HAS 協力 Link

1 2017

STARTEX

全方位演習 應變之先

Drills keep us in readiness for contingencies

Umpire

Observer

No Duff

Terminate

ENDEX

編者的話

做人要有「作最好的準備，最壞的打算」的心態，機構亦然。近年，醫管局愈來愈重視演習，以加強同事應變力，準備隨時迎接突如其來的大型災難和事故，令現行的應變機制更完善。今期「封面故事」會讓大家全面地認識演習。

另外，醫管局毒理學參考化驗室的同事花了五年，精心製作全港首本附有臨床資訊的有毒植物圖鑑，給前線醫護參考，更提醒大眾切勿亂摸亂吃野生植物（頁10 至11）。同事的努力讓大家增長不少知識，值得欣賞！

新春長跑即將舉行。今年路線因受修路工程影響，跑手要留意改動（頁8至9）！

雞年將至，《協力》也趁機跟大家拜個早年，祝大家雞年身體健康，工作順利，開開心心過每一天！

From the Editor

While all of us should hope for the best, we must also ensure that we are well prepared for the worst. Drills and exercises are an important part of preparing ourselves to successfully handle the challenges posed by emergency situations. Drills give colleagues valuable practical experience and reflect weaknesses in existing contingency plans before they create problems in a real-life event. This issue's cover story takes a closer look at how HA develops and executes its drill protocols.

After five years of extensive fieldwork and research, colleagues working in HA's Toxicology Reference Laboratory have published Hong Kong's first atlas of poisonous plants with clinical information. It will facilitate the work of frontline healthcare staff in suspected plant poisoning cases and help raise public awareness about the potential dangers of certain local flora! The team's effort in producing a book full of insights is highly appreciated. Please turn to page 10-11 to read more.

HA's New Year Run will be held very soon. Runners are advised to read the article on page 8-9 to learn more about changes on the regular route this year.

With Chinese New Year almost upon us, *HASLink* wishes you and your loved ones great happiness and good health in the Year of the Rooster!

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常作準備 隨時應對

WELL PREPARED FOR EMERGENCIES

演習是為了準備應付突如其來的事故。醫院管理局作為保障市民安康的機構，絕對有責任在危急關頭，盡快讓傷者得到適切的治療。所以，醫管局近年也愈來愈重視演習，讓同事熟悉處理突發事故的流程和運作，加強應變力，完善現行應變機制。

Conducting drills and exercises is to safeguard that contingencies can be properly managed. Tasked with protecting the health and well-being of Hong Kong citizens, HA is obliged to provide prompt and professional medical care to people in emergency situations. That explains why HA gives great emphasis on drills to ensure emergency responders are familiar with contingency plan and procedures in handling emergencies, and to seek for improvement.

早前聖誕日發生的元朗新田公路三車連環相撞意外，40多人受傷。政府部門迅速救出傷者，救護員以「紅、黃、綠」三色分流，醫院亦準備接收傷者，讓他們盡快得到適切的治療。各單位能純熟溝通和合作，是每年大型災難事故演習經驗累積的成果。

總辦事處重大事故控制中心，去年進行逾十次不同類型的演習，測試醫院與政府部門在不同事故的應變反應，也讓參與同事得到寶貴經驗，與各方參與者建立良好溝通網絡。

總辦事處重大事故控制中心統籌主任龔澤民稱，不論是在機構層面還是醫院層面，演習類型五花百門，大型如醫管局與政府部門進行的山火演習、中型如聯網醫院發生大停電，鄰近醫院如何即時支援、小型如醫院走火警或醫療廢物外洩等，演習次數之多不能盡錄。

每次演習主題會參考過去曾發生的事故，或選取罕有但有機會發生的事件進行演習，如運送疑似傳染病病人和大型戶外活動發生爆炸。考驗的對象亦由前線擴闊至管理層，務求全方位給予同事幕後統籌和前線實踐的經驗。

演習後的檢討會議尤其重要，有助改善現行的應變計劃，絕對不能忽視。擁有豐富策劃演習經驗的港島東醫院聯網總監劉楚釗醫生，早於九十年代已提倡演習的重要性，「我們不能閉門造車，要測試過才知道（應變計劃）是否可行。試想假如有大量災難傷者同時被送進醫院時，前線同事應如何將他們和普通病人分開處理呢？只有透過演習才能讓我們知道過程中有沒有漏洞，學會如何有效地與其他部門協作。」他說。

他續稱，演習亦有助完善現行機制。例如發生災難事故時，就會出現大批死傷者家屬和傳媒湧至醫院，在當場設立支援站，有助處理家屬和傳媒查詢。

The Head Office Major Incident Control Centre (MICC) has organised more than 10 exercises of different types of drills last year to test the response of hospitals and government departments in various kinds of incidents. These exercises provide colleagues with practical experience of handling emergencies, including the need to communicate and coordinate with parties outside HA.

Andy Kung, Coordinator of Head Office MICC, expresses that a diverse range of drills are regularly organised and executed at the corporate and cluster levels nowadays and the number of exercises conducted is numerous.The drills cover large, medium and small-scale incidents, such as inter-organisational hill fire exercise; power outage in hospital; and hospital fire drill and clinical waste leakage exercise.

The focus of the drills is determined with reference to past incidents and also rare-but-possible events. Examples include transferring patients with suspected infectious disease and explosion in an outdoor event. Participants include not only frontline colleagues but also management, so as to gain organisational and practical experience.

Post-drill debriefing and review meetings are a crucial part of improving existing contingency plans. Hong Kong East Cluster Chief Executive Dr Lau Chor-chiu is a highly experienced drill organiser who has been promoting the importance and use of such exercises since the 1990s. "We cannot simply formulate contingency plans behind closed doors – we need to test how they apply in practice," he says. "Imagine a scenario in which a large number of disaster victims are brought to a hospital – how will frontline colleagues distinguish them from other patients and conduct appropriate triage? The best litmus test in such situations is through practical experience."

每次演習幕後同事認真策劃，前線同事投入參與。
Thoughtfully planned by the organising committee, every exercise records active frontline participation.

Dr Lau adds that lessons learned during drills help enhance HA's contingency plans. One example relates to response planning for civil disasters. In such situations, reporters and family members of victims would gather in hospital. Setting up a help desk can effectively handle their questions and concerns.

