



**John Leong:
three missions**

**梁智仁：
三大任務**

梁智仁細說任內三大任務



主席在總辦事處與管理層會面後，即接受《協力》和《醫管局頻道》訪問。
Chairman talked with HASLink and HA Channel on his first official day at work.

剛於12月1日星期日履新的醫院管理局主席梁智仁教授，旋即走訪北大嶼山醫院，了解醫院及同事的工作。翌日，又馬不停蹄在總辦事處與管理層共晉早餐，及接受《協力》和《醫管局頻道》訪問，暢談自己對醫管局的期望及未來大計。

梁智仁教授說：「希望自己在兩年任期內完成三大任務，就是確保醫院服務水平達致世界級，培訓年輕醫生技術達國際水平，以及發展臨床研究及創新。」

但他強調，「好的要留，不好的便要改。」期望同事以服務病人為先，繼續做出好成績。

梁教授作風低調，管理風格也實事求是，「我主張減少行政工作；希望在輕鬆場合，多聆聽同事的意見，因為任何決定，事前得到同事認同，才會落實得好。」他更說，每次討論都須清楚確定負責的同事，以便下次可以向相關同事跟進，避免不必要的拖拉。

社會環境瞬息萬變，梁教授不諱言，病人對公共醫療服務的態度亦隨時有所轉變，醫管局必須緊貼時代節拍，例如，現時不少病人就診前，都會先在互聯網搜看相關資料，有自己的想法及預設期望，前線同事難免承受更大的工作壓力。但他強調，「病人的觀感很重要。我們必須從病人的角度出發，思量公立醫院的輪候時間、病床擠迫的情況，找出改善的方法。」

「香港的醫療水平獲國際讚許，但醫管局可再精益求精，多走一步。」他舉例說，我們可以考慮加強復康服務，以及進一步提升公、私營醫院合作。

梁教授是國際知名的骨科醫生及學者，在香港大學瑪麗醫院任職38年期間，曾任醫學院院長。即使後來轉戰教育界，也同時擔任青山醫院管治委員會主席，以及律敦治醫院管治委員會成員等，所以他深明前線同事的苦與樂，亦對醫管局十分熟悉。

梁教授說，未來，他會陸續到各間醫院與同事見面，了解他們的工作和所需，以決定醫管局未來的發展方向。

編者的話

在節慶的日子，醫管局繼續迎來新的發展，首選當然是今期封面人物——新任主席梁智仁教授，他於12月1日正式上任，成為醫管局第六任主席。梁教授在總辦事處上班首日，即接受《協力》和《醫管局頻道》的專訪，暢談大家最關心的話題，以及他對醫管局的期望。

梁教授既是醫生、學者，又肩負高層領導的重任，能夠從繁忙的工作與生活中找到平衡，秘訣在於「鬆餅」——他家中的愛犬。想對新主席了解更多？快翻到我們的《封面故事》（頁2至5）。

《協力》編採小組今期亦為大家發掘了不少鮮為人知的故事：醫院管理局毒理學參考化驗室如何協助遏止新興毒品蔓延？（頁7）；哪間醫院率先發展臨床模擬訓練中心？（頁12-13）；以及NEATS的故事。（頁14至15）

聖誕剛過，又到新的一年，總辦事處機構傳訊部今年設計了六款電子賀卡，供同事向親友致意，《協力》在此恭祝大家身體健康，工作愉快！

From the editor

The festive season may be upon us, but there's still plenty going on across the Hospital Authority network. The biggest recent development, however, is Professor John Leong Chi-yan officially taking up his new position as the sixth HA Chairman on 1 December. Professor Leong found time during his first working day at Head Office to be interviewed by *HASLink* and *HA Channel*, during which he shared his vision for HA and his views on issues of concern as raised by colleagues.

With his new responsibilities as HA Chairman adding to an already busy schedule, Professor Leong's efforts to maintain a healthy work-life balance include spending time with his dog, Miss Muffin. On pages 2 to 5, you can find out more about our new Chairman.

Readers of this issue of *HASLink* can also learn how the HA Toxicology Reference Laboratory helps to stop the spread of emerging illegal drugs at an early stage (page 7), which HA hospital was the first to develop a clinical simulation training centre (pages 12- 13) and story about "NEATS" (pages 14 – 15).

As Christmas is just over, we at *HASLink* offer you our warmest wishes for a joyful and prosperous 2014. To help you spread the festive cheer, the Corporate Communication Department at Head Office has designed six special e-cards. Happy New Year!

編輯委員會：葉根銓、劉顯忠、李美鳳、李慧雯、李小雲、梁佩芳、凌詠儀、劉少懷、馬玉蓮、舒瑞珍、鄧翠芯、邱佩華、楊思明、楊秀玲、姚建文
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醫管局其中一款電子賀卡。
One of six exquisite HA e-cards.

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冀醫管局精益求精



梁教授與管理層在早餐會上，淺談感受及期望。
Professor Leong addresses senior executives during an introductory session at HA Head Office.

John Leong Chi-yan: Three major missions target one common goal

On 1 December, Professor John Leong Chi-yan officially succeeded the Chairman of Hospital Authority. Despite taking up his new position on a Sunday, Professor Leong was happy to make an immediate start by paying a visit to North Lantau Hospital to have an update on its operations. On his first official day at work, Professor Leong held a gathering with senior executives at HA Head Office. He also made time for interview with *HASLink* and *HA Channel*, during which he shared his future plans, ambitions and expectations for HA.

"I have set myself three major missions for my two-year term: Ensure our hospitals provide world-class medical services, train young doctors to international standards, and provide a congenial environment for research and innovation," he says.

"We will keep what is good and work hard to improve what is not so good," he explains, adding that he hopes HA staff will always put patients first and continue to strive for service excellence.

Professor Leong favours a low-profile approach and his management style is pragmatic. "I try to avoid unnecessary administrative procedures. I'd rather discuss my views and ideas in a casual setting, and work with my colleagues to gain their support before making major decisions," he explains. "Getting everyone to buy into an action at the start makes implementation easier." He adds that clear assignment

of roles and responsibilities among colleagues is another vital step in ensuring everything moves ahead smoothly.

He recognises that social change is placing growing pressure on many colleagues – not least due to the rising expectations of patients and their families. He notes that many individuals now have their own ideas and opinions on diagnosis and treatment by searching information through internet before go to see the doctor. "There are growing demands on HA and its staff, but patient perceptions are very important. We must look at our operations from their perspective and identify the best way to deal with hot-button issues such as waiting times and resource allocation," he says.

"Hong Kong's healthcare service is widely admired around the world, but there is always room for improvement and we should never stand still," Professor Leong continues. "For example, we should look to strengthen our rehabilitation services and further enhance our cooperation with private-sector institutions."

Professor Leong's association with HA stretches back almost four decades and he is well acquainted with its operations. An internationally renowned orthopaedic surgeon and scholar, he has worked at the University of Hong Kong's Queen Mary Hospital for 38 years, and had become the Dean of the Faculty of Medicine. He has also been Chairman of the Hospital Governing

Committee (HGC) at Castle Peak Hospital and a member of the HGC at Ruttonjee Hospital.

In the shorter term, Professor Leong plans to visit various HA hospitals across Hong Kong to learn more about the concerns of colleagues and gather their ideas for successfully moving the Authority forward.



梁教授（左二）首日上班是周日，已走訪了北大嶼山醫院，視察醫院運作情況及最新設備。
Professor Leong (second from left) spent his first day – a Sunday – as Chairman visiting North Lantau Hospital.

2013 第一次主持醫管局大會

First time chairing the HA Board Meeting

主席的第一次……
Looking back on a
long association with HA



12月19日，主席梁智仁教授（前排左五）首次主持醫管局大會，與成員一同討論為冬季高峰期作準備，以及聯網匯報服務計劃。會上，行政總裁梁栢賢亦就推行策略重點項目報告進度。

Chairing the HA Board Meeting first time on 19 December, Professor John Leong Chi-yan (front row, fifth from left) discussed with Board Members about winter surge preparation and cluster presentation programme. Chief Executive P Y Leung also presented a progress report on strategic priorities.

1990 第一次獲委任為醫管局大會成員

First time appointed as HA Board Member

這張珍貴舊照，是梁智仁教授獲委任為首屆醫管局大會成員時所攝，你能指出相中當年的他嗎？（答案見20頁）

This photo was taken in 1990 when Professor Leong was appointed as a first-term HA Board member. But can you pick out our new Chairman? (Answer given on page 20)



主席愛「鬆餅」

梁教授家中有一令他非常開懷的「鬆餅」——但並非太太（著名烹飪家梁許安瓊）所弄的美食，而是一頭Labradoodle犬（屬拉布拉多犬和貴婦犬混種），「鬆餅」小姐 Miss Muffin 是他與太太給愛犬起的名字。提到愛犬，梁教授「報料」說：「牠今年五歲，我們自牠少時買回來。我現在每天早上七時都會與牠散步45分鐘才上班，但牠很醒目，每到周末就會要求時間長一點，起碼要走兩小時！」

Miss Muffin是梁教授養的第二頭小狗，對上次養狗已是孩提時代。「以前我們家有個大花園，七兄弟姊妹人人都有一隻屬於自己的小狗。」

‘Muffin’ a firm favourite for new Chairman

Despite his wife’s well-known cooking skills, mention the word “muffin” to Professor Leong and you’ll likely find yourself discussing dogs rather than delicious baked delicacies. ‘Miss Muffin’ – a five-year-old Labradoodle (a pedigree breed with a Labrador/ Poodle heritage) – is the beloved pet of Professor Leong and his family. “We’ve had her since she was a young puppy,” he says. “Every morning at 7 am I take her for a 45-minute walk. But she’s very smart – at the weekend she’ll want to go for two hours or more!”

Miss Muffin is Professor Leong’s second dog, the first being a family pet when he was a child. “We were lucky that our house had a big garden, and so my six siblings and I were able to have our own dogs.”



梁教授早前與愛犬Miss Muffin，一同赴英國渡假。
Professor Leong’s leisure travels include a trip to England with his beloved dog.

