利用低功耗藍牙(BLE)技術追蹤高風險病人。病人戴著 BLE 手帶在急症室指定範圍活動，醫護人員即可透過系統得悉病人位置。天水圍醫院急症室副顧問護師賴兆安指，一旦病人離開該指定範圍，便會觸動電子圍欄，護士站的控制台會即時響起警報，當值護士的工作手機亦同時會收到即時訊息，提示病人正離開急症室。

醫護人員在急症室分流時，會為患認知障礙症、有自殘傾向等高風險病人戴上 BLE 手帶，並解釋原因。新界西醫院聯網急症科顧問醫生雷俊達(上圖)表示，由於涉及病人私隱，因此，監察範圍嚴格控制在急症室範圍內。BLE 手帶讓醫護人員準確掌握病人位置，提升病人安全。該部門曾進行調查，發現同事普遍支持使用 BLE 技術，認為有效防止病人擅離急症室。

「有時聽障或視障人士在等候大堂未必聽到廣播或看到顯示屏，同事呼叫多次也沒有人回應。同事可利用 BLE 系統找到病人，為病人提供即時護理。」雷醫生補充。

針對急症室病人跌倒或情況突然轉差等風險，天水圍醫院急症室計劃於今個年度內試行更精準技術的可佩戴設備，以觀察急症室高風險病人的情況。除了定位功能外，透過相關設備亦可監察高風險病人的維生指數，如心跳和血液含氧量，或是否出現跌倒情況。一旦病人出現異常情況，護士站的控制台會響起警報，當值護士的手機亦會收到提示，以便加強觀察病人。

兆安 Sir 為病人戴上 BLE 手帶後，可透過電腦和手機查看病人即時位置。

After Lai Siu-on applies a BLE wristband on a patient, he can tell his location from desktop or mobile phone.



Tin Shui Wai Hospital (TSWH) is one of the hospitals piloting the smart hospital project and has started implementing the use of Bluetooth Low Energy (BLE) technology to locate high-risk patients in its Accident and Emergency (A&E) Department since September last year. After a patient wearing a BLE wristband and staying in A&E designated areas, colleagues can tell his locations through the system. TSWH A&E Associate Nurse Consultant Lai Siu-on explains the patient will trigger a geofencing alert when he leaves the department, setting off an alarm on the nursing station dashboard and simultaneously notifying on-duty nurses by instant messaging on working mobiles.

The wristbands are used on high-risk patients, including those with dementia or at risk of self-harming. They will be clearly explained during triage. A&E Consultant of the New Territories West Cluster Dr Lui Chun-tat (above photo) says due to patient privacy, the scope of surveillance is limited to locations within A&E. BLE wristbands help staff locate patients more easily and ensure their safety. A survey found that most colleagues considered the technology useful for avoiding patients leaving A&E before treatment completes.

"Sometimes, patients suffering from visual or hearing impairments may not be able to hear the announcements or see the screen in waiting hall," Dr Lui explains. "Colleagues call out again and again, but no one answers. Now, they can use the BLE system to locate patients and provide timely care."

Other common patient risks in A&E includes falls and deterioration. The team is exploring for more advanced wearables which monitor patient's vital signs and notify fall incidents, on top of locating and geofencing. The project is planned to be piloted in A&E of TSWH this year for high-risk patients. The advanced all-in-one wearable will allow staff to closely monitor vulnerable patients with an alarm that sounds on the nursing station dashboard and the mobile phone of duty nurses when there is change in patients' condition.



大灣區醫療人才交流計劃

醫生讚延續護理 全面支援病人

Extended care provides comprehensive support to patients impresses visiting specialist

楊耀昌醫生（右）讚匡煜坤醫生（左）工作細心又熱心。
Dr Yeung Yiu-cheong (right) praises Dr Kuang Yu-kun (left) for his enthusiasm and care for patients.

在「大灣區醫療人才交流計劃」下，首批10名大灣區醫生將結束為期一年的交流。來港後，在瑪嘉烈醫院內科及老人科工作的匡煜坤醫生指，交流計劃讓他體會到香港醫療制度健全，特別是出院後的延續護理，為病人提供全面照顧。他認為交流符合期望，並以「完美」二字總結此行。

匡醫生來自位於廣州市的中山大學附屬第一醫院呼吸與危重症醫學科，現於瑪嘉烈醫院呼吸科病房工作，他說是次交流獲益良多：「香港有完善醫療制度，從病人診症、入院、治療、復康，以至重返社區生活，都有延續性治療，對慢性病病人而言，是很健全的制度。」他相信隨著內地醫療不斷發展，將來也可實行延續護理。

在本港交流期間，匡醫生除每天早上跟其他醫生一起巡房，有需要時會用超聲波為病人抽取肺組織化驗（抽針），中午到門診應診。由於內地的呼吸科專科醫生較少處理普通科病人及替病人「抽針」，他笑言這些經驗讓他重拾相關技巧，令他此行更加充實。「經過今次交流，我大致掌握香港醫療系統的運作模式，對返回內地工作大有幫助。」匡醫生又感謝本港團隊的熱心幫助，令他們能在短時間內熟悉工作環境及流程。

上司讚工作細心

副部門主管楊耀昌醫生曾在去年9月的《協力》訪問中，讚賞匡醫生工作細心，半年後，楊醫生依然維持這樣的評價：「巡房時，我都會問病人有沒有問題，但很多時，病人都說匡醫生已經解釋過了，顯示匡醫生為人細心，盡其所能向病人解釋病情，讓病人安心。」除了細心，楊醫生亦指匡醫生熱心幫助同事，為他們的病人進行醫療程序。留港期間，匡醫生亦曾協助安排同事到內地醫院的內窺鏡中心交流，促進兩地醫療人員的了解。

楊醫生指交流計劃有助同事更了解內地醫療體系，希望本地醫生將來也有機會到內地交流學習。匡醫生指在香港的經驗非常正面，因香港醫療水平高，有較新治療方式，值得內地醫生來港體驗，故他已鼓勵在廣州的同事參與新一屆交流計劃。

匡煜坤醫生（後排左五）指同事熱心助人，令他加快融入團隊。
His enthusiastic colleagues helped Dr Kuang Yu-kun (fifth from left, second row) smoothly integrated into the team.



匡煜坤醫生（右）指在港交流所得的經驗，對在內地工作大有幫助。
Dr Kuang Yu-kun (right) says his exchange visit has been an extremely positive experience.