On Christmas day of 2016, a crash involving three cars on the San Tin Highway injured over 40 people. Emergency responders rapidly freed passengers trapped in the vehicles and ambulance officers triaged casualties using a red, yellow and green band system to indicate injury severity before transporting them to hospital for treatment. The communication and cooperation among all onsite and remote units proceeded smoothly due to the experience gained during annual civil disaster drills.

「演習始祖」劉楚釗：最忌紙上談兵！

港島東醫院聯網總監劉楚釗醫生，可算是「演習始祖」，早年還未成立重大事故控制中心，劉醫生在瑪麗醫院急症室工作時，已定期在急症室進行演習。「應變計劃是否可行，我們絕不能紙上談兵，要實踐出來。在我印象中，自從1993年蘭桂芳發生元旦日人踩人的悲劇後，大家意識到演習的重要性，亦開始制定相關指引，如若由A醫院派出緊急醫療隊到場支援，現場的指揮官則要由B醫院急症室醫生擔任，避免讓一間醫院忽然『真空』。」

他憶述，「以前的演習簡單又小型，如發生一宗交通意外時，派出醫生、護士到場為傷者治療，已算是演習；相比現在則複雜很多，預設的情景會加入不同元素，又涉及跨部門合作。我還記得當年做drill（演習）時要背著又重又大部的無線電話（有如軍用對講機）四圍走呢！」

"Actions are more powerful than words."

Hong Kong East Cluster Chief Executive and contingency drill pioneer Dr Lau Chor-chiu has been organising drills and exercises since working in Queen Mary Hospital's A&E Department – long before the establishment of MICC. "The only way to see whether a contingency plan is feasible is to carry it out – we cannot just rely on empty talk," he says. "Following the tragic circumstances of the stampede occurred in Lan Kwai Fong on New Year's Eve of 1993, people began to realise the importance of comprehensive emergency scenario planning and exercises. If hospital A sends out an emergency medical team to support the rescue, the overall commander onsite has to be from hospital B so as to avoid creating a vacuum in either hospital."

Dr Lau recalls, "The early drills were on a relatively small scale, for example, sending doctors and nurses to the scene of a road traffic accident to treat casualties. These days, however, the scenarios can be far more complicated and will often require HA to coordinate its operations with other public sector organisations. I still remember I walked around with a bulky and weighty mobile phone (similar to military walkie-talkie) in drills then."

演習大不同 SIMILARITIES AND DIFFERENCES

總辦事處和醫院舉行的演習有何分別？不如由總辦事處重大事故控制中心高級行政主任鄺國雄，和新界東醫院聯網重大事故控制中心統籌鄭志雄醫生娓娓道來。

How do drills at corporate level and cluster level differ? Let's hear Henry Kwong, Senior Executive Officer of Major Incident Control Centre (MICC) of HA Head Office, and Dr Raymond Cheng, Coordinator of MICC at New Territories East Cluster, sharing their views and experiences.

幕後統籌顧大局

VS

前線實戰考應變

演習目的 Key purpose of drill

- 實踐危機管理模式，加強參與者在危機和災難管理方面的能力，包括預防、準備、反應和恢復的能力。
  Strengthen participants' ability in crisis and disaster management covering the stages of prevention, preparation, response and recovery (PPRR risk management model).
- 透過演習加強現行應變計劃的執行、設施和溝通程序。
  Enhance existing contingency plans, facilities and communication procedures through drills.

必備元素 Essential elements

- 著重統籌，邀請各方專家策劃演習，令演習貼近實況，演習後須召開檢討會議。
  Focus on coordination, invite experts to be organising committee members to convene meetings and plan drills so that scenarios can be as realistic as possible. Debriefing meetings are a must.
- 每次跨部門的演習，醫管局總辦事處重大事故控制中心的同事擔當對內和對外的主要溝通橋樑。
  Serve as a bridge of communication between internal and external parties in every large scale inter-departmental exercise.

總辦事處重大事故控制中心團隊，前排右四為團隊「總軍師」代理質素及安全總監劉少慷醫生。
MICC team members of Head Office. Fourth from right, front row: Dr Liu Shao-haei, Deputy Director (Quality & Safety), team leader.

演習類型 Types of drills

- 醫管局總辦事處重大事故控制中心每年都會統籌和參與大型對外跨部門的年度演習，如嚴重交通事故、傳染病爆發、生化事故、輻射事故、炸彈威脅、海外緊急應變行動、自然災害如海嘯等。
  Every year the MICC of HA Head Office conducts and participates in large scale inter-departmental drills, for example serious traffic accidents, infectious disease outbreaks, biological and nuclear incidents, bomb threats, overseas emergency exercises, natural disasters such as tsunamis.

演習目的 Key purpose of drill

- 強調溝通的重要性。以去年10月的「炸彈威脅」演習為例，背景是醫院發生爆炸，六人受傷倒地。是次演習聯同警方一起進行，同事發覺雙方交換第一手資料非常重要，故特別安排固定地方給警方作「預備房」，令雙方溝通更有效率。
  Emphasise the importance of inter-departmental communication. Take the explosive incident drill in October 2016 as an example, an explosion happened and six people were injured. This exercise was jointly conducted by HA and the Police Force. Colleagues realised that exchanging first-hand information is essential in planning the response. As a result, the NTEC MICC team arranged a 'preparation room' in hospital for the Police, resulting in more efficient mutual communication.

必備元素 Essential elements

- 百分百逼真，演習後須召開檢討會議。
  Total resemblance of real life situations. Debriefing meetings are a must.
- 緊守4C精神：即清晰的指示和懂得監控事件進展（Command 及 Control），與其他部門有良好協調（Coordination）、合作（Cooperation）和溝通（Communication）。
  Have 4C spirit. Team members need to receive clear orders and monitor development of an incident (Command and Control). They also need Coordination, Cooperation and Communication with other departments.

新界東重大事故控制中心團隊，右二為聯網統籌鄭志雄醫生。
NTEC MICC team. Dr Raymond Cheng (second from right), is the coordinator of the team.