緣繫醫療界

梁智仁教授在脊柱外科及小兒骨科的臨床醫學研究方面享譽國際，曾在世界多份主要骨科期刊發表逾200篇學術論文，又獲邀撰寫36篇學術專文，並獲推選為「世界矯形及創傷外科協會」的2002至2005年度會長。梁教授於2001年當選為中國科學院院士，是首位以醫學成就獲選為中國科學院院士的香港學者。

多年來，梁教授在不同崗位為香港公共醫療服務作育英才及出謀獻策。

1965年：香港大學醫學院畢業，之後一直在母校任職38年，期間曾任醫學院院長，並曾掌瑪麗醫院矯形及創傷外科（骨科）。

1990年：獲委任為首屆醫管局大會成員，其後出任青山醫院管治委員會主席，以及律敦治醫院管治委員會成員。

2004年：擔任香港醫務委員會執照組主席。

Lifelong contribution to improving public healthcare

Professor Leong’s specialties are spinal and paediatric orthopaedics. He has published more than 200 papers in leading medical journals, and 36 invited articles in books. He was President of the Société Internationale de Chirurgie Orthopedique et de Traumatologie (SICOT) from 2002-2005. In 2001, he was elected an Academician of the Chinese Academy of Sciences, the first clinician in Hong Kong to receive the honour.

Over the years, Professor Leong has shared his extensive knowledge and experience with many young doctors through his teaching, and provided valuable advice and input on a variety of public healthcare matters in Hong Kong.

1965: Graduated with a Bachelor of Medicine and Bachelor of Surgery from the University of Hong Kong (HKU). Worked at HKU for 38 years, during which time he was appointed Dean of the Faculty of Medicine. Also rose to become Head of the Department of Orthopaedics and Traumatology at Queen Mary Hospital.

1990: Appointed as first-term HA Board member and had subsequently served as the Chairman of the Hospital Governing Committee (HGC) at Castle Peak Hospital and a member of the HGC at Ruttonjee Hospital.

2004: Became Chairman of the Licentiate Committee of the Medical Council of Hong Kong.

多管齊下防H7N9



首個確診H7N9的患者被送到瑪麗醫院，醫管局主席梁智仁（右二）及行政總裁梁栢賢（右三）到醫院了解情況，同時感謝瑪麗醫院同事緊守崗位，照顧病者。
The first confirmed case of H7N9 in Hong Kong was sent to Queen Mary Hospital (QMH) and Hospital Authority Chairman Professor John Leong Chi-yan (second from right) and HA Chief Executive PY Leung (third from right) visited the hospital to listen to the updates of the situation by colleagues, and to thank them for their dedication.

本港於12月初確診首宗人類感染甲型禽流感（H7N9）個案，醫管局即加強監測和感染控制的措施，包括前線醫護人員於所有病人護理區均戴上口罩及保持手部清潔，在識別及監察求診者上，亦遵行以下的FTOCC監測準則：

- 發燒 (**F**ever)：體溫在38度以上
- 外遊 (**T**ravel **H**istory)：曾前往最近六個月內懷疑或證實爆發H7N9病毒的地區
- 職業 (**O**ccupation)：在實驗室工作或須與雀鳥 / 家禽接觸的人士
- 接觸 (**C**ontact)：曾與有關病患者或雀鳥 / 家禽有接觸記錄
- 組群 (**C**lustering)：出現感染組群，有發燒及肺炎徵狀

至於個人保護裝備，例如外科手術口罩及N95口罩等，醫管局已有足夠三個月的儲備。在隔離設施方面，分布七個聯網的隔離病床在有需要時會調動使用。

瑪嘉烈醫院傳染病中心亦已作好準備，隨時接收經衛生防護中心及港口衛生處轉介的個案。前線同事亦可經eH7系統，迅速呈報懷疑或確診個案，加強對H7N9的通報。💡

十周篩查 齊抗VRE

為有效控制抗萬古霉素腸道鏈球菌（VRE）蔓延，及制定長遠感染控制策略時提供參考，所有公立醫院在2013年11月13日至2014年1月22日，進行為期十周的抗萬古霉素腸道鏈球菌重點篩查，對象為過去三個月曾經入院的住院病人，及接受血液透析治療（即洗血）的腎病患者，但兒科、產科、短暫入住急症科病房的病人、日間醫院及日間手術的病人則無需進行檢測。

伊利沙伯醫院最早推行及完成篩查計劃。該院在計劃期間，合共為4,991名住院病人採集了7,053個樣本進行化驗，當中檢測到176名來自深切治療部、內科、骨科及外科病房病人為帶菌者。伊院成功找出及隔離院內所有隱性帶菌者，堵截病菌在院內交叉傳播的風險。

醫管局非常感激前線醫護同事積極籌備，令篩查計劃順利開展，並努力執行各項加強感染控制措施。💡

HA takes steps to combat spread of VRE



To reduce the health risks posed by Vancomycin Resistant Enterococci (VRE) spread, the Hospital Authority (HA) is undertaking a 10-week programme (13 November 2013 – 22 January 2014) to screen for

Multi-pronged measures to guard against H7N9 outbreak

Following the confirmation of the first human case of the H7N9 avian influenza A virus in early December, the Hospital Authority (HA) has strengthened surveillance and infection control measures, including frontline staff need to wear surgical masks in all patient care areas, observe strict hand hygiene and infection control measures, and follow the 'FTOCC' triage protocol when assessing patients:

- **F**ever: Above 38°C
- **T**ravel **H**istory: Has travelled to an area where H7N9 infection has been suspected or confirmed during the past six months
- **O**ccupation: Works in a laboratory or in a job related to wild birds or poultry
- **C**ontact: Has had contact with individuals and / or wild birds or poultry infected with the virus
- **C**lustering: Clustering of individuals with fever and pneumonia

On personal protection equipment, such as surgical mask and N95 mask, the current stock by HA is adequate for three months use. Isolation beds in the seven clusters will also be deployed when it is needed.

The Infectious Diseases Centre at Princess Margaret Hospital is well prepared to receive cases referred by the Centre for Health Protection and the Port Health Office. Colleagues should report suspected or confirmed H7N9 cases using the eH7 system. 💡



VRE carriers. Encompassing all public hospitals in Hong Kong, the programme targets individuals who have been admitted as inpatients in the past three months and renal patients on haemodialysis. Those excluded from screening include paediatric and obstetrics patients, short-stay patients admitted to wards of Accident & Emergency departments, and ambulatory and day-surgery patients.

The programme was first rolled out at Queen Elizabeth Hospital (QEH), which has now completed its screening, with a total of 4,991 inpatients providing 7,053 specimens for VRE testing. 176 inpatients were identified as VRE carriers. They were found in the Intensive Care Unit, the Departments of Medicine, Orthopaedics & Traumatology, and Surgery wards, all of whom were subsequently isolated to mitigate the risk of cross transmission within the hospital.

HA senior management wishes to thank all frontline staff for their efforts in preparing for and ensuring the smooth running of the screening exercise and for implementing the enhanced infection control measures. 💡

毒理學參考化驗室：禁毒於萌芽

縱使反吸毒宣傳不遺餘力，毒品問題依然層出不窮，新品種毒品不斷湧現，避過固有的檢測方法為害新一代。醫院管理局毒理學參考化驗室，聯同七大聯網的相關臨床部門、社福機構和戒毒中心合共25個單位，展開禁毒攻防戰，開展名為「在濫藥社群監測新興毒品」的大型研究。



新興毒品之一「迷幻仙人掌」。
'Peyote cactus' is one of the emerging drugs.

這項研究成功建立了一個平台，可同時檢測45種「新興毒品」與30種「傳統毒品」，令新興毒品在萌芽期已被發現，幫助遏止在港落地生根。應用此一方法，在日常化驗「傳統毒品」的同時，不需要額外資源下，就可監測到「新興毒品」的出現，方便醫生、護士與社工掌握相關的資訊和知識，應付這些不知名的敵人。

化驗室顧問醫生兼小組負責人麥永禮說，過去兩年，他們用新方法分析了2,000名從高危人士收集得的尿液及頭髮樣本，當中有不少新發現，例如少數族裔的濫藥模式，跟本地人大不相同，因此，影響禁毒、輔導、與康復的方向。另外，從收集的樣本中亦發現了三種新興毒品（見表）；其中一種叫Happy粉的毒品，已在香港導致數宗死亡個案。

麥醫生強調：「我們必須與時間競賽！越早找出新興毒品，越能夠協助當局及時行動，堵截新興毒品在香港落地生根，減少它們的禍害。」💡

新興毒品

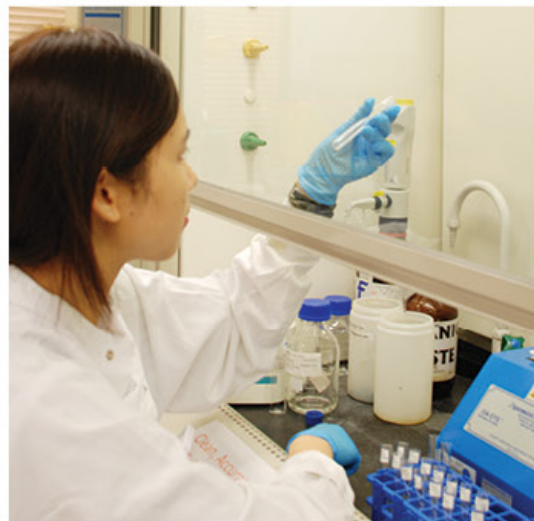
名稱	作用	致命度
Happy粉	興奮、全身發熱、增強性慾	☆☆☆☆
哂嗒	興奮	☆☆☆☆
浴鹽	非常暴力、發狂咬人	☆☆☆☆

Nip in the bud – Lab fights against illegal drugs

Despite the government's ardent advertising campaign in the battle against drug abuse in Hong Kong, those profiting from this destructive industry continue with efforts to keep one step ahead of law enforcement authorities by introducing new drugs to the market.

In the quest to nip new drugs in the bud, Hospital Authority (HA) Toxicology Reference Laboratory (TRL), together with another 24 units including clinical divisions across seven clusters, social service and drug rehabilitation organisations, undertook a research project to identify at an early stage emerging drugs through surveillance in high-risk individuals.

The project has successfully established an analytical method that is capable of simultaneously detecting 30 conventional as well as 45 emerging drugs. This method enables the surveillance of new drugs, at no extra cost, whilst carrying out the routine drug monitoring of the patients. The information gathered will help clinicians,



小組透過質譜方法分析樣本中的新興及傳統毒品。
Sample preparation in the laboratory and analysis by mass spectrometry method for the detection of new and conventional drugs.



醫管局毒理學參考化驗室顧問醫生麥永禮（左四）與團隊合照。
Dr Tony Mak (fourth from left) and the research team.

nurses and social workers in the fight against the unknown enemies.

Dr Tony Mak, Consultant of TRL and principal investigator of the project, said that during the past two years the team had analysed using the established method 2,000 urine and hair samples collected from high-risk individuals, and had interesting findings. For example the drug use pattern observed in ethnic minorities in Hong Kong differs from that of the locals, which bears implications on counselling and rehabilitation designed for them. Moreover, three different types of emerging drugs were detected in the samples analysed (see table). One of them – "Happy powder" (PMMA) – has caused several fatalities locally.