The first one-year exchange under the Greater Bay Area (GBA) Healthcare Talents Visiting Programmes will soon come to an end. Dr Kuang Yu-kun is working in the Department of Medicine & Geriatrics at the Princess Margaret Hospital (PMH). He says the exchange has shown him how Hong Kong's healthcare system provides patients with comprehensive treatment and care even after they are discharged from hospital. He says the exchange has met his expectation and concludes it as 'perfect'.

Dr Kuang is from the Respiratory Medicine Department of the First Affiliated Hospital, Sun Yat-sen University, Guangzhou, and has been working on the respiratory ward during his stay. Reflecting on his time in Hong Kong, he says he benefited a great deal, "Hong Kong has developed a high-quality healthcare system. Extended care services are provided from patient consultation to admission, treatment, and rehabilitation, and even after patients return to the community. It is a thorough system for patients with chronic diseases." Dr Kuang says he believes some of Hong Kong's practices could be adopted in the Mainland with further medical development.

During his stay in Hong Kong, Dr Kuang conducted morning ward rounds with other doctors and performed ultrasound-guided fine needle aspiration to take samples of patients' lungs. At noon, he provided consultations at

clinic. He jokes that he got the chance to revisit his skills of handling general outpatients and performing lung biopsy which are not often handled by respiratory specialist in the Mainland. He concludes this is a fruitful exchange of experiences. "I gained an understanding of the operation of Hong Kong's healthcare system which will benefit my work in the Mainland," Dr Kuang also appreciates the help given to him and other doctors from GBA cities of the Mainland joining this programme by enthusiastic Hong Kong doctors.

Bedside manner breaks down barriers

Deputy Chief of Service at the Department of Medicine & Geriatrics Dr Yeung Yiu-cheong says Dr Kuang was attentive during the interview with HASLink September 2023 edition. After half a year, he still insists on his view. "When I conducted ward rounds, I asked patients if they had any questions. They said that Dr Kuang gave them detailed explanations. You can see how attentive he was. He explained the condition to each patient and comforted them." Dr Yeung also praises Dr Kuang for taking an active role in helping to perform medical procedures on patients. Dr Kuang has arranged an exchange programme with visit of the endoscopy service in his parent hospital to foster even closer understanding between healthcare professionals in Hong Kong and the Mainland.

Dr Yeung believes colleagues have a better understanding of the Mainland's healthcare system because of the visit of the GBA doctors and hopes Hong Kong doctors get the chance to visit hospitals in GBA cities of the Mainland in return. For his part, Dr Kuang says visiting Hong Kong has been an extremely positive experience. Hong Kong provides high-quality healthcare services and advanced medical treatments. He has encouraged colleagues in Guangzhou to sign up for future GBA Healthcare Talents Visiting Programmes.



護士經驗交流 互學互鑑

Nurse exchange brings two-way benefits in caring

大灣區專科護理知識交流計劃於去年4月展開，首屆70名大灣區護士來港進行臨床交流，為期約10個半月的計劃早前完結。大灣區護士**楊敏菲**（菲菲）在伊利沙伯醫院內科臨床實習五個月後，轉到佛教醫院工作。回想在紓緩病房工作五個月，菲菲對香港護士細心照料晚期病人的印象特別深刻。

她很欣賞香港醫護團隊關注患者身心社靈需要，例如了解認知障礙症患者的喜好，播放懷舊音樂和電視劇，讓他們安定坐下，盡量減少約束。「姑娘會在探病時間指導家屬如何照顧患者，減低再次入院的風險，加上各專科團隊通力合作，務求病患重返社區後有更好的生活質素。我會將這些經驗與內地同事分享，對未來擬定出院計劃極具啟發。」

作為專責護士，菲菲負責幾位晚期病人的個案。佛教醫院資深護師**王蕊鳴**是菲菲的導師，她讚賞菲菲的耐心：「晚期病人家屬的心靈比較脆弱，說話要有技巧。菲菲總會仔細解答疑難，從她提出的建議可見她非常熟悉每個個案，病人和家屬對她的評價很高。」

兩人所屬病房去年年底引入中醫服務，菲菲在廣東省中醫院老年腫瘤科的經驗正好適用。蕊鳴指出，晚期病人痛症多，對中醫服務的需求比其他專科大，「我們會請教菲菲有關中醫服務的建議，菲菲也會將我們的護理經驗帶回內地，這種交流有助更全面照顧病人。相處近半年，今天是她最後一天上班，的確有些捨。希望她未來工作順利，那份愛心和耐力可以延續下去。」

蕊鳴（右）認為菲菲（左）的經驗有助分擔病房工作。

Yui-ming (right) recognises that Min-fei (left) has the experience to support the clinical work on the ward.

訪問短片
Interview video



菲菲（右）與同事們相處融洽。
Min-fei (right) gets along well with her colleagues.

The Greater Bay Area (GBA) Specialty Nursing Knowledge-exchange Programme began in April 2023 when the first intake of 70 nurses came to Hong Kong and – after 10.5 months – concluded with a host of moving stories. Guangdong nurse **Yang Min-fei** was rotated to the palliative care unit of the Hong Kong Buddhist Hospital (HKBH) after five months of clinical practicum in the Department of Medicine at Queen Elizabeth Hospital. She was particularly impressed by the level of care given by Hong Kong nurses to patients with long-term and terminal illnesses.

She says she appreciates the way the Hong Kong healthcare team pays attention to the physical, mental, social, and spiritual well-being of patients, playing nostalgic music and TV dramas to dementia patients to soothe them, reducing the need for constraint, for instance. “They also advise family members during visits on how to care for patients to minimise readmission to hospitals,” Min-fei reflects. “All disciplines do their best and work together to ensure patients have a better quality of life when they return to the community. I will share this experience with my colleagues in the Mainland and I believe it will be inspirational for our discharge planning.”

Min-fei was responsible for the case management of several terminal patients during her time in Hong Kong and her mentor, Advanced Practice Nurse of HKBH **Wong Yui-ming**, praises her for her patience. “Families of patients with terminal illnesses are relatively fragile, so we need to be more tactful in our conversations,” she says. “Min-fei always answered questions carefully, and her advice showed she knew each case very well. She was highly regarded by patients and their families.”