演習類型 Types of drills

- 聯網為主的中大型演習：如兒科病房突然停電，如何將病人迅速安全地轉至聯網其他醫院。
  Drills at cluster level are mainly medium to large scale. For instance, an exercise on power outage in a paediatric ward trains staff on how to transfer patients rapidly and safely to other hospitals in the cluster.
- 常規演習：如病人服務的電腦系統出現故障，和醫療廢物外洩等。
  Regular exercises include failure of patient service IT systems, and leakage of clinical wastes.
- 小型演習：如指導同事使用滅火筒。
  Small scale exercises include using an fire extinguisher.

不可不知的小趣聞 TIDBITS ABOUT DRILLS

「演習」背後隱藏不少學問，其中包括很多鮮為人知的小趣聞，今次《協力》就全面拆解，好讓大家趁機長知識！ 5

Interesting facts about drills are abundant. This issue of *HASLink* shares some with you.

行動代號點樣定？

每次演習，主辦單位都會訂立簡潔易明的代號，方便各方預備演習和演習即時溝通。代號名稱不一定與演習內容有關，如長洲的搶包山演習會以當年的生肖動物為代號，如「Ex. Monkey（猴子行動）」；山火演習會以演習地區為代號，如「Ex. Clear Water Bay（清水灣行動）」；衞生防護中心的傳染病演習則用中國著名的大山名稱做代號，如「Ex. Huangshan（黃山行動）」；天文台的演習為「Ex. PacWave」，因為模擬在太平洋（Pacific）地區有海嘯侵襲；機場管理局的演習以年份為主，如「Crash Ex. 2016」；警務處則以演習次數命名，如「Ex. FireSweeper V」。有些行動代號較有象徵意義，如「Ex. Sapphire（藍寶石行動）」代表磨練，所以用作較艱難演習的代號；「Ex. Phoenix（火鳳凰行動）」象徵重生，有時山火演習會用這名字。

How are exercise code names assigned ?

Exercise Planner assigns a code name to every exercise to facilitate communication before and during the exercise. It is not necessary for code names to be related to the nature of the exercise. Take civil disaster exercise before Cheung Chau Bun Festival as an example, the exercises are named by the Chinese zodiac animal of that year e.g. 'Ex. Monkey'; hill fire and rescue exercises are called by location of the drills, e.g. 'Ex. Clear Water Bay'; Centre for Health Protection's infectious disease exercises are named after mountains in China, such as 'Ex. Huangshan'; Hong Kong Observatory's tsunami exercises are called 'Ex. PacWave' because these exercises simulate tsunami attack in Pacific countries; exercises held by the Airport Authority of Hong Kong are named by year, for example 'Crash Ex. 2016'; Hong Kong Police Force name its exercises by number in ascending order e.g. 'Ex. FireSweeper V'. Some code names carry symbolic meaning, such as 'Sapphire' is used as code names for demanding exercises because it represents challenges; 'Phoenix' represents new life and it is used in some hill fire drills.

救護人員在山火演習拯救傷者。
Emergency responders rescue victims in a hill fire drill.

演習要有5個P？What are the 5Ps for an exercise?

P 目的 Purpose
決定要測試的項目，如對象、溝通方式、器材等
Decide the testing items, such as people, communication and equipment

P 計劃 Plan
制定計劃，並更新計劃內容
Devise a plan and update the exercise procedures

P 人 People
參與演習的人士
Invite participants to the exercise

P 準備 Preparation
準備演習文件和流程，設備和工具，電腦支援，交通安排，安全和保安措施。
Prepare for exercise documents and workflow, equipment and tools, IT support, transportation, safety and security measures

P 地點和時間 Place & Period
決定演習地點和時間，減低對公眾的影響
Decide the exercise venue and time to minimise influence to the public

術語識幾多？What are the jargons used in a drill?

'Startex'
演習總指揮宣布演習開始。
Exercise Director declares the beginning of an exercise.

'Endex'
演習預定時間已到，目標完成，演習總指揮宣布演習結束。
Exercise Director declares the completion of exercise within time limit with objectives achieved.

'No Duff'
演習時有參加者因行動受傷，確保對方知道這是真實個案，而非演習的內容。
When a real injury is reported during an exercise, this phrase indicates the following message is for real and is not part of the exercise.

'Terminate'
演習時，真實環境有嚴重事故發生，要立即終止演習。
When there is a real serious incident happening onsite, this means terminating the exercise.

'Umpire'
評判員評估演習參加者的表現和為演習提供建議。
Umpires evaluate performance of players and give recommendations for an exercise.

'Observer'
其他同事會擔任觀察員，觀察演習參加者如何執行計劃。
Other colleagues can be observers to see how players execute a plan.

演習分哪兩大類？ What are the major categories of exercise?

演習一般可分為**「桌面演習」**和**「實地演習」**兩種。桌面演習由不同部門的代表聚首在會議室數小時，根據演習處境詳述部門的角色和應變計劃，口頭報告每個步驟；又或者參加者在指定時間留在崗位，等候演習總指揮發出指令，然後模擬真實情況，聯絡相關同事，展開應變程序。以上的演習，參加者，有時會預先知道內容，也有是突擊考驗，但不管是哪一類，參加者要在演習前熟讀自己部門的應變工作程序。

實地演習就是模擬大型災難事故發生，緊急應變隊伍直接到現場進行演習。此演習通常是跨部門行動，並需要出動前線人員，如醫護人員、消防員和警察等，也有成員扮演死傷者及其家人，以增加真實感。醫管局參與的演習超過六成是實地演習。

桌面演習 Tabletop Exercise

實地演習 Ground Movement

In general, there are two main types of drills, namely **TABLETOP EXERCISE** and **GROUND MOVEMENT**.

In some tabletop exercises, different department representatives meet up in a conference room to go through each department's role and response plan according to a given situation and verbally report every step. In some others, players stay in their office or control centre and wait for commands from Exercise Director. They simulate the real life situation and contact corresponding parties to carry out the response plan. In these exercises, players are notified the exercise content. Sometimes it is a surprise exercise. For both kinds, players are required to be familiar with their department's contingency plan in advance.

Ground movement is to simulate large scale disasters and emergency responders to carry out onsite exercise. Usually this kind of drill is inter-departmental, requiring participation of emergency responders such as medical personnel, firemen and policemen. There are also participants playing the role of casualties and their family members to make the exercise more realistic. In the past, over 60% of the exercises joined by HA are ground movements.

籌備演習要多久？
How long does it take to prepare for an exercise?