"We are in a race against time – the earlier new drugs are identified, the bigger the chance minimising their harm to Hong Kong by prompt counteractive measures," Dr Mak concluded. 💡

Emerging drugs

Name	Effect	Toxicity
Happy powder (PMMA)	Creates a feeling of excitement, users may feel very hot; increases libido	☆☆☆☆
Trifluoromethylphenyl piperazine (TEMPP)	Creates a feeling of excitement	☆☆☆☆
Bath salt	Induces violent behaviour, including biting	☆☆☆☆

青山醫院 不再神秘

青山醫院一向給人很神秘的感覺，所以該院精神健康學院於10月底在香港歷史博物館舉辦「道遠山青——香港精神科歷史與發展」專題展覽和講座。這個為期多月的展覽透過文字、圖片和展品，如病人約束衣和死亡冊，介紹精神科服務在本港的歷史，及該院的軟、硬件如何配合本地服務需要，加深公眾對治療精神病患的認識。

該院副顧問醫生蕭慧敏稱，希望公眾透過是次展覽，從多角度了解精神病的定義、發展及治療方法，同時亦對該院由全港規模最大及歷史最悠久的精神病專科醫院，演變成今日的社區精神健康服務中心的歷程有更深入的認識。展館內亦有「藝術在青山」的介紹，畫作均出自精神病患者的手筆，盼能消滅市民對精神病的誤解與歧視。💡

CPH lifts the veil of mystery on mental health

In a bid to eradicate the many misconceptions that surround mental illness and its treatment, the Institute of Mental Health, Castle Peak Hospital (CPH) had held in late October an educational exhibition at the Hong Kong Museum of History.

This months-long event, entitled 'Long Road to Our Verdant Peak: The History and Relics of Psychiatry in Hong Kong', featured various historical documents, photographs and artifacts, such as restrainer and obituary register, and included a talk on related topics. The exhibition aimed to reduce stigma adhered to mental illness by illustrating the brief history of psychiatric services in Hong Kong and the development of CPH in line with the society's changing needs.

Dr Bonnie Siu, Associate Consultant at CPH, said she hoped the exhibition would help educate



腦電盪治療機（左）和舊日醫院病房大門鑰匙，記錄精神科服務在港的發展。
An electroconvulsive treatment machine (left) and old CPH ward keys were just two of the many exhibits chronicling the development of psychiatric services in Hong Kong.

the public about mental illness and CPH's evolution from the Hong Kong's largest "mental hospital" with the longest history to one of several community-based mental health treatment and support centres. The "Art-in-CPH" project and the artwork created by psychiatric patients was also on display. 💡

新春長跑 專家教備戰

HA NEW YEAR RUN – TOP TIPS FOR A GREAT RACE

2014年醫院管理局新春長跑將於2月9日（大年初十）舉行，今年有逾3,500名同事及家屬報名參加。為備戰新春長跑，今期《協力》請來經驗跑手、營養師和物理治療師，教你如何從「衣、食、練、展」入手，在一個月內極速裝備，跑出好成績。各位跑手，是時間「的起心肝」練跑了！



蔡恩浚，總辦事處策略發展部統計及人力規劃一級統計主任。他跑遍本地及海外的長跑賽事，經驗豐富。於2008年開始參加醫管局的新春長跑，在2012年和2013年「秣莊」成為6.5公里賽冠軍，早年亦曾於11公里賽奪獎，戰績彪炳。今次繼續出戰6.5公里賽。

Jeffrey Choy, statistical officer in the Strategy & Planning Division at HA Head Office. An experienced runner who has participated in many races in Hong Kong and overseas, he has taken part in every HA New Year Run since 2008. In 2012 and 2013, he took the championship in the 6.5km race. He will also run the 6.5km route in the upcoming race.



卓孝偉，大埔醫院一級物理治療師。曾兩年參加11公里賽，今次將會參加6.5公里賽。
Terence Cheuk, physiotherapist at Tai Po Hospital. He has participated in the 11km run for the past two years. This time, he will run the 6.5km route.



朱國豪，瑪嘉烈醫院營養師，喜愛跑步健身。
Darwin Chu, dietitian at Princess Margaret Hospital. He loves running and keeping fit.



衣 CLOTHING

蔡恩浚：穿快乾物料的短袖或背心、跑步短褲，忌穿籃球褲，因其排汗功能差及與膝蓋磨擦時，會減慢跑速。跑鞋方面，最好準備一對練習鞋和比賽鞋，前者可選較厚鞋底，以保護雙腳，後者則可選薄底，忌以白飯魚和籃球鞋作賽。作賽日的裝束應以練習時的衫褲鞋相同，方便自己適應。熱身時可穿外套保暖，作賽時應以短袖或背心上陣。

Jeffrey Choy: Wear a short-sleeved t-shirt or vest and running shorts that are made of 'dry-fit' material. Don't wear basketball shorts or long pants, as these may cause you to overheat, lead to skin chaffing, and create friction that will slow your running speed. Ideally, you should have two pairs of running shoes – one pair with a thicker sole to protect your feet and legs during training runs and another lightweight pair for racing. Canvas pumps and basketball shoes are not suitable for running. You should run in your planned race-day gear during training to ensure it is comfortable. It may be advisable to wear a long-sleeved top or jacket during your warm-up exercises and wear short-sleeved t-shirt or vest during the race.

朱國豪：所有跑手應緊記多進食複合碳水化合物，如全麥麵包、全麥意粉、和糙米飯等，這些食物有助穩定血糖，令肌肉吸收充足糖分作儲備，作賽時更有力，發揮最佳表現。另外是進食足夠含蛋白質的食物，有助維持新陳代謝於最佳狀態。喝足夠水分亦十分重要。切忌在賽前一晚進食生冷食物，及含飽和脂肪量太高的食物，如雞腳湯。參考餐單如下：

Darwin Chu: In the days leading up to the race, try to eat more complex carbohydrates, such as whole-wheat bread, whole-wheat pasta and brown rice. Complex carbs take longer time to break down and are therefore a good source of slow-release energy for running. You should also consume adequate protein-rich food, which will work to repair and build your muscles and can help maintain your metabolism. It is also very important to keep well hydrated by drinking enough water. The night before the race, avoid food that is too high in saturated fat or is very cold, such as chicken feet soup. The following menus provide some suggestions for good pre-race meals.



食 NUTRITION

	早餐 Breakfast	午餐 Lunch	小食 Snack	晚餐 Dinner
中式 Chinese-style	肉絲通心粉、牛奶 macaroni with shredded meat & milk	時菜肉片飯、水果、檸檬茶 steamed rice with stir-fried vegetables and meat, fruit & lemon tea	茄汁豆多士、果汁 toast with baked beans & juice	蒸魚、西芹雞柳、青紅蘿蔔瘦肉湯、白飯 / 紅米飯、水果 steamed fish, stir-fried chicken fillet with celery, lean meat soup with carrots, steamed rice & fruit
西式 Western-style	芝士三文治、果汁 cheese sandwich & juice	肉醬意粉、水果、雜菜湯 spaghetti bolognese, fruit & vegetables soup	花生醬多士、水果乳酪 toast with peanut butter & fruit yogurt	煎三文魚、羅宋湯、芝士西蘭花焗薯、水果 pan-fried salmon, borscht, baked potato with cheese and broccoli & fruit



練 TRAINING SCHEDULE

蔡恩浚：個人喜歡以家為起點和終點，自定練跑路線。建議一周最少兩天，一日在限定的45分鐘，以「快跑、休息或慢跑、快跑」的變速跑模式練習速度；一日則緩跑45分鐘，練習耐力。建議小朋友到運動場練習會較為安全。

Jeffrey Choy: I love using home as the start and finish point when planning the running routes. Run at least twice a week, with one day for a 45-minute speed training session using the 'run, rest or easy jog, run' fartlek training model and the other day for building endurance by running for 45 minutes at a more moderate speed. For people training with their children, it may be safer to run at the sports ground.

卓孝偉：由於同事在這個月將加緊練跑，所以拉傷髂胫束（即從盤骨外側到膝部的一條肌肉及纖維韌帶）的機會亦隨之增加。建議同事多做伸展髂胫束（圖1）的訓練，以避免患上髂胫束摩擦症候群，（即大腿外側的髂胫束長時間與膝部摩擦，而引起的髂胫束筋膜發炎）。每當患者在膝部有動作時，膝部外側會感到劇痛，甚至走路時會出現一拐一拐的情況。賽前一晚要避免過度的操練，反而充足的睡眠最重要。比賽當日，於起跑半小時到場，參加健體操工作小組帶領的伸展熱身。

蔡恩浚：過往同事在場內最常出現小腿抽筋的情況，所以熱身時最好做腓腸肌及比目魚肌（圖2及3），和肌四頭肌（圖4）的伸展動作。作賽前兩、三周，應作實地試跑，讓身體感受跑道，目測各路段的環境。建議當日完成伸展動作熱身後，可加入一小段慢跑作熱身。

Terence Cheuk: As you begin to step up your training, you are at increased risk of suffering an injury. One common complaint among runners is iliotibial band syndrome – an overuse injury that affects the muscle and the thick fibrous ligament that runs from the pelvis to the knee and can cause considerable pain even when walking. It is therefore advisable to make time to stretch your IT band on a regular basis (Fig 1). Ensure you rest well the night before the event. Try to arrive at the race at least 30 minutes before the start in order to participate in the warm-up exercises led by HA Fitness Exercise Working Group.

Jeffrey Choy: To help avoid leg cramps, you should regularly stretch the gastrocnemius and soleus muscles in your lower legs (Figs 2 and 3) and your quadriceps (Fig 4). Two or three weeks before the race, you should try to run along the race route to familiarise yourself with the terrain. On race day, you should take a short jog after completing your warm-up exercises.



腓腸肌及比目魚肌 前後腳，把伸展方的後腳向下壓，保持後腿膝部伸直（腓腸肌—圖2）或屈曲（比目魚肌—圖3），讓小腿肌肉感到牽引的感覺。左右腳交換做。

Gastrocnemius and soleus Stand like front and rear legs and slowly lower the heel of the one leg stretched limb until you feel a stretch in the calf muscles. To stretch your gastrocnemius, (fig 2) keep your knee straight; to stretch your soleus (fig 3), your knee should be slightly bent. Repeat the stretch on your other leg.