Chinese medicine services were introduced to their ward at the end of last year, and Min-fei’s experience in the Geriatric Oncology Department at the Guangdong Provincial Hospital of Traditional Chinese Medicine was extremely useful as terminally ill patients often suffer from extreme pain and have a greater need of Chinese medicine services than other patients, explains Yui-ming. “We benefitted from Min-fei’s advice on Chinese medicine services, and she will bring our nursing experience back to the Mainland. This kind of exchange helps us care for our patients in a more holistic way,” she says. “We have been working with her for nearly half a year, but today is her last day at work, and I do feel sad to see her go. I hope she will do very well in the future and always keep her caring and patient character at work.”



多一雙手 彼此守護

Extra pairs of hands to safeguard each other

「去年4月病房人手不足，大灣區護士剛好來到，主動幫忙處理基本護理，例如量血壓、體溫，餵食或者幫病人轉身、換尿片，多一雙手的差別很大！後來他們還參與個案處理，協助準備病人出院計劃。」靈實醫院老人及復康服務資深護師**陳博儀**說。

徐小鶴（小鶴）來自佛山市第一人民醫院，是首屆到港交流的好幫手。她有15年資歷，曾任職內外科、急症室及深切治療部，後來在中風病專科工作逾10年。她去年4月先到基督教聯合醫院內科及老人科實習，9月再到靈實醫院復康病房工作。作為小鶴的導師，博儀對其經驗和態度表示讚賞。「一名62歲中風患者因失去肌力，坐床也坐不穩，精神大受打擊，也不配合復康治療。小鶴常常走到病床邊為他打氣，分享過去中風病人重新走路的例子，解釋物理治療如何有助恢復活動能力，成功打動他積極跟隨醫囑做復康運動，一個月後他在攙扶下可以行一段路。」

經過近一年的相處，小鶴感激香港護士的照顧，讓他們很快適應新環境。「初到步我們對病房的簡寫術語不熟悉，同事們準備了一張常見術語清單；天氣冷了，又問要不要多送棉被到宿舍；過節時，大家公餘聚餐也會邀請我們，把我們當成一分子，感覺很溫暖。」離家10個月，小鶴坦言很想念兩個孩子，但這次交流之旅除了臨床實習，也有定期的專題研討會，由基層醫療的「治未病」、慢性疾病管理到急症醫院的運作都涉獵到，覺得這次交流很值得。

小鶴表示，回到佛山後會鼓勵同事參與往後的交流活動。第二屆交流計劃已經展開，共100名護士已於上月到港，除了老人科，計劃進一步擴至心臟重症監護、成人重症監護、圍手術科、眼科以及內視鏡科。

小鶴（右二）感激同事的照顧，讓大灣區護士更快適應新環境。
Xiao-he (second from right) appreciates the care of HA colleagues, which enables the GBA nurses to adapt to the new environment more quickly.



博儀（左）與小鶴（右）交流護理經驗。
Pok-yee (left) and Xiao-he (right) share their nursing experience.

“When the ward was short-staffed in April last year, the GBA nurses came over and offered help with basic nursing care, such as measuring patients’ blood pressure and temperature, feeding them, or helping turn them around and changing diapers. It made a big difference to us to have those extra pairs of hands. Later, they even involved in case management, helped prepare patients for discharge.” Advanced Practice Nurse of Geriatric and Rehabilitation Services at Haven of Hope Hospital (HHH) **Chan Pok-yee** reflects.

Xu Xiao-he from the First People’s Hospital of Foshan was among the first intake of exchange nurses. She has 15 years of experience and worked in the medical-surgical, accident and emergency, and intensive care units before working in a stroke unit for more than 10 years. She began her clinical practicum at the Department of Medicine and Geriatrics of United Christian Hospital in last April and then rotated to the rehabilitation ward at HHH in September. Pok-yee was her mentor and praised her for her experience and attitude. “A 62-year-old patient suffered from a stroke and lost his muscle strength. He was unable to sit up in bed and he was mentally devastated. He also refused to cooperate with the rehabilitation treatment,” she recalls. “Xiao-he often came to his bedside to cheer him up, sharing with him the example of her stroke patients in the Mainland who could walk again and explaining how physiotherapy could help him regain his mobility. Xiao-he successfully motivated him to follow the doctor’s instructions and do rehabilitation exercises, and one month later, he was able to walk a little bit with support.”

Staying for nearly a year, Xiao-he was touched by the kindness of the Hong Kong nurses who helped her and her GBA colleagues adapt to their new environment. “When we first arrived in Hong Kong, we were unfamiliar with the jargon used on the wards, so our colleagues provided us with a list of commonly used terms,” she explains. “When the weather got cold, they asked if we needed more blankets in our dormitory, and during festivals we were invited to after-work dinners. We were treated as part of the team which was very moving.” Mother-of-two Xiao-he missed her children during her 10 months in Hong Kong but was kept busy throughout her stay. The exchange included not only clinical practicum but also regular seminars covering everything from primary care to chronic disease management and operation of acute hospitals. It is worthwhile to be part of it, Xiao-he says.

Xiao-he says she will encourage her colleagues in Foshan to take part in future exchange programmes. Around 100 more nurses have already arrived in Hong Kong as the second intake which has been extended from geriatric care to cover more specialties including cardiac intensive care, adult intensive care, perioperative care, ophthalmology, and endoscopy.



溫紹斌（左二）隨團到訪中山大學附屬第一醫院，了解當地超聲技術發展。

Nelson Wan (second from left) and his colleagues visited the First Affiliated Hospital, Sun Yat-sen University to learn about the development of ultrasound technology.

去年8月五位來自廣東省的放射技師到訪本港公立醫院後，今年初醫管局派出14名放射師及五名物理學家到廣東省多間三甲醫院，展開為期兩星期的「粵港放射師及物理師人才交流計劃」，參觀超聲科、核子醫學、介入科及影像診斷科等，深入了解當地醫療制度、放射科的技術發展與病人服務模式。

「我曾到內地交流，當時科技未算尖端，但今次親身體驗三甲醫院現已全面運用先進雲端系統、電子化程序等智慧元素，不少經驗值得香港同業借鑑和學習。」東區尤德夫人那打素醫院高級放射師溫紹斌是其中一名隨團成員，內地放射科發展令他大開眼界，「內地醫院奉行『專科專做』，放射科的分類和分工非常仔細清晰，團隊對相關流程及技術應用熟練，而且採用不少嶄新技術，例如核醫科的回旋加速器，超聲科則引入內地研發的人工智能儀器輔助檢查。我和團員都深感興趣，非常仔細觀摩。」他期望未來有更長時間的交流。