☑ 一般而言，準備一個大型跨部門的演習需時逾九個月至一年，小型演習也需半年。 舉例，醫管局總部重大事故控制中心需先訂立演習目標，並決定類型和規模，然後撰寫可能多達100頁的演習處境和問題。	Preparation time for a large scale exercise that involves other government departments is usually over nine months to a year. Exercises in smaller scale take half a year to organise. To conduct an exercise, HAHO MICC would first set the exercise objectives, then decide the type and scale of the exercise and may compose over 100 pages of exercise situation and discussion issues.
☑ 決定演習日期和地點後，再與相關的專家和醫護人員，商討演習細節和劇本，然後再邀請醫院和各政府部門提名參與者和觀察員。如果演習場地在醫院以外，籌備委員會可能會諮詢消防署和警務處意見。	After confirmation of the drill date and venue, the exercise planner will discuss details and scenarios with experts from different specialties. Hospitals and government departments will then be invited to nominate staff to be players and observers. Fire Services Department and Hong Kong Police Force may be consulted for exercise venue outside hospital compound.
☑ 演習過後，參與成員會即時口頭報告對是次演習的感想和填寫意見表作分享。	After an exercise, participants are required to share their opinion on the spot and provide feedback through an evaluation form.
☑ 籌備委員會兩至三星期內召開檢討會議，總結是次演習經驗，檢討現行的應變計劃，待下次演習或發生真實事故時，可以做得更好。	The organising committee will call for a debriefing meeting within two to three weeks to summarise the exercise and review the existing contingency and response plan, so that the participants can react better in the next exercise or in real situation.

哪些角色會在演習時出現？

每次演習，會有「幕前」和「幕後」兩組人。「幕前」指會參與演習的人員，包括演習總指揮、傷者和其家人演員、參與演習的應變人員，如緊急醫療隊、醫療控制主任、消防員、警察、醫院行政人員、保安、醫管局當值主任和新聞當值主任等。而「幕後」則包括觀察員和評判員。參與演習的同事要事先熟讀自己部門的應變流程和與其他合作部門的程序，像準備考試一樣。同場還會有拍攝團隊紀錄演習過程，方便日後參考。

演習現場除了有參加者，還有觀察員和評判員。
Apart from players, there are also observers and umpires in an exercise.

What are the types of role in an exercise?

Every exercise includes frontline and behind-the-scenes participants. Frontline Participants refer to roles such as Exercise Director and Exercise Controller; stimulated casualties and family members; emergency responders including Emergency Medical Team, Medical Control Officers, firemen, policemen; hospital responders including on-call hospital administrator, security staff, Head Office Duty Officer and Head Office News Duty Officer. Participants behind the scenes are observers and umpires. All players have to be familiar with the response plan of their own department and communication procedures with other departments. It is like preparing for an exam. At the same time, there is a shooting team recording the exercise for future reference and improvement.

行動前必說的一句話？

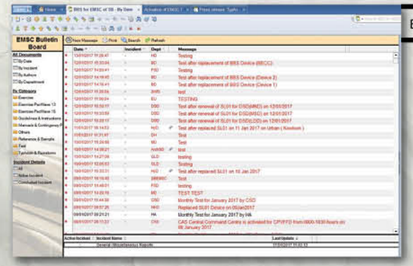
進行演習時，參加者會收到真實的工作指令，在對話或發出訊息前，必須先說出行動代號，再說訊息內容，例如「Ex. Jade，現場共有15名傷者」，以資識別。

A must-say phrase in exercise?

During an exercise, colleagues will receive authentic order. Therefore, participants have to first say the exercise code name before conversation or in text communication to differentiate messages for real and for exercise.
For example, **"Ex. Jade. There are 15 casualties onsite."**

跨部門演習有哪些重要溝通工具？
What major communication tools are used in an inter-departmental exercise?

醫管局總辦事處的重大事故控制中心和40多個政府部門會透過保安跨部門通訊系統（Bulletin Board System），即時交換資訊和檔案，像我們平常用的手提電話即時通訊軟件一樣。所以總辦事處當值主任每發出一個訊息，都會非常謹慎。此外，還有電郵、電話、無線電和傳真等輔助通訊。

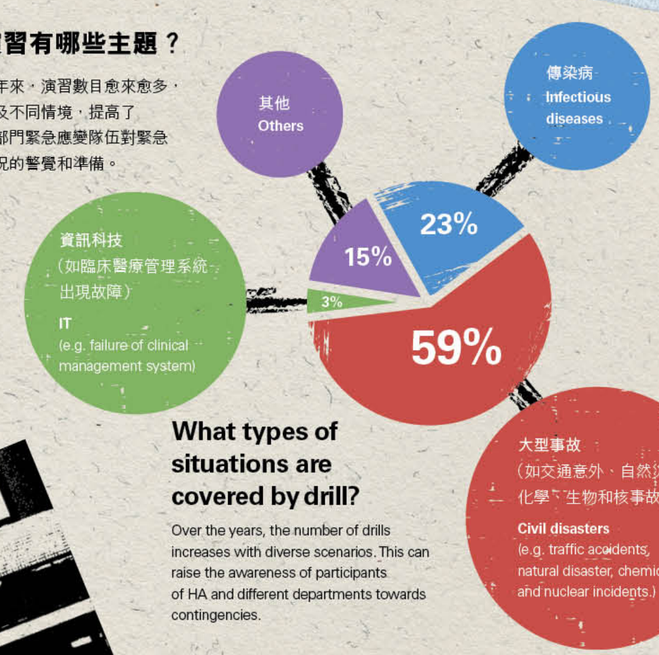


BBS通訊系統

HAHO MICC and other 40 government bureaus and departments can communicate through a Security Bureau's Bulletin Board System (BBS) to instantly exchange information and documents. It is like the instant messaging apps we use every day. Therefore, HO Duty Officers are required to check the information and data very carefully before sending messages to BBS. In addition to using BBS, participants are also required to use email, telephone, CIII radio and fax for communication during an exercise.

演習有哪些主題？

多年來，演習數目愈來愈多，涉及不同情境，提高了各部門緊急應變隊伍對緊急情況的警覺和準備。



What types of situations are covered by drill?

Over the years, the number of drills increases with diverse scenarios. This can raise the awareness of participants of HA and different departments towards contingencies.

外國演習例子？
EXAMPLE OF INTERNATIONAL EXERCISE?