髂胫束 雙手叉腰，把伸展方的腿向後交叉，將盤骨向伸展方外推，上身保持挺直，讓伸展方的腿外側肌肉感到牽引的感覺。左右腳交換做。

Iliotibial band With your hands on your hips, and then push your hips towards stretched side while keeping your body straight until you feel a stretch along the outside of your stretched limb. Switch the position of your legs and repeat the stretch.

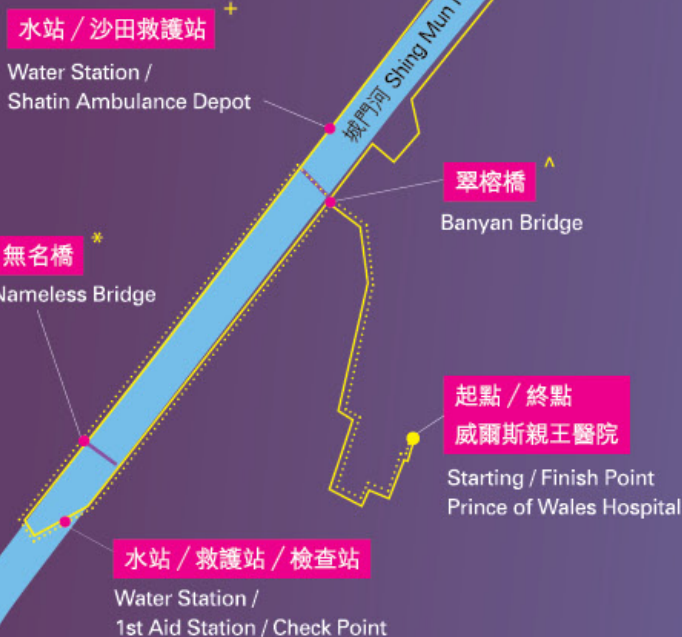


股四頭肌 單腿向後彎曲，然後用另一方的手抓著腳踝，將腿後拉向臀部。固定上半身不動，維持身體垂直，直致大腿前方感到牽引感覺。左右腳交換做。

Quadriceps Bend your knee and hold your ankle with the other hand. Hold your trunk vertically and pull your leg towards your buttock until you feel a stretch on the front of your thigh. Switch the position of your legs and repeat the stretch.

妙法贏大獎！ WAYS TO WIN!

..... 6.5公里
—— 11公里



秘訣一 TIPS1 致勝Check Points你要知！

- ✦ 6.5公里中段，跑手宜在此調整跑速。
- ✦ 11公里中段，跑手宜在此調整跑速。
- ✦ 距離終點尚餘1.5公里，跑手可按身體狀況在此發力加速。（資料來源：跑手蔡恩浚）

秘訣二 TIPS2 反斗服裝 玩轉城門河

大會繼續鼓勵同事「跑步做善事」，新設「個人籌款獎」和「聯網籌款獎」，讓長期病患者受惠，又加入「反斗服裝大比拼」，場內亦會免費派發爆谷和棉花糖，並有踩高蹺表演，齊齊開心過馬年！🐎

Expert Advice On Race-Day Pacing

- ✦ Halfway of the 6.5km race, runners should adjust their speed here.
- ✦ Halfway of the 11km race, runners should adjust their speed here.
- ✦ 1.5km to the finish – runners should try to increase their pace at this point. (Source: Jeffrey Choy)

Dress To Impress For The New Year Run

To encourage runners to participate in the related fundraising initiative to support discharged patients with chronic diseases, there are two new awards on offer, including the 'individual fundraising award' and the 'cluster donation award'. There is also an award for the runner wearing the 'best costume' during the race. In addition to the running events, stunts performance and stalls distributing free popcorn and candy floss will also be staged at the venue. Have fun at the beginning in the year of Horse! 🐎



HA 八卦掌門人

A veteran tittle-tattler of HA happenings



男人是水做的？

胡定旭完成醫管局主席任期，臨別時馬不停蹄，往總部及各聯網親自向同事say goodbye。原來肥胡非常眼淺，喺不同告別會，見得最多就係佢感觸落淚。班同事一樣咁眼淺，你喊我又喊，齊齊落淚。女人係水做的，原來男人都係水造的。眾人抱頭痛哭、緊緊擁抱，場面有幾感人，睇相就知！💧

Fat Wu proves big boys do cry

Those who believe it is only women who are “made of water” when it comes to emotional occasions have likely never attended a farewell gathering with Anthony Wu. The former HA Chairman – who is clearly in touch with his softer side – could often be seen shedding tears when saying goodbye to colleagues or wishing them good luck with warm embraces. So, for anyone in need of further proof that big boys do cry, some of these touching moments are captured in the photos. 💧

病人繳費一單過

新病人賬單系統自今年初在部份醫院試行後，明年初起將在所有公立醫院推行。

2014年1月8日起，病人到公立醫院，即使在不同醫院治療，所有賬項都會詳列在同一張賬單內。病人只需出示該賬單便可交齊所有費用，比以往更靈活方便。

該系統於2013年初率先在九龍中聯網及瑪麗醫院試行，至年中又加入九龍西聯網、港島西聯網餘下的醫院及威爾斯親王醫院。按原定時間表，全線公院將會在2014年首季採用這個系統。不過，同事需留意，系統在1月1至7號期間進行更新，期間將未能發出新的賬單，部份操作會由人手處理。若略有延誤，同事要多多包涵了。💧

一機在手 隨時學習

返工放工遇上塞車？食飯又要等位？同事稍後可以將這些「等車等位」的時間變得有意義！醫管局網上學習中心（HA eLC）預計於2014年4月至5月，透過智能手機和平版電腦隨時隨地為同事提供最新課程資訊、培訓短片、文章及小貼士等，讓同事透過流動版eLC體驗持續學習的樂趣，更可同時贏取小禮物！💧

New all-in-one bill enhances patient convenience

Following its pilot roll-out in some public hospitals early this year, the new Patient Billing and Revenue Collection System (PBRC) will come into effect across the entire Hospital Authority network early next year.

Starting from 8 January 2014, the new PBRC system will provide patients with an all-in-one bill that consolidates charges incurred at hospitals across all clusters. Patients can thus make payment more conveniently.

The new system has first been implemented in early 2013 at Kowloon Central Cluster and Queen Mary Hospital. By mid-2013, Kowloon West Cluster, remaining hospitals in Hong Kong West Cluster and Prince of Wales Hospital joined in.



The network-wide rollout in the first quarter of 2014 will complete the task as scheduled. But colleagues should take note that there will be a ‘blackout’ period from 1 January to 7 January 2014 to allow for system changeover. During which time no bills will be generated and certain operations will be switched to manual processing. Slight delay might be, but I’m sure you will bear with it. 💧

Mobile eLC offers new learning experience

Stuck on the bus in rush-hour traffic? Waiting in line at a popular restaurant? HA staff will soon be able to turn this waiting time into a learning opportunity, with the launch of Hospital Authority e-Learning Centre (HA eLC) mobile version. Beginning in April / May 2014, HA colleagues will be able to use their smart-phones and tablets to access programme outlines, short videos, articles on various training topics and handy learning tips. There will also be a chance to earn special gifts for using this new mobile platform – so get those fingers limbered up for learning ‘on the move’! 💧



升職！ 人力資源主管、 新界西聯網總監

HA高層繼續有新任命，李德麗醫生將於2014年2月1日接任區結成醫生做人力資源主管，區醫生則於同日接任質素及安全總監一職。

李醫生係麻醉科專科醫生，2012年初才獲委任為沙田醫院及白普理寧養中心醫院行政總監，期間，她致力推動復康及紓緩治療服務。咁快又再上一層樓，恭喜恭喜！

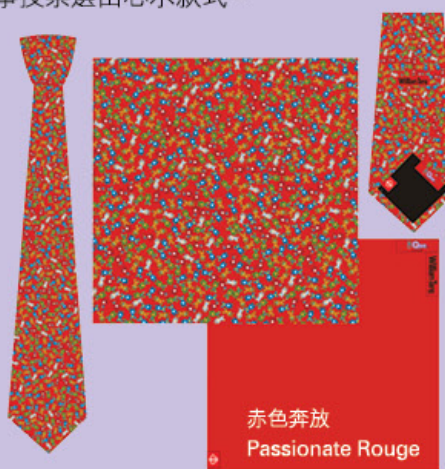
熟悉李醫生的人都知，佢一向諗頭多多，喺2010年佢負責籌劃成立HA首個專責處理關節置換的專科中心，大大縮短有關手術的輪候時間；又協助聯網發展精益管理計劃，理順醫院工作的流程，呢個計劃仲攞埋香港管理專業協會的最佳管理培訓及發展銅獎及最佳創新獎添！

另一個升職喜訊，來自博愛醫院行政總監高拔陞醫生，佢將會喺2014年7月2日出任新界西醫院聯網總監兼屯門醫院行政總監。

高醫生2012年底升任博愛醫院行政總監，《協力》在2013年初都報道過。事隔一年多，但再有新任務，認真叻仔！高醫生話自己平時鍾意同同事「吹水」，因為可以跟同事互相了解多一點，做起事更有默契。高醫生升職後，工作會更忙，希望佢仍然會保持跟同事「吹水」建立互信的習慣。💧

HA小熊領呔絲巾： 叮噹馬頭！

著名時裝設計師鄧達智有新搞作，以「小熊」為主題，義務為醫院管理局設計兩款真絲碎花領呔及絲巾，「赤色奔放」和「典雅俊逸」。上個月，總辦事處機構傳訊部於上月邀請全體同事投票選出心水款式。



Moving up! HA announces new Head of HR and NTWC CCE

The new year will bring new responsibilities for several senior members of Hospital Authority staff. Recently announced management appointments include that of Dr Theresa Li Tak-lai as Head of Human Resources with effect from 1 February 2014. Dr Li will succeed Dr Derrick Au Kit-sing who will take up the position of Director (Quality and Safety) on the same day.

A specialist in Anaesthesiology, Dr Li was appointed Hospital Chief Executive (HCE) of Shatin Hospital and Bradbury Hospice in early 2012, where she is responsible for driving rehabilitation and palliative care services.

Widely admired for her proactive approach to enhancing the delivery of healthcare services, she has been instrumental in the development and execution of several major initiatives, including the establishment of HA's first designated Joint Replacement Centre in 2010, which has resulted in a marked reduction in surgery waiting times.



李德麗醫生
Dr Theresa Li Tak-lai

Dr Li has also contributed significantly to the implementation of ‘lean management’ systems that have helped streamline workflow and operational processes – an initiative that won the Bronze prize and the Recruit Most Innovative Award at the Hong Kong Management Association Awards for Excellence in Training and Development.