醫管局總行政經理（專職醫療）潘綺紅（圖）表示，今次行程讓本港團隊實地考察內地放射技師和物理師的工作情況，有助推動兩地未來在放射和腫瘤科專業發展和服務等方面的合作，包括參考內地人工智能技術和醫療設備的應用，以助減輕醫療團隊工作量；他們亦擁有豐富案例和教材，可配合大規模數據分析，提升服務水平。她表示將展開新一輪交流計劃，並希望能邀請內地專家到醫管局分享工作模式和相關技術，加強雙方交流。

訪粵醫院 放射師開眼界

An eye-opening experience
for radiographers to visit Guangdong hospitals

Following the visit of five radiographers from Guangdong Province to Hong Kong public hospitals in August 2023, 14 radiographers and five medical physicists were sent on a two-week exchange visit to grade 3A hospitals in Guangdong by the Hospital Authority (HA) through 'Guangdong-Hong Kong Radiographer and Physicist Talent Exchange Programme' at the beginning of this year. The Hong Kong team visited a range of departments, including ultrasound, nuclear medicine, interventional radiology, and diagnostic imaging, gaining valuable insights into the rapid recent advances in the Mainland's healthcare system and its radiology and patient service models.

"I had visited the Mainland for exchanges in the past, but at that time the technology wasn't considered cutting-edge," says **Nelson Wan**, Senior Radiographer of Pamela Youde Nethersole Eastern Hospital, as well as one of the members of this exchange visit. "On this year's visit, however, I saw grade 3A hospitals using advanced cloud systems, electronic procedures, and other hi-tech elements. Many of their practices are worth learning from and emulating for practitioners in Hong Kong," he concludes. Witnessing the development of radiology in the Mainland was the biggest eye-opener for Nelson. "Hospitals there adhere to the principle of specialisation," he explains. "The categorisation and division of labour within the radiology departments are meticulous and clear, and staff are well-versed in the relevant processes and technical applications."

"What's more, they have adopted numerous innovative technologies, such as the cyclotron used in the nuclear medicine department. The ultrasound department has also introduced artificial intelligence (AI) instruments developed in the Mainland to assist in examinations. Both my colleagues and I were very interested in it and we observed up close." Nelson hopes there will be further, longer exchange programmes in future.



Priscilla Poon (photo), HA Chief Manager (Allied Health), believes the exchanges will lead to closer cooperation between Hong Kong and the Mainland in the development of radiology and oncology, potentially using the AI technology and medical equipment developed in the Mainland to ease the workload of clinical teams. The Mainland team has a wealth of case histories and teaching

materials that can be used in conjunction with large-scale data analysis to enhance service quality. Priscilla says the next round of exchange visit will follow and she hopes to invite the Mainland experts to share their workflow and technologies with the HA.

訪問短片
Interview video



（左起）柴小姝主任、林美瑩醫生及中西醫團隊一同巡房。

(From left) Chai Xiao-shu and Dr Fiona Lim joined the Chinese and western medical teams on ward rounds.

「大灣區中醫訪問學者計劃」自2022年11月開展以來，不但促進了大灣區中醫藥專業交流，提升本地中醫師在住院服務的專業水平，更有助推動香港中西醫協作服務的發展。中醫訪問學者之一、廣東省中醫院腫瘤科主任醫師柴小姝在去年9月來港交流，其間到訪不同中西醫協作指定醫院服務點。其中在首次開展「癌症治療先導項目」的瑪嘉烈醫院及屯門醫院，與西醫團隊實地協作及交流，為合適的病人提供中西醫協作治療。

「在與西醫團隊協作時，我感受到他們對於中醫治療療效的肯定，而且我們互相尊重彼此的專業。中西醫團隊是通過共同參與整個臨床診療過程，包括巡房、病例討論及制訂合適的中西醫治療方案等進行互相交流。中西醫彼此發揮長處，互補互惠，最終達到中西醫團隊的共同願望，就是使病人受惠。」柴主任補充，這計劃突破性以「師帶徒」形式提供住院臨床培訓予本地中醫師，透過臨床帶教能夠更鞏固本地中醫師在中西醫協作臨床水平，發揮中醫在治療上的優勢。

瑪嘉烈醫院腫瘤科顧問醫生林美瑩表示，中醫專家對中西醫癌症治療經驗和知識非常全面，尤其熟悉病人於不同治療階段會出現的臨床表現並作出適切處理。「我們合作得非常愉快，同事都願意配合中醫團隊的工作。中醫專家以臨床實戰經驗指導本地中醫師外，還會細心教導病人自我護理方面的知識，同時讓西醫團隊更深入了解中醫療效。與中醫專家合作期間，無論醫護團隊或病人對於中西醫治療都有正面評價。」柴主任及林醫生均期望未來會繼續有這種「實戰」交流機會。

中西醫共同協作 臨床實戰培訓中醫藥人才

Collaboration between Chinese and western medicines trains up
Chinese medicine talents through clinical practice

The 'Greater Bay Area Chinese Medicine Visiting Scholars Programme', commenced since November 2022, promotes professional exchanges in Chinese medicine within the Greater Bay Area, enhancing the clinical competency of local Chinese medicine practitioners in inpatient care, and further facilitating the development of Integrated Chinese-Western Medicine (ICWM) services in Hong Kong. One of the scholars, Chief Physician at the Oncology Department of the Guangdong Provincial Hospital of Traditional Chinese Medicine **Chai Xiao-shu**, visited various designated ICWM hospital sites during her exchange to Hong Kong in September last year. In the Princess Margaret Hospital (PMH) and Tuen Mun Hospital where the new cancer care pilot programme was first launched, she collaborated with the western medical team, exchanged knowledge on-site and provided ICWM treatment to suitable patients.

"When collaborating with the western medical team, we respected each other's expertise and the western medicine doctors recognised the efficacy of Chinese medicine treatment. The collaboration between the Chinese and western medical teams is achieved in the entire treatment process, including ward rounds, case conferences, and treatment plan formulation. Leveraging on the complementary advantages of the Chinese and western medicines, we ultimately fulfilled the shared aspiration to benefit patients." Chai adds that the programme is groundbreaking that it provides inpatient apprentice training to local Chinese medicine practitioners. Through clinical training and coaching on ICWM services, the clinical capability of local Chinese medicine practitioners can be further strengthened, giving full play to the strength of Chinese medicine.