2016年初，倫敦舉行了非常大規模的事故演習。演習模擬塔樓倒塌在一個繁忙的地鐵站，掩埋了七個車廂，逾千名死傷者，演習的傷者包括各種傷勢程度和傷亡情況。演習為期四天，參與部門包括警察、消防員和來自另外四個國家的醫護人員和專家搜救隊等。倫敦消防隊認為，類似規模的演習十分重要，可確保應變人員發生類似事件時能隨時行動。

In early 2016, London has conducted a large scale disaster exercise. The exercise simulated a tower block collapsed onto a busy underground station, burying seven underground carriages with more than 1,000 'casualties'. Various injury severities and casualty status were included in the exercise. The four-day drill involved emergency departments including police, firefighters and paramedics from four different counties along with other agencies such as specialist search and rescue teams. The London Fire Commissioner commented that exercise of similar scale is important in order to ensure that responders are always ready for events of all kinds and scales.

6.5公里路線 Route of 6.5km
因受翠榕橋路段修路工程影響，改道後路程約為6.6公里
The total distance of the route will be about 6.6km due to the road construction works at Banyan Bridge.

11公里路線 Route of 11km
因受翠榕橋路段修路工程影響，改道後路程約為11.3公里
The total distance of the route will be about 11.3km due to the road construction works at Banyan Bridge.

封閉路段 Close route section

單車徑 Cycling track

急轉彎 Sharp turning point

水站 Water

檢查站 Check Point

救護站 First Aid Station

識跑、識食又識玩 開心雞年迎長跑

Race, eat and play at HA New Year Run

新春長跑將於2月5日（年初九）舉行，繼上期教大家正確跑姿和揀跑衫備戰後，今期溫馨提示大家當日要注意事項，跑手緊記跑前要做足熱身，跑步時要留意賽道的改變，跑後記得留步盡情食、盡情玩，開心愉快過一天！

The Hospital Authority New Year Run 2017 will be held on 5 February. The last issue of *HASLink* shared advice on the right sports clothing and adopting a good running posture. In this issue, we offer tips for the race day: warm up before running, pay attention to changes in route and be sure to stay on after the race to enjoy the fun of festivities!

2017醫管局新春長跑
日期：2月5日（年初九）
時間：早上9時至11時30分
地點：威爾斯親王醫院

2017 HA New Year Run
Date: 5 February
Time: 9am – 11:30am
Venue: Prince of Wales Hospital

醫院管理局新春長跑 Hospital Authority New Year Run 2017

1. **反斗服裝大比併**
扮鬼扮馬的同事會在早上10時拉票，大家記得前來支持他們！
2. **水和香蕉派發處**
長跑過後，最重要補充體力，這裡幫到你！
3. **自拍區**
今年一樣有得意道具及特色背景，讓你同家人、情人、同事一起自拍留念。
4. **得意印水紙**
三款得意印水紙，隨你印手印臉印額頭！
5. **器官捐贈攤位**
做完運動再做善事。快來嘟一下，登記成為器官捐贈者，傳承大愛。
6. **賽後按摩服務**
免費按摩服務，讓你賽後鬆一鬆。
7. **小食攤位**
蛋卷、碌仔糕、咖喱魚旦和三文治，美味小食，齊齊開心share！
8. **迷你樂隊**
大會今年新增現場音樂表演，並會為反斗服裝大比併catwalk表演作現場伴奏，增添氣氛。

行李寄存區
- 跑手可於早上8時至8時30寄存行李，並只可於9時45分後取回。
- 必須使用大會行李袋，行李袋不可外附其他物件。

1. **Best costume contest**
Colleagues will put their creative on display at 10am costume competition and catwalk show – come along to cheer for your favourite outfits!
2. **Refuelling station**
Runners can enjoy free water and bananas to replenish energy after the race.
3. **Selfie zone**
A big hit last year, the selfie zone is back with a variety of funny photographic backdrops. Come and capture happy memories with families, friends, colleagues and your loved ones!
4. **Paper tattoos**
You will get three humourous funny paper tattoos to decorate your arm or leg – or forehead!
5. **Organ donation booth**
Take some time to spread endless love to others after finishing the race at the organ donation booth and register to become a donor.
6. **Massage station**
A massage station will provide free massage to runners after they finish the race.
7. **Food stalls**
Spectators and runners alike can enjoy tasty treats such as egg rolls, Chinese brown sugar pudding, curry fishballs and sandwiches from food stalls set up especially for the event.
8. **Mini band**
A new attraction this year is a live band that will perform for the costume competition.

Gym bag counter
- Runners' bags can be deposited at the bag counter between 8:00am and 8:30am before the race starts. The counter will reopen for bag collection after 9:45am.
- Runners should ensure all their belongings are placed in the bag provided by the race organisers. Any bag that has items dangling outside will not be accepted for storage.

全港首本關於有毒植物的書籍《香港有毒植物圖鑑》，極具參考價值。
This valuable reference guide is the first book on poisonous plants to be published in Hong Kong.

全港首本有毒植物圖鑑

鑑於本港市民誤服有毒植物的中毒個案持續發生，醫院管理局毒理學參考化驗室決定將多年來累積的臨床經驗，配合詳盡的毒理學和植物學文獻，由19位化驗室同事花了五年時間編撰全港首本附有臨床資訊有毒植物圖鑑《香港有毒植物圖鑑》，讓前線同事遇到相關個案時有所參照，亦加深公眾對有毒植物的認識。

此書蒐集了本港117種有毒植物的資料，圖文並茂全面分析植物的有毒部位、毒理、臨床治療、辨認特徵、藥用價值、中毒案例和化驗分析，是一本非常實用的臨床工具書。

書中的靈魂人物—瑪嘉烈醫院病理科部門主管麥永禮醫生稱：「化驗室過去曾處理病人因植物中毒的個案，惟可供參考資料零碎不全，於是我們萌生編撰一本關於本港有毒植物書籍的念頭。後來發覺這是一項非常艱巨的工作，但團隊抱著『多走一步為病人』的信念，堅持到底，完成任務。」

書中500多幅精美照片，部分出自科學主任（醫務）林英豪之手，「我們五年共出動298次，即平均每星期都會走遍港九新界的山頭野嶺，攀山涉水，拍攝過萬張照片，捕捉植物開花、結果的最佳狀態，將它們最真實的一面紀錄下來，讓讀者清楚辨認它們的樣貌，慎防誤服。」