高拔陞醫生
Dr Tony Ko Pat-sing

It has also been announced that Dr Tony Ko Pat-sing, current HCE of Pok Oi Hospital (POH), will become Cluster Chief Executive for New Territories West Cluster and HCE of Tuen Mun Hospital starting from 2 July 2014.

This latest appointment for Dr Ko comes little more than a year after he was named HCE of POH. In an interview with HASLink in early 2013, Dr Ko said he is always willing to talk with colleagues as he believes good communication is vital to developing strong working relationships. As Dr Ko's new position will involve a heavier workload, we hope he can still find time to speak with his colleagues!

Congratulations to all the new appointees! 💧

New necktie and scarf sets: neck and neck!

Renowned Hong Kong fashion designer Mr William Tang recently volunteered his time to create two new necktie and scarf set designs – ‘Passionate Rouge’ and ‘Beige Charm’ – for the Hospital Authority using the ‘HA Bear’ motif.

To decide which set should be produced, the Corporate Communication Department at Head Office invited last month all members of staff to vote for their preferred design.

Yet, the race was literally ‘neck and neck’ as the final tally was so close to a ‘tie’ – ‘Beige Charm’ got 2,577 votes and ‘Passionate Rouge’, 2,509 votes. Will both designs be produced? Let's keep a close eye for that. 💧

Helen Ha



「臨床模擬訓練中心」系列之六（完）

新界東聯網模擬及訓練中心 醫護少林寺 手術室內「練功」



曾煥彬醫生是首批到澳洲取經，了解臨床模擬訓練中心運作的醫生。
Dr Chen was among the team of HA anaesthesiologists who visited Australia to gather information and advice on operating a clinical simulation training centre prior to the establishment of HA's first such facility in NTEC.

《協力》自2013年二月號開始，走訪不同的臨床模擬訓練中心，為大家介紹醫護人員如何利用這些模擬實境進行訓練，避免醫療事故和提升病人安全，今期介紹的新界東聯網模擬及訓練中心，亦是最早一間具規模的臨床模擬訓練中心。該中心主打手術室訓練和處理緊急個案，而中心內的手術室和甦醒室，更可變身成為深切治療部或其他專科病房。

新界東聯網模擬及訓練中心管理委員會總監、雅麗氏何妙齡那打素醫院及北區醫院麻醉科及手術室部門主管曾煥彬醫生稱：「早在90年代末，模擬訓練的概念在香港並不流行，但在國際間卻非常普遍，所以我在2001年已與多位麻醉科醫生，包括將於一月上任為新界東醫院聯網總監熊志添醫生、九龍東醫院聯網總監雷操爽醫生、前博愛醫院行政總監李振垣醫生，和香港麻醉科醫學院主席周雨發醫生，一起赴澳洲取經，並取得相關導師資格，回港發展中心的教學工作。」

取經回港做開荒牛

雖然這類訓練早期在港並不流行，但曾醫生相信，麻醉藥影響病人的呼吸、心跳和血壓，稍一出錯，後果可以很嚴重，所以即使資源不足，亦甘願做「開荒牛」。北區醫院和香港麻醉科醫學院於2001年一同成立「臨床模擬訓練學院」，他們就成為中堅份子，為麻醉科醫生和手術室護士提供模擬實境訓練，加強他們臨床經驗和默契，引入「優化團體資源管理」概念，提升病人安全。

至2007年，學院再將培訓擴展至其他專科醫護人員，提供處理緊急個案的訓練。2010年，則為所有實習醫生提供半日的訓練，現已增至一日半。至2013年9月，學院正式轉為「新界東聯網模擬及訓練中心」。多年來，學院已一共培訓了逾8,000名前線同事和約200名導師，現時各院的臨床模擬訓練中心導師，不少亦出身於此。曾醫生補充：「學院會繼續與我們緊密合作，提供支援。」

團隊在模擬甦醒室學習如何處理突發的危機。
A 'recovery room' provides the location for clinical crisis management simulation training.

目前中心主打手術室訓練和處理緊急個案的訓練，如教導同事如何處理產婦在分娩時，血壓突然飆升或全身抽筋；又或在運送途中，出現急性氣道管理等情況，或當病人進行手術時大量出血的處理。

曾醫生強調，學員透過這些訓練能更有效地運用知識，過程和事後的檢討亦會深刻地印在腦中。為配合北區醫院擴建，中心正計劃遷往威爾斯親王醫院。「我參與中心的工作逾八年，很高興看到它由每月提供訓練給麻醉科醫生，擴展至數天就有不同課程給專科同事。中心將遷往威院，縱捨不得這裡，但新地方的面績比現時大，期望可提供更多訓練，令不同專科的同事受惠。」



模擬插喉訓練
Practising patient intubation simulation training at the Centre.

Clinical Simulation Training Centre Series – Part 6 (End)

NTEC Simulation and Training Centre – HA's clinical simulation training pioneer

This issue brings our series on the Hospital Authority's Clinical Simulation Training Centres to a close with this article on the New Territories East Cluster (NTEC) Simulation and Training Centre — It broke new ground in Hong Kong by being specifically designed and equipped to provide simulation training. The Centre primarily focuses on providing experience relating to patient safety in operating theatre and the handling of critical care cases. It has its own operating theatre and recovery room which may also be set up as intensive care unit, emergency department or ward setting.

“In the late 1990s, the concept of simulation-based training had yet to take hold in Hong Kong despite its growing popularity overseas,” says Dr Chen Phoon-ping, Director of NTEC Simulation and Training Centre Management Committee and Chief of Service (Anaesthesiology & Operating Services) at Alice Ho Miu Ling Nethersole Hospital and North District Hospital (NDH).

He recounts: “In 2001, a party of anaesthesiologists from several HA hospitals including Dr Hung Chi-tim, who will take up the post of Cluster Chief Executive (CCE) of NTEC in January; Dr Joseph Lui, CCE of Kowloon East Cluster; Dr Lee Tsun-woon, former Hospital Chief Executive of Pok Oi Hospital and Dr Chow Yu-fat, current President of Hong Kong College of Anaesthesiologists (HKCA) went on a trip to Australia to get a better understanding of clinical simulation centres and how they operate.



We returned to Hong Kong as qualified anaesthesia crisis resource management instructors and started to run a course in patient safety during anaesthesia. ”

Dr Chen explains that the precision required in the administration and monitoring of anaesthetics was a key motivating factor for his interest. “Anaesthetics have a direct effect on a patient's breathing, heart rate and blood pressure. Even a slightest error can have serious consequences,” he says. It was this awareness that gave him the courage and conviction to become one of the pioneers in the development of clinical simulation training in Hong Kong, though there was a lack of resources at that time.

A pioneer endeavour

In 2001, NDH established the Institute of Clinical Simulation (ICS) in partnership with the HKCA. “The founding mission of ICS was to provide anaesthesiologists and operating theatre nurses with practical experience that was as close to ‘real-life conditions’ as possible, promote effective teamwork, and introduce the ‘crew resources management’ concept to enhance patient safety,” says Dr Chen.

In 2007, ICS extended its training to other healthcare professionals from various medical and surgical specialties, with the introduction of programmes focusing on the management of critical clinical events. In 2010, the Centre helped develop a half-day training programme for all new interns, which has since grown into a course that lasts one-and-a-half days. In September 2013, ICS officially became NTEC Simulation and Training Centre. Over the past 10 years, the Institute has trained more than 8,000 frontline staff, as well as about 200 instructors who have gone



on to work at HA's other simulation training centres across Hong Kong. According to Dr Chen, the HKCA will continue its close collaboration with the NTEC Centre.

Currently, the Centre's training mainly includes the operating theatre and critical care cases, with learners given the opportunity to hone skills ranging from handling sudden high blood pressure surges in labour patients to airway management and emergency intubation of patients in transit, as well as handling a patient with massive blood loss during an operation.

Dr Chen emphasises that learning is enhanced when individuals are immersed in ‘real-life’ clinical scenarios that directly reflect their work environment and responsibilities. This practical training is complemented by post-scenario debriefing sessions that give participants the opportunity to discuss and debrief their performance.

Given the success of the Centre to date, it's little surprise that it has plans to grow. As part of the development and expansion plan of NDH, the Centre will move to a significantly larger facility at Prince of Wales Hospital.

“I have been directly involved with the Centre for over eight years, during which I have seen it develop from offering anaesthesia and operating theatre-related courses once a month to providing multidisciplinary training programmes every few days.” says Chen. “It will be sad to leave our current facility, but I am excited about moving to our more spacious new location. The relocation will enable us to continue to grow and offer more simulation-based training to staff from all disciplines in HA.”

實習醫生學習如何處理抽血、檢查條碼和輸血時遇到的突發情況。
Interns learn how to take blood, check patient identification using barcodes and manage transfusions reactions.



非緊急救護運送 轉院出院少不得

走在街上，大家或曾遇見印上「非緊急救護車」白色車子駛過，但你對隨車出勤的非緊急救護運送服務員又有多少了解？他們長期在外工作，日曬雨淋，還要搬運病人上上落落，日做八小時，甚至更長。一個簡單的運送動作，背後其實包含更多教人肅然起敬的意義！

醫院管理局在1994年開始從消防處手中接管病人非緊急救護運送服務，發展至今，每個醫院聯網均設一個運送控制中心，九龍西聯網由於範圍大、人口多，更設有兩個，一個在瑪嘉烈醫院，一個在廣華醫院。擔任非緊急救護運送服務工作的同事現時約有570位，平均年齡約44歲，非緊急救護車有191輛，爬樓梯機則有47部。

他們的工作主要是搬運行動不便的病人出院、轉院或覆診，以兩人或三人為一小組。別以為運送病人只靠一股牛力，事實上，他們除要有良好的體格外，亦要具備認可的急救證書，確保在運送途中可處理簡單的急救程序，若有駕駛執照者更佳。除前線同事外，在控制中心負責分派工作的同事，亦需熟悉街道和路程長短，因這樣可讓病人在最短時間內得到運載服務往返醫院或診所。

總行政經理（業務支援及發展）吳和貴稱，因應需求上升，醫管局不斷增加服務人手和車輛，

以提升服務質素。但他坦言，「初期團隊的士氣非常低落，團隊精神不強，但經我們多年努力，已讓同事明白自己的工作其實是醫療系統的重要一環。試想想，如果我們不能協助病人出院或轉院，床位就不能騰出給有需要的病人，也就是阻礙了有需要的病人接受治療。所以在2010年10月開始，各聯網已做到『零隔夜蛋』（即日完成所有要出院的個案），確保床位能騰予有需要的病人。」

除此之外，吳和貴亦非常重視同事出勤工作的情况。他強調，「他們穿上了制服，就是代表著醫管局，受到公眾監察，所以行為要表現出專業。我試過微服出巡，觀察所見，同事真的很有禮貌，會說『小心！』、『唔該借借！』等。」

現時團隊正面對同事老化的問題，所以他們一方面招募年輕的新血，一方面建議較年長的前線同事考慮轉任控制中心的工作，這樣既可善用他們所積累的經驗，例如對路程長短、屋苑上落點的了解，以至拍檔同事的家庭或生活需要，而更妥善地分配工作。與此同時，這個轉換崗位的機會亦給予同事一個事業發展的良機。

他相信，隨著人口老化加劇，公眾對非緊急救護運送服務需求只會有增無減，將是部門未來的一大挑戰，要作好人力資源規劃。❤️

非緊急救護運送服務員不只要有良好的體格，亦要具備認可的急救證書。
NEATS attendants need a recognised first aid qualification and a good level of fitness to cope with the physical demands of the job.