Dr **Fiona Lim**, Consultant of Oncology Department at PMH, says the Chinese medicine experts have comprehensive expertise in ICWM cancer treatments, particularly in understanding the clinical conditions at different stages of treatment and with proper management. "We work very well, and our colleagues are willing to cooperate with Chinese medical team. The Chinese medicine experts not only share their valuable experiences and provide guidance to the local Chinese medicine practitioners, but also educate patients on self-care and benefit the western medical team by developing a deeper understanding on the effectiveness of Chinese medicine treatment. During the collaboration, positive feedbacks about ICWM treatment from both clinical teams and the patients have been received." Dr Lim explains. Chai and Dr Lim look forward to more opportunities for further collaboration and exchange in future.



灣仔區內有兩間醫院植根久遠，兩者起源截然不同，卻因時代發展環扣起來，合作無間為港島東居民服務，他們就是律敦治醫院和鄧肇堅醫院。

1940年代肺結核病肆虐本港，慈善家 J.H. 律敦治太平紳士於1949年慷慨捐贈大筆善款予香港防癆會（1980年後名為「香港防癆心臟及胸病協會」），將前皇家海軍醫院之舊址，修葺為律敦治療養院，專責治理肺結核病。隨著肺癆患者人數下降，療養院因應社會需要於1991年重建為律敦治醫院。至於毗鄰律敦治醫院的鄧肇堅醫院於1969年建成，獲慈善家鄧肇堅爵士捐助並以其命名，在東區尤德夫人那打素醫院1993年啟用之前，一直擔當東區最重要的急症醫院。為進一步提升服務效率，兩院合併，急症室及部分專科門診於2002年轉移至律敦治醫院；鄧肇堅醫院則發展為社區日間醫療中心，讓部分醫療服務和社會服務集中在同一地點。

律敦治及鄧肇堅醫院急症室資深護師李志豪入行近40年，他憶述早年的鄧肇堅醫院急症室規模小，是考驗能力的木人巷。「我們負責接收東區的嚴重事故，然而院內專科有限，所以急症室同事要做額外程序替病人穩定病

情，再安排轉院。例如病人出現氣胸，大型醫院會有專科醫生到場做胸腔引流，但在鄧肇堅醫院，我們要在急症室先行插上胸管再轉院，極具挑戰。」

在急症室工作的悠悠歲月，李志豪處理過多宗嚴重事故。1992年除夕夜的蘭桂坊人踩人慘劇21人死、1993年北角籠輓急墜意外12名工人身亡、2012年南丫島海難造成39人死亡……「難忘的還有2005年韓農在灣仔區反世貿騷亂，那晚急症室總動員，送院的傷者大多需要縫合傷口。深夜裡，醫護人員冒著危險回到急症室值勤，上至院長、下至工友，無分彼此。」

律敦治及鄧肇堅醫院副醫院行政總監梁彥欣醫生畢業後就在內科及老人科部門工作，30多年來見證醫院與時並進。「由一開始服務集中在胸肺科，逐步增設內科及老人科、外科、矯形及創傷外科、深切治療部等。現在病人平均年齡不斷上升，個案也越趨複雜，因此需要集合不同團隊訂立個人化的治療方案。隨著醫療服務需求上升，我希望醫院將來可以持續發展不同類別的服務，以造福更多市民。」

內科及老人科副顧問醫生王自強是梁醫生多年戰友，他特別珍惜醫院和社區一起成長的情誼。「我的病人由中年覆診到老年，後來連子女也在老人科日間醫院求診，對醫院充滿歸屬感。」他續說，律敦治醫院是護老先驅，護訊鈴服務概念正正始於律敦治醫院社區老人評估小組，加強支援高入院風險的長者及慢性病患者。「隨著時代發展，律敦治和鄧肇堅醫院有更加清晰的服務範疇，不變的是照顧病人的初心，我深信病人對我們的信賴會一直延續下去。」

Wan Chai is home to two hospitals with very different backgrounds – Ruttonjee Hospital (RH) and Tang Shiu Kin Hospital (TSKH) – which have worked together and integrated services over the years for the benefit of the residents of Hong Kong Island East.

In the 1940s, tuberculosis was rampant in Hong Kong. Philanthropist Jehangir Hormusjee Ruttonjee, CBE, JP, has generously donated to the Hong Kong Anti-Tuberculosis Association (renamed as “Hong Kong Tuberculosis, Chest and Heart Diseases Association” after 1980) to convert the formerly Royal Naval Hospital into Ruttonjee Sanatorium in 1949 to take care of the tuberculosis patients. With the declining number of cases, it was converted into Ruttonjee Hospital in 1991 to meet with service need. Tang Shiu Kin Hospital was opened in 1969 and named after the late Sir Tang Shiu-kin for his generous donation. It served as the leading acute hospital for Eastern District until Pamela Youde Nethersole Eastern Hospital opened in 1993.

To enhance efficiency, the services of the two hospitals were then merged with the Accident and Emergency (A&E) Department and some specialist outpatient clinics transferred to RH in 2002, while TSKH was developed into a community ambulatory care centre where selected healthcare services co-located with social services.

A&E Advanced Practice Nurse of RTSKH Lee Chi-ho, who has been a nurse for nearly 40 years, recalls how challenging it was due to the limited facilities at the A&E Department at TSKH in the early years. “We were responsible for receiving serious cases in the Eastern District but many specialties were not available, so additional procedures had to be done in the A&E department to stabilise the patient’s condition before arranging for a transfer to another hospital,” he says. “For example, if a patient had a pneumothorax, the chest drain would be done by a specialist in a leading hospital. But in the A&E at TSKH, we had to put in a chest tube ourselves before transferring the patient, which was very challenging.”

Chi-ho had dealt with a number of major incidents over the years, including the Lan Kwai Fong tragedy when 21 people were killed on the New Year Eve of 1992, the North Point lift accident that claimed the life of 12 construction workers in 1993, and the Lamma Island ferry crash with 39 killed in 2012. “I particularly remember the clashes between police and Korean farmers protesting at the World Trade Organisation Ministerial Conference in Hong Kong in 2005. That night, the A&E department was fully mobilised. Most patients needed



（左起）梁彥欣醫生和王自強醫生站在律敦治療養院舊址細說當年，該位置已改建為復康花園。

(From left) Dr Jenny Leung and Dr Wong Che-keung reflect on memories at the site of the former Ruttonjee Sanatorium, which has been converted into a rehabilitation garden.

stitches. Medical staff put themselves at risk by returning to the department in the middle of the night, from the head of the hospital to colleagues of all ranks,” he remarks.