內容的編撰和校對亦非常嚴謹。編輯之一的張耀君醫生舉例，自1919年有一宗懷疑小童因進食一品紅而身亡的案例後，自此一品紅被標籤劇毒無比，但經團隊詳閱和對比各國文獻時，發現大多數患者誤食花和葉後，沒有中毒徵狀，只有小部分患者有腸胃不適，其後康復。「所以，在過程中，我們會尋根究底，反覆審視一字一句，才作出最準確的陳述。」

書中的一字一相都是同事的心血結晶，亦見證著毒理學在本港的發展。

書中的靈魂人物—瑪嘉烈醫院病理科部門主管麥永禮醫生（右三）稱，由封面設計、內容、拍攝、排版、翻譯、甚至校對，都是團隊一手一腳負責。
Dr Tony Mak, Chief of Service, Department of Pathology at Princess Margaret Hospital and the core advocate of the atlas (third from right) explains that the book's cover design, content, photos, layout, translation and proofreading were all done by TRL colleagues.

本港中毒案例

鈎吻（斷腸草）*Gelsemium elegans* (Graceful Jessamine)

斷腸草是香港四大毒草之一。相傳曾嚐百草的神農氏，亦是因服食了斷腸草後身亡。百多年前，有報導指本港有一宗謀殺案，妻子用斷腸草毒殺了其丈夫。2008年，有個案因飲用「五指毛桃」湯後中毒，後證實湯料被斷腸草的根污染。過去幾年，化驗室確診了十多個病例，當中誤認斷腸草為其他植物最常見。

One of four poisonous grass species in Hong Kong. According to myths, the Father of Chinese medicine Shennong died after tasting Graceful Jessamine. A century ago, reports revealed that a woman killed her husband with Graceful Jessamine as a fatal poison. In 2008, an individual was hospitalised after ingesting a common food item – hairy fig root – which was contaminated by Graceful Jessamine root. With Graceful Jessamine easily mistaken for other non-toxic plant species, the TRL has recorded more than 10 confirmed cases of Graceful Jessamine poisoning due to plant mis-identification in the past few years.

相思子 *Abrus precatorius*

「紅豆生南國，春來發幾枝，願君多採擷，此物最相思。」有人認為，唐朝詩人王維詩中的「紅豆」，就是此植物的種子，含劇毒。有病人誤服後，引發急性腎衰竭，需接受數星期深切治療。

Some reckons that the 'red beans' mentioned in a poem of Tang Dynasty poet Wang-wei is *Abrus precatorius*, a highly poisonous plant. One individual who misused the plant experienced acute renal failure and spent several weeks in an intensive care unit.

牽牛花（喇叭花）：
全株有毒，種子毒性較大

Ipomoea nil
(Annual Morning-glory):
The whole plant is poisonous, particularly the seeds.

長春花（日日春）：
全株有毒

Catharanthus roseus
(Periwinkle):
The whole plant is poisonous

夾竹桃：全株有毒

Nerium oleander :
The whole plant is poisonous

海芋：
全株有毒

Alocasia macrorrhizos:
The whole plant is poisonous

乳茄（五代同堂茄）：
果實有毒

Solanum mammosum
(Nipple Fruit) :
The fruit is poisonous

科學主任（醫務）林英豪曾在無數個週末，攀山涉水尋找有毒植物的蹤影。
Lam Ying-hoo, Scientific Officer (Medical), hiked over countless weekends to capture images of the poisonous plants covered in the atlas.

HA Toxicology Reference Lab publishes Hong Kong's first atlas of poisonous plants

Poisoning by wild plants is not uncommon in Hong Kong. To help frontline colleagues more easily identify and deal with such cases and enhance public awareness of poisonous plants, the Hospital Authority Toxicology Reference Laboratory (TRL) has produced the *Atlas of Poisonous Plants in Hong Kong – A Clinical Toxicology Perspective*, a reference guide that combines comprehensive evidence-based information with extensive clinical experience that the laboratory has accumulated over the years. Compiled by 19 members of TRL staff, the atlas with clinical information is the first book of its kind in Hong Kong.

Covering 117 poisonous plants, the comprehensive information provided in this invaluable reference guide includes details such as guidance on plant identification, poisonous parts of plants, toxic ingredients, clinical management, cases previously handled by the TRL and laboratory analysis.

"The TRL has handled a considerable number of plant poisoning cases over the years, but information on local poisonous plants has always been highly variable," says Dr Tony Mak, Chief of Service at the Department of Pathology at Princess Margaret Hospital and the core advocate of the atlas. "We decided to bridge this information gap by compiling the atlas. It was a challenging task, but we were happy to walk an extra mile for patients and the public to produce this valuable book."

"Over the past five years, we have made 298 field trips – climbing hills and fording streams all over Hong Kong to take over 10,000 photos of the plants in flowering and fruiting stages, in order to ensure that users of the atlas can easily and accurately identify nature's poisoners," says Lam Ying-hoo, Scientific Officer (Medical), who took many of the 500 stunning photos in the atlas.

As Associate Consultant and co-editor Dr Calvin Chong explains, the book underwent a rigorous fact-checking process that included making extensive reference to medical journals and other appropriate secondary reference materials. He gives the example of *Euphorbia pulcherrima*, which was previously believed to be extremely toxic based on an unconfirmed fatal case reported in 1919, in which a child ingested a portion of the plant. However, when the TRL team reviewed and compared various journals from different countries, they found that no toxicity was observed in most cases involving the plant, with only a few patients experiencing mild gastrointestinal symptoms. "Cases like this highlight the importance of digging into all available research on each plant and repeatedly reviewing content to ensure accuracy," says Dr Chong.

Painstaking efforts of colleagues at the TRL in compiling the atlas also contribute to the continual development of the field of toxicology in Hong Kong.

Poisoning cases in HK

鵝膏菌 Amanita

近年，有數宗在郊外採集野菇進食中毒，以致肝臟衰竭的病例，有病人甚至要移植肝臟保命。因此，切勿在野外採摘野菇進食。

There are several instances of individuals experiencing severe liver problems after eating wild mushrooms that have been incorrectly identified, with the most extreme cases resulting in the need for a liver transplant. Members of the public are strongly advised to refrain from picking and eating wild mushrooms.