總行政經理（業務支援及發展）吳和貴重視與前線同事溝通。
Desmond Ng, Chief Manager of Business Support Services, places great value on open communication with frontline NEATS colleagues.

Non-emergency transfers – A service on the move

While the Hospital Authority's 'non-emergency' ambulances are a familiar sight around Hong Kong, few people realise what a vital role these vehicles and Non-emergency Ambulance Transfer Service (NEATS) personnel play in ensuring the smooth functioning of the Authority's operations.

Every day – rain or shine – members of the 570-strong NEATS attendant team, with the average age now standing at 44, climb aboard a fleet of 191 vehicles with 47 stair climbers to ensure the safe transfer of mobility-handicapped patients to and from HA institutions for discharge, transfer and medical appointment.

HA has taken over the management of NEATS from the Fire Services Department since 1994. Each of HA's seven clusters has its own NEATS centre, with the exception of Kowloon West Cluster, which has two – one at Princess Margaret Hospital and the other at Kwong Wah Hospital – to cope with the demand created by its high population density.

The key requirements for becoming a NEATS attendant are a recognised first-aid qualification for performing first-aid procedures in case of need and a good level of

fitness to cope with the physical demands of the job. Other desirable attributes include a driver's licence; and for those in the control centres, a strong knowledge of Hong Kong street names and driving routes to help ensure patients are transferred as quickly and comfortably as possible.

Desmond Ng, Chief Manager of Business Support Services, explains that HA has steadily increased NEATS manpower and vehicles to meet growing service demand and improve service quality. "Our main focus during the early days of the service was boosting the morale of NEATS personnel who felt their contribution to HA was undervalued," Desmond explains. "We therefore took steps to highlight the importance of the transfer service to all colleagues – it is vital to ensuring we can treat patients efficiently. It is also a major factor in us maintaining a 'zero unentertained case' (i.e. complete all required discharge transfer on the same day) across all clusters since October 2010."

Strong emphasis has also been placed on instilling a high level of professional behaviour and pride among



非緊急救護車現有191輛。
The NEATS fleet currently boasts 191 vehicles.

NEATS colleagues. "Once they put on their uniform, they are representing HA and must act to uphold the high level of professionalism we expect from all our staff," Desmond says. "My own observations of NEATS colleagues in a variety of operational circumstances have found them to be very polite."

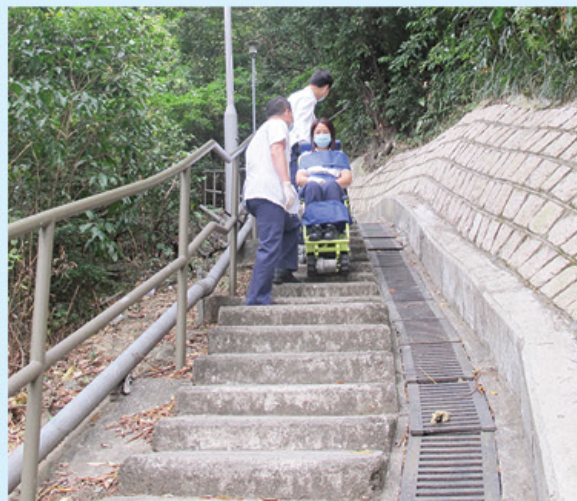
More recently, attention has moved to tackling the challenge posed by the aging of the NEATS team. HA's two-pronged response has been to step up the recruitment of younger people to work 'in the field', while transferring older frontline colleagues to the control centres. This not only makes effective use of the knowledge and experience possessed by longer-serving employees, but also offers them a clearer path for career development.

With Hong Kong at large also dealing with an aging population, Desmond believes public demand for non-emergency ambulance transport services will only grow. "We must therefore continue to take appropriate steps now to ensure we can provide a quality service in the future." ❤️

出車前 先伸展

目前八個非緊急救護運送服務中心，以瑪嘉烈醫院的為最大，運載病人人次居冠，每年達75,000人次。中心目前約有110名同事和36輛非緊急救護車。該院院務主任（支援服務）羅玉閒稱，他們會為同事安排適切的訓練，加強團隊精神。

- 出車前，同事先進行十分鐘伸展運動，然後主管為當日的工作扼要講解。在流感高峰期，更會由管理層主持，以示鼓勵。
- 安排職業治療部的專家和職業及健康安全主任，教導前線同事在狹窄的車廂內安全地為病人轉床或輪椅，及其他的安全工作行為，減低工傷的機會。
- 安排病人聯絡主任與前線和控制中心的同事，分享安撫及處理病人投訴的技巧。
- 進行「將身比己」訓練，同事扮演病人，體驗被人運送的感受，從中學習最佳的運送模式。❤️



Training keeps staff fit for work at HA's busiest NEATS centre



中心從同事的角度出發，為他們安排各項適切的訓練，有助加強團隊精神及減低工傷。
The NEATS centre at PMH arranges a variety of training for staff to reduce work-related injuries and promote good team spirit.



HA's biggest NEATS centre is based at Princess Margaret Hospital (PMH). The centre's 36 vehicles – operated by 110 colleagues – are constantly on the move, working to fulfilling an average of 75,000 service orders a year. As Debby Lo, Hospital Administrator (Supporting Services) at PMH, explains, the centre's demanding schedule requires all NEATS colleagues to be at the top of their game and to work effectively as part of a team.

- NEATS attendants at PMH participate in a 10-minute stretching session and a briefing session before starting work. During the busy influenza season, management is on hand to offer encouragement to frontline staff during the daily briefing session.

- To help reduce the incidence of work-related injuries, professionals from the Occupational Therapy Department and Occupational Safety & Health Officer teach frontline NEATS staff how to safely lift patients into or out of beds and wheelchairs in the vehicle.
- Patient Relations Officers provide NEATS controllers with tips and advice for comforting patients in distress and for handling any complaints.
- Practical training includes the 'empathy journey' exercise, during which staff take turns to play the role of 'patient' for their colleagues, to learn the best transfer mode. ❤️

中心服務的地方不乏崎嶇山路，少點氣力也不行！圖為同事扮演病人，學習最佳的運送模式。
NEATS attendants must call on their resources to serve patients in more remote and rugged rural area. In the photo, the staff take turns to play the role of 'patient' for their colleagues to learn the best transfer mode.

傷健毅行 戰勝雞公山



「作為一個義肢矯形師，我不只是為截肢者裝配義肢，我還希望他們的生活得有質素，心理治療同樣重要！」屯門醫院義肢矯形師劉詩敏，早前與同事和病人組隊參加毅行者，挑戰自己之餘，亦幫助病人重拾做運動的樂趣，活得充實。

富行山經驗的劉詩敏，原本打算與同事黃慧賢、博愛醫院湯偉和東區尤德夫人那打素醫院蔡偉超，組隊參加今年的「毅行者」行山活動，但後來與27歲的截肢病人阿捷傾談下，才獲悉他一直誤以為自己是不可以做運動的想法，「事實上，一般人都以為只有『刀片義肢』才可以做運動，其實普通日常用的義肢亦可做基本運動，阿捷的義肢就是一個好例子。」

於是，她便鼓勵阿捷參加活動，經與隊友商量後，同事蔡偉超亦自願讓位，轉為陪行員，一起幫阿捷踏出第一步。

「因為我們都是首次與截肢病人一起行山，所以亦會特別緊張，阿捷的行裝，包括18雙彈性襪和啫喱襪、保暖衣物、小量食物，全由陪行同事負責，與他跟身的只有水。」

最後，阿捷雖然只完成了一半路程，未能與團隊一起到達終點，但在隊友心中，他已經「好叻」。



同事與阿捷（前左）行山，令他重拾做運動的樂趣。 Colleagues have helped show Kelvin (front left) that a prosthesis is no barrier to enjoying an active life.

（右二）劉詩敏與隊友（右四起）湯偉、阿捷、黃慧賢得到同事到場打氣支持，及充當陪行員，沿途又特別照顧阿捷。 In tackling the Trailwalker challenge, Mavis (second from right), Ray, Kelvin and Allison (fourth, fifth and sixth from right), received crucial assistance from HA colleagues who served as their support crew.



起步前，同事為阿捷的腳作最後檢查。 Colleagues examined Kelvin's foot before setting off.

特別是在最初訓練時花六小時仍未行到雞公山山腳，但在活動當日，他只花了三小時便跨越雞公山這段艱辛的路。

經過今次活動，劉詩敏除看到阿捷變得開朗和尋回自信外，自己亦有得著，「如我在訓練時，看到阿捷上斜路行到一拐一拐，就知道有問題，原來（義肢）的角度『差少少就係差少少』，他們或者在平路沒問題，但行斜路就有好大問題；以前病人會跟我說很擔心行斜路、濕滑路，當時的我口中只會不斷鼓勵他們，但透過和阿捷一起訓練，我真明白他們的擔憂，日後更會懂得如何『落手落腳』幫他們！」

阿捷則稱，「和他們一起行山後，他們留意到我步姿不正確，然後再教導我和重新調較義肢，讓我更明白如何與義肢配合。首次參加毅行者，我預計只行到第三段的雞公山，但最終行到第五段中，算是超額完成！」

PHAB Trailwalker team conquers Kai Kung Shan

“Being a good prosthetist-orthotist involves more than just fitting patients with a prosthesis. You also need to provide the encouragement and psychological support that will give patients the confidence to test their perceived limitations,” says Mavis Lau, a prosthetist-orthotist at Tuen Mun Hospital (TMH).