Deputy Hospital Chief Executive of RTSKH, Dr **Jenny Leung**, has been working in the Department of Medicine and Geriatrics since graduation. She witnessed the evolution of the hospital over the three decades. “The hospital started from dealing mainly with tuberculosis patients, to adding specialties such as geriatrics, medicine, surgery, orthopaedics and traumatology, intensive care unit, etc. Nowadays, the average age of patients is getting higher, and cases are far more complicated, so it is necessary to bring together different teams to formulate personalised treatment plans. As the demand for healthcare services increases, I look forward to the expansion of various kinds of hospital services to serve more people in need.”

Department of Medicine and Geriatrics Associate Consultant Dr **Wong Che-keung** is a long-time work partner of Dr Leung and treasures the relationship that has grown between the hospital and the community. “My patients have come to the hospital for geriatric services from middle age to old age and some of their children now come to the Geriatric Day Hospital. They have a sense of belonging here.” He adds that RH has also pioneered geriatric services. The concept of the Patient Support Call Centre to enhance support for elderly people at risk of hospitalisation and patients with chronic diseases originated from RH’s Community Geriatric Assessment Team. “As time goes by, there is a clearer division of service scope between RH and TSKH, but what remains unchanged is the care for the patients,” Dr Wong points out. “I sincerely believe that the bond of trust between doctors and patients can be sustained.”

李志豪指急症室的繁忙節奏有助鍛煉工作能力，培養出同事之間的默契。

Lee Chi-ho says the hectic pace of the A&E department helps sharpen work skills and build rapport with colleagues.

兩院 今昔

Ruttonjee Hospital and
Tang Shiu Kin Hospital
through the years



藥劑部的神奇藥水 A magical potion behind the pharmacy

律敦治醫院早期主力照顧肺結核病患者，由於藥物種類相對較少，故藥房規模不大。然而內有乾坤，原來過往許多藥水都是藥房自行配製，甚至藥中的糖漿都是用砂糖自家烹煮。當中最特別是一種藥物名為 Mist Hot Water，據稱是律敦治醫院獨有，成分包括碳酸氫鈉（小蘇打）、食鹽和哥羅芳，功能是鬆痰，當時很受病人歡迎。時至今天，雖然停用多時，偶然仍有年老病人要求處方此藥。

In its early days, the pharmacy at Ruttonjee Hospital (RH) was small with a limited range of medicines aimed mainly at tuberculosis patients. Despite its size, however, it was packed with rare medicines prepared by the pharmacy, which even brewed up the sugar syrup used in the medicines. One unique medicine was Mist Hot Water which consisted of sodium bicarbonate (baking soda), table salt, and chloroform, and was a popular remedy used to loosen phlegm. Today, long after the medicine was discontinued, the pharmacy still receives occasional requests for it from elderly patients.

親切的修女 Gracious Sisters

律敦治療養院是香港大學醫科生的培訓場所，梁彥欣醫生回想求學時特別喜歡在療養院上課，因為修女教學詳細，下課後還會為醫科生準備茶點和飲品。其中區桂蘭修女（下圖）和紀寶儀修女（左圖）長年在港服務，區桂蘭修女自律敦治療養院創院開始便擔任院長36年，期間一直全心引領醫學發展，曾發表多份有關控制肺結核病的學術報告。至於紀寶儀修女，她於1985年至1988年期間擔任律敦治療養院院長。她於專業領域的貢獻得到認同，成為香港醫學專科學院首位榮譽院士。她亦醉心於研究工作，曾發表多份有關孩童結核病和哮喘病等等的研究報告。

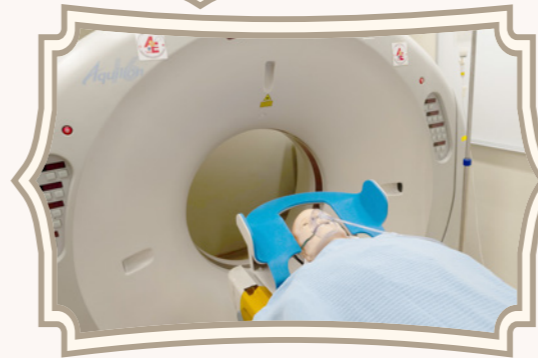
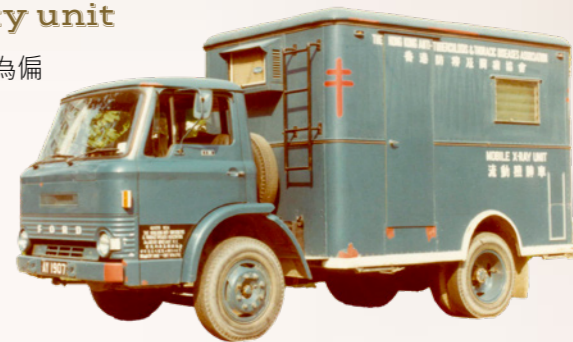
The Ruttonjee Sanatorium is a training ground for medical students of the University of Hong Kong. Dr Jenny Leung recalls that she particularly enjoyed attending classes at the Sanatorium when she was a student, as the sisters taught in a detailed manner, and would kindly prepare refreshments and drinks for the medical students after the lessons. Among them, Sister Mary Aquinas Monaghan (photo below) and Sister Mary Gabriel O'Mahoney (left photo) had been serving in Hong Kong for a long time. Sister Mary Aquinas had become the Medical Superintendent of Ruttonjee Sanatorium since its opening for 36 years and she was a dedicated leader in the development of medical science. She published a number of scientific reports on the control of tuberculosis. Sister Mary Gabriel has acted as the Medical Superintendent of Ruttonjee Sanatorium from 1985 to 1988. She was the first ever Honorary Fellow of the Hong Kong Academy of Medicine in recognition of her professional contribution. She was prolific in research, publishing widely in many aspects of childhood tuberculosis and asthma, etc.



元組級照肺車 A vintage mobile x-ray unit

在肺結核病猖獗的1940年代，流動照肺車定期駛往指定地點，為偏遠地區居民照肺，若發現問題會盡快轉介律敦治療養院治理。

When tuberculosis was widespread in Hong Kong in the 1940s, a mobile x-ray unit travelled around the territory to check the lungs of people living in remote areas. If any cases were detected, patients were taken to the Ruttonjee Sanatorium for immediate treatment.