紅杜鵑 *Rhododendron simsii*

杜鵑花是本港常見的栽種植物，但很多人不知道全株均有毒！2008年，有一名嬰兒因呼吸道毛病，被餵食含「紅花」煎液的配方奶，之後肌肉抽搐及失去知覺，需以儀器輔助呼吸，及後康復出院。後證實「紅花」即為紅杜鵑。

Rhododendron simsii is very common in Hong Kong, but most people are not aware that the entire plant is poisonous. In 2008, an infant experienced vomiting, muscle twitching and loss of consciousness after being fed with formula milk that was prepared with a decoction made from 'red flowers' for respiratory problems. Although he survived and eventually recovered, the seriousness of his symptoms required him to be intubated and receive mechanical ventilation support. The flowers were later confirmed to be *Rhododendron simsii*.

含羞草（怕醜草）：
全株有毒

Mimosa pudica
(Sensitive plant):
The whole plant is poisonous.

軟枝黃蟬：
全株有毒，
汁液毒性較大

Allamanda cathartica:
The whole plant is poisonous, particularly the sap.

水仙：
全株有毒，鱗莖毒性較大

Narcissus tazetta var. *chinensis:*
The whole plant is poisonous, particularly the bulbs.

馬利筋：
全株有毒，膠乳毒性較大

Asclepias curassavica:
The whole plant is poisonous, particularly the latex.

洋常春藤（長春藤）：
葉及果實有毒

Hedera helix **(Ivy):**
The leaves and fruit are poisonous.

Helen tla
HA 八卦掌門人
A veteran tittle-tattler of HA happenings

同事鬼馬宣傳打針 局長、PY都俾Like!

HA CE thumbs up for creative humour on promotion of flu vaccination

早前兩位青山醫院同事二次創作網上Hit爆短片，更將歌詞改為「I have a vaccine, I got injected. Uh! Vaccine injected」。短短數日，短片點擊率超過20萬，高局長同PY都讚同事有心有創意，甚至有網民笑言，呢條可能係本港史上最多人睇嘅打流感針短片！

Helen搵到男主角袁志偉同女主角連綺茵傾兩句，兩人分別是青山醫院精神科護理部和社康服務部資深護師，「我哋覺得打流感針係一件值得做嘅事，真心想公眾、同事去打針，愛自己愛身邊人，所以先大膽地又唱又跳，呼籲大家記得打針。」

睇過短片嘅食物及衛生局局長高永文，喺青山醫院開放日當天，大讚二人非常有心，幫忙宣傳打針，又鼓勵佢哋下次有機會，一定要繼續發揮創意小宇宙。醫管局行政總裁PY亦讚二人有創意，仲喺FB開心share添！

對於網民嘅負評，充滿正能量嘅連姑娘一笑置之，「好多負評都純粹個人觀感，我沒有理會，反而自己喺鏡頭前又唱又跳，對我係一個挑戰，覺得自己好勇敢。」至於袁sir，最初見到負評，有啲心寒，但得到上司護理總經理梅杏春姑娘，同埋青山醫院精神科社康服務創意團隊嘅同事支持，先放下心頭大石。

高局長（中）同男女主角合照，大讚二人有心有創意，幫忙宣傳打針。
Secretary for Food and Health Dr Ko Wing-man (middle) praised the pair for putting their hearts into creativity in promoting the importance of flu vaccination.

青山醫院袁sir（右）同連姑娘話，大家睇到嘅版本係仲修改緊，只不過在詢問意見過程中外洩。
According to Chi-wai (right) and Karen, they accidentally released the video to the public before the final edit is done.

A humourous video made by two colleagues of Castle Peak Hospital (CPH) proves that flu vaccination can be FUN!

Yuen Chi-wai and Karen Lin, both are Advanced Practice Nurse (Psychiatry) in Nursing Services Division and Community Psychiatric Service Unit respectively at CPH, video shot a song based on popular rhythm, with health-themed lyrics, to encourage people to get flu vaccination. Just a few days after the video was uploaded to social media platform, the hit rate shot to 200,000. With thousands of viewers laughing along at lines such as "I have a vaccine, I got injected. Uh! Vaccine injected," one netizen joked that it is probably the most popular flu jab video in Hong Kong's healthcare history!

"Getting a flu jab is important. We indeed wished the public and our colleagues will get a flu jab and protect themselves and their loved ones," explain Chi-wai and Karen. "We decided to do it in a new way – singing and dancing in front of the camera. We hope it would grab the public's attention and encourage them to take action."

Hospital Authority Chief Executive Dr PY Leung and Secretary for Food and Health Dr Ko Wing-man are among the video's many admirers. Both praised the pair for their creativity and caring efforts. Dr Leung shared the video on his personal Facebook page and Dr Ko told the dynamic duo that they should extend their talents to other healthcare topics!

Naturally but regretfully though, there are always criticism online. But the pair believes that positive effects of the video greatly outweigh a few harsh words. "I don't care about the negative comments – people are free to express personal views," says Karen. "It was a big challenge for me to sing and dance in front of a camera. I am proud to have overcome my nerves and spread an important healthcare message." Chi-wai admits that the criticism was hard to take at the beginning, but he is no longer affected by it – thanks in large part to the kind words and support of his supervisor, General Manager (Nursing) Jolene Mui, as well as support from his colleagues in the Community Psychiatric Service Creative Team.

醫管局網站透明度高，提供多項企業管治資訊讓公眾查閱。
HA's website demonstrates high transparency in providing a lot of corporate governance information for the public.

資訊透明 醫管局網站得獎

HA corporate website awarded for high transparency

醫管局網站獲香港會計師公會頒發「網上傳遞管治資訊專設獎」，醫管局是獲得這獎項的唯一公營機構。評審團讚揚網站透明度高，特別是公開企業管治資訊如醫管局大會會議記錄，以便公眾查閱。網頁亦設有多種語言版本，方便不同國籍人士瀏覽。想體驗網站過人之處，快來瀏覽 http://www.ha.org.hk/visitor/ha_index.asp?Lang=CHIB5！

Hospital Authority's corporate internet website has received the Award for Website Corporate Governance Information from Hong Kong Institute of Certified Public Accountants. HA is the only public organisation awarded for this area this year. The judging panel praised the website for high transparency as it publishes corporate governance information, such as HA board meeting minutes, for public perusal. Information in different languages is also available for visitors of different nationalities. Visit HA's website to try out the experience: http://www.ha.org.hk/visitor/ha_index.asp?Lang=ENG.