It was this belief that inspired Mavis to form a physically handicapped and able-bodied (PHAB) team to take part in a Trailwalker event. A keen hiker, Mavis had originally planned to participate in the event with three prosthetist-orthotist colleagues: Allison Wong from TMH, Ray Tang from Pok Oi Hospital and Webber Choi from Pamela Youde Nethersole Eastern Hospital. But after meeting Kelvin, a 27-year-old amputee patient who felt he was no longer capable of physical exercise, she changed her plan. “Many people think amputees need to use blade-style prosthesis to participate in physical activity. In fact, the conventional prosthesis imposes almost no limitations on a person's capabilities. To demonstrate this and show Kelvin that he can live a full life, we decided to ask him to join our team,” says Mavis. To free up a race place for Kelvin, Webber graciously agreed to give up his spot and become a member of the team's support crew.

“We were all nervous because it is our first time to walk with an amputee,” says Mavis. “The contents of Kelvin's backpack – which included 18 pairs of socks, warm clothes, food and various other items – was distributed among our support crew who were stationed along the race route. This meant he only needed to carry water.”

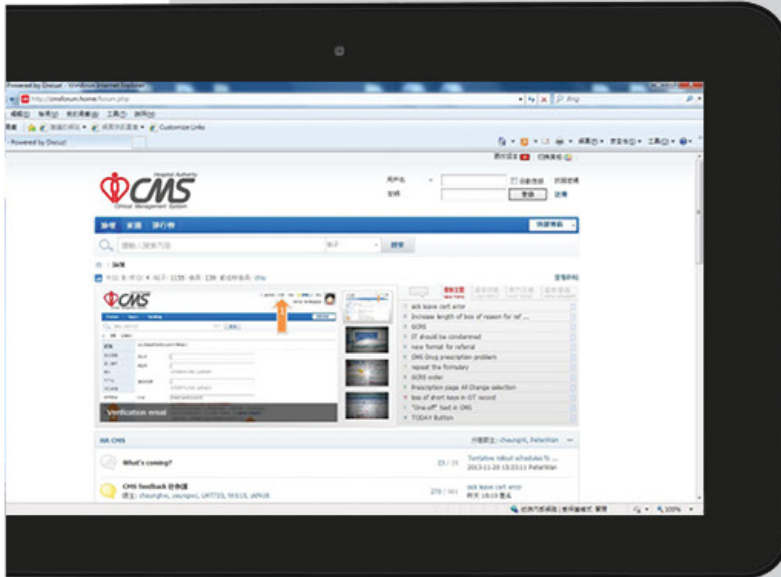
Kelvin put in an impressive effort to reach the halfway point before he had to withdraw and his teammates are full of praise for his race-day performance. Mavis says that they are all proud of his achievements. She notes that during an early training session, Kelvin walked for six hours but still couldn't reach the bottom of Kai Kung Shan. On race day, however, Kelvin and the other three teammates clocked in at this checkpoint after only three hours – a clear sign of how much they had improved.

Mavis believes that Kelvin's experience has refueled his confidence, adding that she also gained a lot from being a PHAB team member. “Training with Kelvin has enriched my knowledge of prosthetics. For example, I learnt that even a very minor problem with a prosthesis will make walking up or down slopes extremely difficult,” she says. “Previously, I would just verbally encourage patients who were worried about tackling slopes. Now that I understand the problem better I'll try to provide more practical assistance.”

“Whenever my teammates noticed deviations in my gait, they would make adjustments to my prosthesis and offer practical advice,” says Kelvin. “Their support was a great encouragement. This was my first Trailwalker event and I only expected to get as far as the Kai Kung Shan checkpoint. On the day, however, I got a lot further – I'm delighted to have exceeded my target!”

系統更新關你事！ IT system updates support greater efficiency

為加強各部門溝通，提高工作效率，近日多個系統進行了更新及提升。



「CMS任你講」：齊參與 講心聲！

「CMS任你講」是一個專為臨床管理系統 (CMS) 用戶、資訊科技部和管理層討論CMS各項事宜而設的內聯網在線論壇。裡面設有不同群組和討論區供同事分享意見。自今年四月至今，論壇討論的事項已逾200項，關於CMS的改善亦達70多個。你也可立即登入<http://cmsforum.home/>，發表你的想法！

想再知更多？請瀏覽：<http://cmsforum.home/forum.php?mod=forumdisplay&fid=54>。

“CMS Forum”：Have your say to make a difference!

“CMS Forum” has been launched! It is an intranet discussion platform for clinical users, IT department and senior management to connect and help each other on CMS matters. Since April this year, more than 200 topics had been addressed, and over 70 enhancements made in CMS!

You too can improve the CMS experience for yourself. Have your say today! Please visit <http://cmsforum.home/>.

For more information, please visit the FAQ at <http://cmsforum.home/forum.php?mod=forumdisplay&fid=54>.

ERP升級至「版本12」

「企業資源計劃」系統同有新歡，令用家更稱方便。

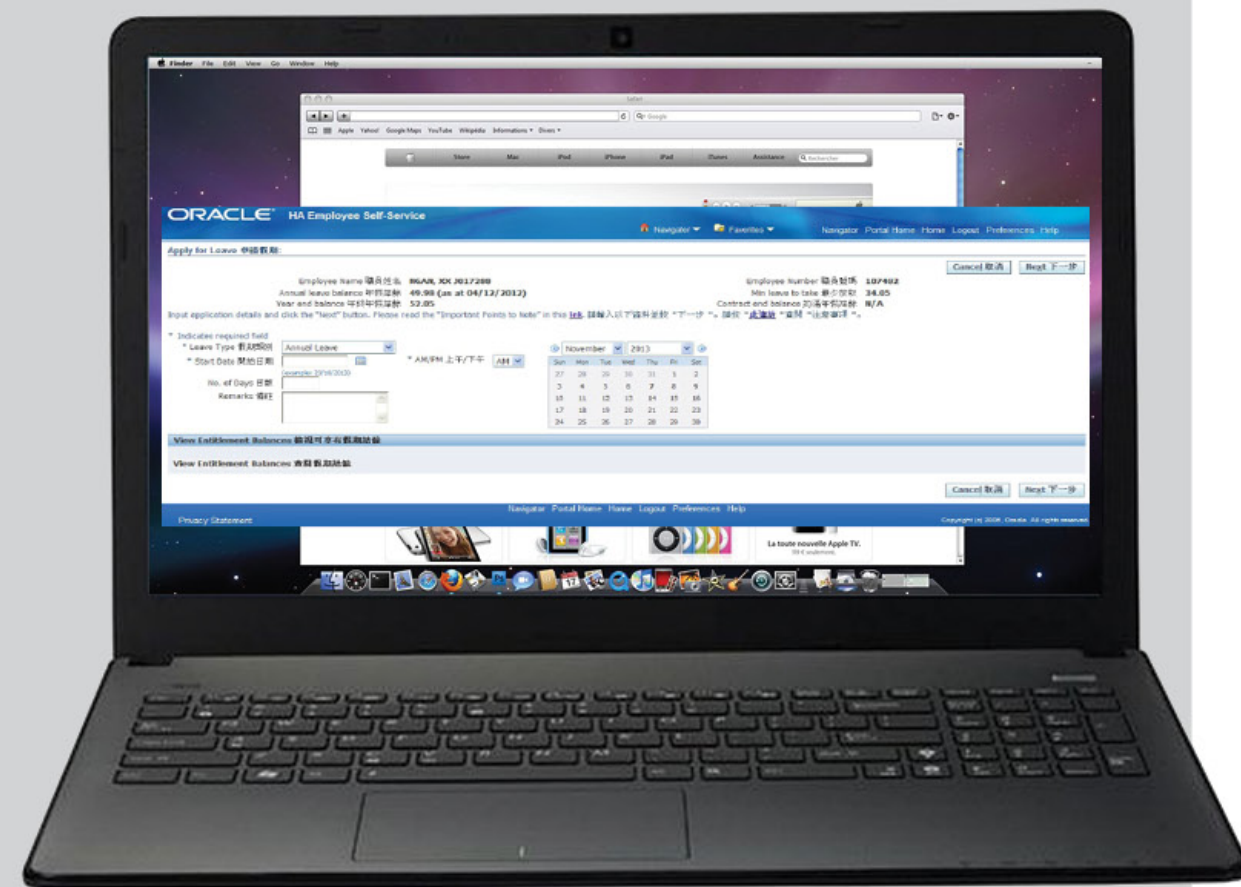
系統剛於2013年12月底完成「版本12」升級工程，這個早於2008年已投入服務的系統一直是同事的好幫手，新版本面世後，版面的設計更吸引，使用更便捷及切合用家所需。財務部、人力資源部和採購及供應管理部同事經常使用此系統，將尤其稱便。想了解「版本12」升級的詳情，可瀏覽<http://erp.home>。同事對系統有任何疑問，可電郵至內聯網HA ERP Support。

ERP upgraded to R12 version

On a separate development, users of the Enterprise Resource Planning (ERP) system, which first came into service in 2008, can now find the system easier to use.

The recent ERP (R12) upgrade which completed in end-December 2013 has brought in new features. Colleagues especially those in the Finance, Human Resources and Procurement who use the ERP system daily can find the new screens more attractive and easier to navigate.

If you want to find out more about ERP R12 Upgrade, please visit the ERP homepage (<http://erp.home>). Further questions can be emailed to the intranet's HA ERP Support.



eLeave「電子假期申請」系統換新裝！

因應「企業資源計劃」系統更新，現於總辦事處推行的「電子假期申請」系統將換新裝。系統更新後，同事在網上申請假期，亦可省卻不少工夫，例如減少需填寫的資料、簡化跨月份的假期申請程序，並提供更方便的年假結餘查詢服務。

各醫院聯網亦會逐步推行「電子假期申請」系統，請密切留意《協力》報導。

New look for eLeave system!

Riding on the ERP upgrade, the eLeave system currently implemented for staff at Head Office will take on a new look. With a number of enhancements made to the system, staff are able to fill in fewer input fields, make cross-month leave applications and to check leave balance as at a user-defined date.

Further cluster rollout is being planned. Keep an eye for the news from HASLink.

「心繫醫·家·人」 平面設計賽揭盅

推動同事多溝通、互相讚賞、尊重及體諒（CARE）的「心繫醫·家·人」活動一浪接一浪！

繼「愛家物語」選舉後，早前舉行「平面圖設計比賽」，讓同事透過相片、手繪、漫畫或電腦圖片等方式演繹「CARE」概念。主辦這個比賽的總辦事處人力資源部共收到逾80份作品，並選出冠軍、亞軍與雙季軍，以及優異獎合共12位得獎者。

另外，剛結束的「心繫·一分鐘」網上遊戲，挑戰大家眼明手快兼可贏獎品！有關的網上遊戲陸續有來，大家請密切留意。❤

Graphic design winners show how they CARE

Organised by the Human Resources Department at the Hospital Authority's Head Office, the 'We are HA Family' programme aims to promote supportive and harmonious working relationships by encouraging greater communication, appreciation, respect and empathy (CARE) among colleagues.