急症精英學堂 Emergency training with real-life scenarios

位於鄧肇堅醫院的急症科訓練中心於1994年成立，是醫管局轄下唯一一所急症科模擬訓練中心，初期主要為醫護人員提供急症醫療訓練，後來開始為其他醫療合作夥伴、社福機構和政府部門提供訓練課程。訓練中心佔地面積超過14,000平方呎，設置多個逼真場景，包括翻車車禍現場、病人在電腦掃描室發生意外等，讓學員在各種不可預測的情境下練習，鞏固施救技巧。

Established in 1994, the Accident and Emergency (A&E) Training Centre at Tang Shiu Kin Hospital is the only emergency simulation training centre under the Hospital Authority. The centre provides training for healthcare professionals in emergency treatment. It later begins providing training courses for other healthcare partners, as well as for social welfare organisations and government departments. The centre covers more than 14,000 square feet and features simulations of incidents including a serious car crash and an accident in a computed tomography room so that trainees can learn how to apply their skills in a range of real-life scenarios.

年度盛事 有備而戰 Racing to the aid of marathon casualties

每年香港馬拉松比賽都有跑手受傷，嚴重者甚至死亡。由於律敦治醫院是離馬拉松比賽終點較近的醫院，急症室及醫院各部門上下每年都會為賽事做充足準備，包括預備急救用品、安排更多人手值勤、特設分流區處理受傷程度較輕的病人等等，隨時候命救治有醫療服務需要的跑手。

Every year, runners are injured and sometimes even died tragically during the Hong Kong Marathon. RH is the closest hospital to the finishing line and A&E department and other departments of the hospital are always well prepared for the event with first aid supplies, additional manpower deployment and a triage area for less serious injuries, etc. to provide medical services to the runners.

訪問短片
Interview video



醫管局學院研智能平台 倡自主學習

HA Academy promotes self-directed learning on its intelligent platform



為配合未來醫療服務發展和需求，協助同事專業事業雙發展，醫管局去年成立醫院管理局學院（醫管局學院）。學院院長孫天峯醫生表示，正與不同持分者著力規劃培訓發展策略，計劃引入較具彈性的學習模式，研發智能平台讓學員自主學習，期望未來能為本港公營醫療系統提高培訓質素，孕育一班盡心服務、積極上進的醫療人才。

醫管局學院現有五個成員機構，即專職醫療深造學院、護理深造學院、醫療資訊科技學院、職業訓練學院及醫院管理局護士學校，各有獨立培訓課程和管理架構。孫醫生表示，學院短期目標是整合現有機構的資源和簡化行政程序，發揮更好的協同效應，「例如我們有四間護士學校，以往各自去做同一工序，包括申請執業證明書等，整合資源後便可用學院名義一併完成。」

擬與資歷架構掛勾提升認受性

他指出，相比其他機構培訓學院的架構和課程設計，醫管局及公立醫院運作較複雜和多元化，「即使放眼全世界，也不容易找到相同模式，因此我們要依照自己的特色制定培訓發展方向。」其中一個方向是「數碼學習」，學院擬與資訊科技部合作研發線上學習平台，讓學員按自己時間於網上學習，達到一定課時或標準便符合課程條件，「數碼學習可提升學習趣味，自選課時增加自主學習的彈性。學員在車途上也可在手機上學習，亦減省導師額外教書時間，免影響臨床工作，這樣較切合需輪更的醫護同事所需；至於實體課堂，則可集中互動討論。」

孫醫生表示，學院下一步會加強與外間院校合作，讓部分培訓課程與資歷架構掛勾，以提升課程認受性，「我們期望與大專院校互相協作，例如未來可以探討學員的臨床經驗是否能成為符合院校部分學分或資歷認證的要求。」他說，醫管局是本港主要的公營醫療服務供應者，要維持高水平的醫療服務，有需要培育更多優質醫護人員。長遠而言，學院將致力發展成為一所具標誌性的企業培訓機構，「最希望建立到一個『HA標準』，進一步提升本港醫療水平，為香港公營醫療培養人才之餘，亦能幫助推動內地尤其大灣區，乃至全球的醫療發展。」



醫院管理局學院院長孫天峯醫生。

The Hospital Authority Academy Head Dr David Sun.

The Hospital Authority (HA) Academy was established last year to support the future development and needs of healthcare services, and to fast-track the professional and career development of employees. The academy is currently liaising with stakeholders on training and development strategies that will introduce flexible learning models and create an intelligent platform for learners to engage in self-directed learning, according to Academy Head Dr **David Sun**. He adds that the objective is to enhance the quality of training for Hong Kong's public healthcare sector and nurture healthcare professionals dedicated to serving patients and continuous learning.

The HA Academy brings together five different institutions with their own independent training courses and management structure: The Institute of Advanced Allied Health Studies, the Institute of Advanced Nursing Studies, the Institute of Health IT, the Institute of Vocational Training, and the Hospital Authority Nursing Schools. The short-term goal of the academy is to integrate the resources of the existing institutions and streamline their administrative processes to achieve better synergy. "For instance, we have four nursing schools that all handle the same procedures, such as applying for practising certification," Dr Sun explains. "After resources are integrated, these procedures can be completed collectively under the name of the academy."

Qualifications framework to increase recognition

The challenge in setting up the academy is that the public hospital operations are complex and diverse compared with other institutions, "It's not easy to find completely alike models anywhere in the world," Dr Sun points out. "Therefore, we need to develop our own course directions

based on our own characteristics." One key direction is digital learning. The academy will work with the Information Technology Department to develop digital learning platforms that allow learners to study online at their own pace, fulfilling the criteria once they reach the required hours or certain standards.

"E-learning can enhance the interest of learning and flexibility in selecting study hours allows for self-directed learning. Learners can study on their phones even while commuting to work and back," Dr Sun says. "It also reduces the additional teaching time for tutors and minimises the impact on their clinical work, which is more in line with the needs of healthcare staff who work shifts. Physical classrooms however are complementary through more interactive discussions."

The academy's next step will be to strengthen cooperation with external institutions to link certain training courses with qualifications framework and increase recognition of the courses. "We hope to collaborate with tertiary institutions," explains Dr Sun. "For example, in the future, we can explore whether learners' clinical experiences can be counted towards the academic credits or qualification certifications." As Hong Kong's main public healthcare provider, HA has a duty to maintain a high level of medical services and cultivate more high-quality healthcare professionals, argues Dr Sun. He hopes to see the academy grow into an iconic corporate training institution. "Our ultimate goal is to establish a HA standard, and further enhance the medical standards in Hong Kong. As well as nurturing talent for the public healthcare sector in Hong Kong, we aim to contribute to the development of healthcare in the Mainland especially the Greater Bay Area and around the world."