In addition to voting for HA's top 10 positive workplace behaviours, colleagues were also recently invited to participate in a 2D graphic design competition, using photos, drawings or computer graphics to express the key messages of the 'CARE' campaign. Over 80 creative submissions were received, presenting the judges with a tough decision in selecting the 12 winners including a champion, a first runner-up, two second runners-up and merit awards recipients.



冠軍：We are HA Family - C.A.R.E.
Champion: We are HA Family - C.A.R.E.

劉香宜 伊利沙伯醫院質素及安全部
Lau Heung-yi, Quality and Safety Department,
Queen Elizabeth Hospital

Future fun under the 'We are HA Family' programme includes a number of online games, such as the 'Family One Minute' which just ended few weeks ago. More online game will be released – so stay tuned for the chance to win prizes! ❤



季軍：心連心·一家人
Second runner-up: A family of "heart to heart"

樊杰兒 瑪麗醫院物理治療部
Fan Kit-yi, Department of Physiotherapy,
Queen Mary Hospital



季軍：CARE
Second runner-up: CARE

馮健朗 九龍中醫院聯網
聯網人力資源部
Fung Kin-long,
Cluster Human Resources
Division, Kowloon
Central Cluster

新增強積金服務供應商

好消息！醫管局已經過公開招標委聘富達基金（香港）有限公司為第二間強積金服務供應商。預計在2014年第二季起，考慮轉換計劃服務供應商的同事，每曆年有一次機會選擇在現有的景順投資管理有限公司和富達之間，一筆過轉換強積金戶口內的累計權益及未來供款。總辦事處強積金組，及兩間服務供應商將於聯網合辦簡報會。詳情請留意醫管局強積金計劃網站<http://mpf.home/>、電郵、海報及宣傳單張。

另外，強積金供款的最低有關入息水平已於2013年11月1日起，由每月\$6,500提升至\$7,100。由該日起，每月入息低於\$7,100的僱員，無須作出僱員部分的強制性供款。

同事可瀏覽積金局網頁<http://www.mpf.org.hk/tch/main/index.jsp>或致電積金局熱線2918 0102查詢。❤

HA appoints second MPF service provider

Following an open tender exercise, the Hospital Authority (HA) has appointed Fidelity Investment Management (Hong Kong) Limited as its second Mandatory Provident Fund Scheme (MPFS) service provider. It is expected in the second quarter of 2014, colleagues participating in the HAMPFS will be offered an opportunity in each calendar year to transfer, if they so wish, their accrued MPFS account balance and future contributions between Invesco (HA's existing MPFS service provider) and Fidelity. HA's Head Office Mandatory Provident Fund Unit, Invesco and Fidelity will arrange briefing sessions at individual clusters.

Further details will be announced on HA's website <http://mpf.home/> and through e-mail, posters and flyers.

On 1 November 2013, the minimum income level for making employee MPF contributions increased from HK\$6,500 to HK\$7,100 per month. For contribution periods starting on or after 1 November, employees whose relevant monthly income is less than HK\$7,100 will not have to make mandatory employee contributions.

For more information, please visit the Mandatory Provident Fund Authority website <http://www.mpf.org.hk/eng/main/index.jsp> or call their hotline at 2918 0102. ❤

中樂團12年

醫管局中樂團成立至今，轉眼已經12年了。2013年11月25日，樂團在香港大會堂舉辦了周年關懷音樂會。今年是沙士十周年，碰上是醫管局前主席胡定旭任期的最後一個星期，關顧情懷，綿綿不斷，前塵往事，無限感觸，豪情待續，臨別依依。

我們的中樂團，藝術水平不算高，每次演出，都需要很多音樂界友好的仗義幫忙、專業前輩的循循指導。但我們卻有個觸動人心的使命——為病人演出，以音樂治病。這個使命，讓我們過去12年凝聚了許多朋友，包括《梁山伯與祝英台》小提琴協奏曲的作者何占豪老師，還有今年替我們古箏獨奏的吳曉紅老師。

這次崔護重來，何占豪老師見證了樂團跟胡主席的這別，一曲《那天再重聚》，由威爾斯親王醫院的語言治療師陳燕甜填上新詞，令胡主席當場眼泛淚光，全場聽眾動容。

12年是一個階段，希望中樂團能夠貫徹其使命，為病人帶來歡樂，繼續發光發熱。❤

文：馮康 前新界東醫院聯網總監



聯合、北區 開心賀院慶



行政總裁梁栢賢（左）和食物及衛生局局長高永文同賀基督教聯合醫院40周年院慶。
HA Chief Executive PY Leung (left), and Secretary for Food and Health Dr Ko Wing-man were among the VIPs who attended UCH's 40th anniversary dinner.

基督教聯合醫院於11月中舉行創院40周年晚宴，並以「懷緬」為主題，當晚同事在台上獻唱，食物及衛生局局長高永文等嘉賓在台下和應，同事還致送一份由病人製作的紀念品和醫院出版的新書《豐盛的傳承》給前主席胡定旭，感謝他過去多年對該院的關顧。

另外，北區醫院亦於同月籌辦了兩場晚宴，同事及社區夥伴聚首一堂，分享醫院過去15年的點滴，同事更在台上載歌載舞。該院在未來將繼續秉承「盡心服務、悉心關懷、共創樂園」的宗旨，為市民提供優質服務。❤

Anniversary celebrations for UCH and NDH



北區醫院院慶，同事載歌載舞，分享快樂回憶。NDH's 15th anniversary dinner included wonderful song and dance performances by colleagues.

In mid-November, United Christian Hospital (UCH) marked its 40th anniversary with a 'reminiscence'-themed celebratory dinner that included a heartwarming performance of the classic song 'Below the Lion Rock' by UCH colleagues. Former HA Chairman Anthony Wu was presented with a souvenir prepared by patients and a recently published book documenting UCH's history.

Singing and dancing were also part of the celebrations at North District Hospital's (NDH) 15th anniversary dinner held in the same month. NDH colleagues and community partners exchanged memories of bygone days and pledged to continue to work together closely to serve the local community. ❤



1分鐘自由講 Minute Talk

伊院實景你知幾多？

QEH lands starring role in TV drama



不少電視台都借用醫院拍劇，例如早前有齣以醫護人員為題材的電視劇，特意借用伊利沙伯醫院取景。現在考考大家，是否認得出以下是伊院的哪些地方？📺

答案見於本文下方 資料來源：《On Call 36 小時 II》電視畫面

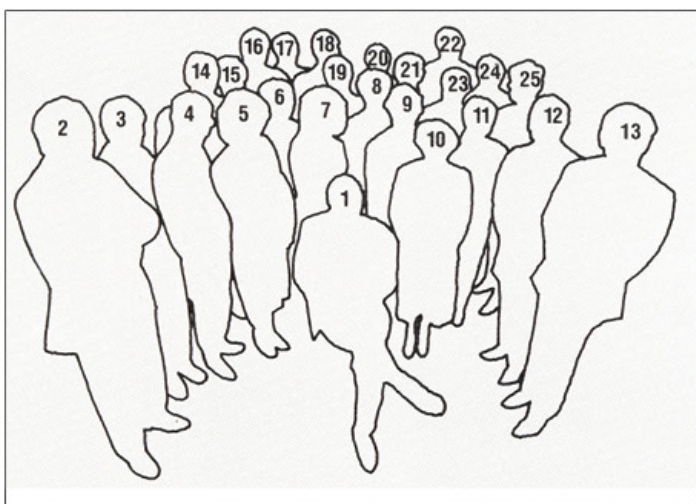
With growing viewer demand for more 'realistic' television dramas, a TV drama themed at the healthcare staff were granted permission to shoot scenes for the series at various locations within Queen Elizabeth Hospital (QEH). Can you identify the following QEH locations that played a role in the television drama? 📺

Answers provided in the lower part of this article.
Source: Images from 'The Hippocratic Crush 2' TV scenes.



答案：1 M座2樓病理學部 2 F座4樓綜合模擬及技能培訓中心 3 M座10樓組織病理學化驗室 4 G座造影中心 5 D座地下大堂

Answers: 1 Pathology Department, 2/F, Block M 2 Multi-disciplinary Simulation and Skills Centre, 4/F, Block F 3 Anatomical Pathology Laboratory, 10/F, Block M 4 Imaging Centre, Block G 5 Lobby, Block D



「第一次獲委任為醫管局大會成員」答案：23

- | | |
|--------------|----------|
| 1 鍾士元爵士 (主席) | 14 李東海先生 |
| 2 李國章教授 | 15 周端彥醫生 |
| 3 湛保康先生 | 16 吳光正先生 |
| 4 梁智鴻議員 | 17 吳水麗先生 |
| 5 李盧玉輝女士 | 18 陳煥璋醫生 |
| 6 周美德議員 | 19 劉華森議員 |
| 7 梁劉柔芬女士 | 20 梁乃江醫生 |
| 8 蔡永平女士 | 21 盧易思博士 |
| 9 麥列菲菲教授 | 22 黃匡源議員 |
| 10 楊紫芝教授 | 23 梁智仁教授 |
| 11 招顯洸醫生 | 24 李紹鴻醫生 |
| 12 達安輝教授 | 25 楊永強醫生 |
| 13 彭秀文先生 | |

*第一屆醫院管理局成員名單 (1990年)

Answer of "First time appointed as HA Board Member": 23

- | | |
|-----------------------------|---------------------------------|
| 1 Sir S Y Chung (Chairman) | 14 Mr Leo Lee Tung-hai |
| 2 Professor Arthur Li | 15 Dr T Y Chau |
| 3 Mr J W Chambers | 16 Mr Peter Woo |
| 4 Dr C H Leong | 17 Mr Ng Shui-lai |
| 5 Mrs Lee Lo Yuk-sim | 18 Dr Chan Woon-cheung |
| 6 Mr Ronald Chow | 19 Mr Lau Wah-sum |
| 7 Mrs Sophie Leung | 20 Dr N K Leung |
| 8 Ms Paula Choy | 21 Dr W H P Lewis |
| 9 Professor Felice Lieh Mak | 22 Mr Peter Wong |
| 10 Professor Rosie Young | 23 Professor John Leong Chi-yan |
| 11 Dr Chiu Hiu-kwong | 24 Dr S H Lee |
| 12 Professor David Todd | 25 Dr E K Yeoh |
| 13 Mr S M Pang | |

*Members of the first Hospital Authority Board, 1990