醫管局學院今年初舉行成立典禮，未來將致力推動醫管局人力資源的可持續發展。

The academy held an inauguration ceremony earlier this year and is committed to promoting a sustainable human resources strategy for HA.



成立典禮短片
Inauguration
ceremony video



兩院重啟醫院認證

Two hospitals resume hospital accreditation this year

因應 2022 及 2023 年《施政報告》提出重啟醫院認證計劃，東區尤德夫人那打素醫院（東區醫院）及威爾斯親王醫院（威院）將分別於 10 月及 12 月進行首輪認證評審。由於《國際醫院評審認證標準（中國）》（2021 年版）（CIHA）是全新的認證系統，總辦事處特別安排深圳市衛健醫院評審評價研究中心（SHARC）的六名評審專家到兩間醫院及總辦事處講解標準內容，協助同事為醫院認證做好準備。

與 SHARC 商討本地評審要求

重啟醫院認證是為了確保醫院的管理及服務水平和醫療質量達到國際標準。由於香港與內地醫療制度和做法有所不同，總辦事處與香港專家自去年起一直與 SHARC 評審專家進行討論，因應本地的做法調整評審要求。

醫院可選擇以中文或英文準備評審。正式評審前，東區醫院及威院將進行兩次「輔導」，由 SHARC 評審專家作初步評估及提供指引。總辦事處亦會舉辦工作坊，務求加深同事對 CIHA 的認識。

同事可於醫管局內聯網的「重啟醫院認證計劃網頁」（下圖示）了解更多。同事如有疑問，歡迎在網頁上的「Talk to Us」留言。

In response to the announcement of resumption of hospital accreditation in 2022 and 2023 Policy Address, Pamela Youde Nethersole Eastern Hospital (PYNEH) and Prince of Wales Hospital (PWH) are the pilot hospitals to undergo hospital accreditation in this October and December respectively. Since China's International Hospital Accreditation Standards (2021 Version) (CIHA) is a new accreditation system, Head Office has arranged a briefing session and invited six experts from Shenzhen Hospital Accreditation Research Center (SHARC) to share with colleagues the CIHA standards.

六名內地評審專家年初到總辦事處、東區醫院及威院提供標準解讀與培訓。

Six Mainland experts attended a briefing session at the Head Office, PYNEH and PWH early this year.

Deliberating with SHARC on local customisation

The resumption of hospital accreditation is to ensure the hospitals continually attain international standards. Given the variation in healthcare system and practices between Hong Kong and the Mainland, Head Office and Hong Kong experts have been working closely with the Mainland experts on customisation of criteria on Hong Kong setting.

Hospitals could choose Chinese or English to prepare for the hospital accreditation. Prior to the on-site survey, PYNEH and PWH will have two consultancy visits, during which SHARC experts will provide preliminary assessment and guidance to the hospitals. Besides, Head Office will organise topic workshops to enhance colleagues' understanding to CIHA.

To know more, please visit HA intranet's Resumption of Hospital Accreditation webpage (below picture) and feel free to leave a message via "Talk to Us" on the webpage.



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熱白時刻 The passionate moments

醫管局代表喺體育活動中表現出色！年初喺懲教署嘅政府部門及機構邀請賽 10 公里長跑大賽中，囊括男女子組隊際冠軍及男女子組個人賽頭三名！醫管局同事亦獲香港警務處邀請參加足球及高爾夫球友誼賽，並獲得獎項！



Hospital Authority representatives have achieved remarkable performances in sports activities. Not only have they won the champions in male and female teams of the 10K Distance Run in the government departments and organisations invitational held by the Correctional Services Department in early 2024, but they also made a clean sweep of all the medals in male and female individuals in the event. HA colleagues were also invited by the Hong Kong Police Force to join the friendly soccer and golf matches and received awards.



員工意見調查 你講我聽 Your opinions matter

醫管局重視員工意見，透過職員焦點問卷調查收集得嚟嘅意見，有助醫管局持續發展，挽留人手。人力資源部喺 3 月經 HA Chat 向入職兩年內嘅初級支援組別員工發送問卷，邀請同事回答幾條簡單問題。為咗答謝同事分享意見，我哋向完成問卷嘅同事送上電子禮券同安排抽獎。

Hospital Authority (HA) values colleagues' opinions. The feedbacks received via Focused Staff Survey (FSS) are useful for the sustainable development and staff retention of HA. In March, Human Resources Division invites supporting staff (EA III, OpA III and PCA III) who joined HA within two years to complete a few simple questions via HA Chat. As a token of appreciation for colleagues' valuable feedbacks, each participant would receive an e-coupon and can join lucky draws.



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醫院管理局 Hospital Authority

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本地專家參與首批評審員培訓，熟習 CIHA 的標準和評審流程。

A training programme was held for local founding surveyors to familiarise with the CIHA standards and survey process.



病房中最溫馨的約會

1分鐘自由講
Minute Talk

農曆新年是闔家團圓的日子，今個龍年，病房亦充滿溫馨的氣氛！二月初的一天，病房裡依然繁忙。我正在協助接收一名患有長期病患、行動不便的80多歲男病人，卻意外發現他的家人似曾相識。經詢問後，原來同一病房另一名年過八旬、罹患癌症的女病人，正是他的太太。不過，二人礙於行動不便，加上先後進出醫院，已經分開近半年。即使他們渴望再見，卻一直未能如願。

這對牛郎織女身處同一病房，但入住不同病格。同事和家人商討後決定幫助兩人在農曆新年前短暫相聚，提早過節。在符合醫院感染控制要求下，大家合力將他們的病床推到活動室，讓夫婦與四名子女共聚過節，享受天倫之樂。夫婦更在醫護協助下牽起彼此那雙佈滿皺紋的手，臉上洋溢著滿足和開心的笑容，子女們指從未見過父親笑得如此燦爛。我心中頓時湧現一股暖流：真正讓人感動的，往往不是耳邊的情話或昂貴的禮物，而是那種下意識的惦記。

我們作為醫護人員，除盡力照顧病人，亦會將心比心，希望增進人與人之間的情感與溫度。臨近佳節，我們佈置病房增添節日氣氛，用愛和關懷為病人編織美好回憶，期望病人能被我們的熱誠與祝福包圍，更積極樂觀面對疾病與挑戰。

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夫婦在醫護協助下將手伸向彼此。



農曆新年期間，同事特意佈置病房，讓病人感受節日氣氛。