「長者病人綜合支援服務」揚名海外

Integrated support services for elderly patients wins international laurels

港島東聯網總監劉楚劍醫生（右二）與總行政經理（基層及社區醫療服務）繆潔芝醫生（左二），出席IHF世界醫院大會，代表醫管局接受獎項。
Dr Lau Chor-chiu, Cluster Chief Executive of Hong Kong East Cluster (second from right) and Dr Christina Maw (second from left) received the IHF Grand Award on behalf of HA at the IHF World Hospital Congress.

醫管局制定指引，期望能改善長者醫療服務，提升他們的生活質素。
HA devised a framework, aiming to improve medical services for the elderly and enhance their living quality.

醫管局致力提升長者醫療服務，以應付因人口老化而不斷上升的服務需求。近年推行為長者病人提供綜合的醫社支援 — 整合系統及科技革新服務的策略，在第40屆國際醫院聯合會（IHF）世界醫院大會獲得IHF大獎。

醫管局早於2012年制定「長者醫療服務策略」，發展、革新及整合長者醫療服務，針對年長病人的風險及需要提供適切醫療護理。措施包括制訂預測風險工具 —「老人入院風險控制方案」，綜合加強長者病人出院前的護理計劃及離院後的支援服務，加強老人科日間醫院服務及外展護理和康復服務，並同時與非政府機構合作提供家居照顧；亦透過社區健康電話支援服務「護訊鈴」，為高風險長者提供支援。

同時，醫管局亦致力改善病人的慢性疾病管理，例如為患有糖尿病和高血壓病人提供「健康風險評估及跟進護理計劃」，並加強病人賦能和社區協作。

研究顯示，各項措施可減少年長病人不必要入院的次數，完善慢性疾病管理及提升他們的護理質素。

IHF是全球醫院和醫療組織的國際協會，IHF大獎是其中最負盛名的獎項，表揚在衛生系統或設施有卓越成就的醫療機構。

Hospital Authority (HA) has been making major efforts to enhance elderly medical services in view of growing demand from ageing population. The strategy of using 'Integrating Medical and Social Support for Elderly – System and Technology Enabled Service Innovations' has recently won the International Hospital Federation (IHF) Grand Award at the 40th IHF World Hospital Congress this year.

HA has devised Strategic Service Framework for Elderly Patients to guide the development of elderly services in Hong Kong in 2012. Based on this Framework, HA has innovated and re-engineered various service models to provide appropriate level of care based on stratified risks and needs. The initiatives include development of risk prediction score - Hospital Admission Risk Reduction Programme for the Elderly (HARRPE), integrated and enhanced discharge planning and post-discharge support, strengthening of Geriatric Day Hospitals and outreach nursing and rehabilitation support, collaboration with NGOs, and the Community Health Call Centre (CHCC) services to support high risk elderly patients.

Meanwhile, emphasis was also placed on improving chronic disease management, e.g. Risk Factor Assessment and Management Programme (RAMP) for patients with diabetic mellitus and hypertension, and enhancing patient empowerment and community engagement.

Evaluation of these programmes has shown encouraging results in reducing unnecessary hospitalisation, enhancing chronic disease management and improving the quality of care for elderly patients.

IHF is a global association involving worldwide hospitals and healthcare organisations with the Grand Award being its most prestigious award that recognises excellence and achievements at health system or facility level.

醫管局眼庫邁向國際水平

HA Eye Bank sets eyes on international standard

醫管局眼庫一直為需要角膜移植的病人提供優質眼角膜。繼2015-16年度，眼庫與致力消除全球角膜失明的國際非牟利機構美國眼庫SightLife實行一年質素保證計劃後，近日雙方再達成五年合作協議，目標在2017-2021年建立更專業和國際化的眼庫系統。

這次合作有助改善醫管局眼庫服務質素，包括挑選合適捐贈者，摘取眼角膜、評估、存儲、處理、分配和運送，以取得持續國際眼庫認可。另外，合作夥伴SightLife亦會為醫管局眼庫技術員和聯絡主任提供培訓，確保眼庫的運作、管理模式和服務質素達到國際水準，讓本港市民受惠。

位於香港眼科醫院的醫管局眼庫是香港唯一的眼庫，每年為公私營病人提供超過200片眼角膜，亦致力向醫管局員工和公眾推廣角膜捐贈。

眼庫的同事有機會到美國西雅圖參與SightLife的培訓。
Colleagues of HA Eye Bank have the opportunity to join training at SightLife's office in Seattle.

HA Eye Bank strives to provide quality corneas for patients in need for cornea transplant. With the completion of one-year quality assurance programme in 2015-16 with SightLife, an international non-profit eye bank in US with a global vision to eliminate corneal blindness, the two eye banks have formed a 5-year partnership as SightLife Global Partner (2017-2021) to build a professional eye banking system.

This partnership can improve the service quality of HA Eye Bank, including donor selection, tissue recovery, assessment, storage, processing, allocation and delivery, and attain international eye banking certification. In addition, SightLife will provide training to HA Eye Bank's eye technicians and coordinators, ensuring that HA Eye Bank can meet international standards in terms of operation, management and service quality, and benefiting local citizens.

Located in Hong Kong Eye Hospital, HA Eye Bank is the only eye bank in the city. Over 200 pieces of corneas are provided to public and private patients annually and the team is also committed to educating and promoting cornea donation in Hong Kong.

天水圍醫院　設計融入社區

Hospital design with built-in community elements

新界西醫院聯網的天水圍醫院已於今年1月9日開始分階段投入運作，為區內市民提供醫療服務。首階段提供的服務包括專科門診、社康護理、腎臟透析、放射診斷及藥劑等主要日間服務；而急症室的日間服務今年3月15日開始，服務時間由早上八時至下午四時。

醫院座落公共屋邨 (天華邨和天瑞邨) 附近，為拉近與社區的聯繫，醫院在綠化環境方面下了不少功夫，如在部分樓層設有綠化平台，並在醫院外圍增建分隔牆及栽種樹木，又善用天然光以收環保之效，希望將醫院融入社區。

天水圍醫院除了應付居民日漸增長的需求外，亦期望部分居住在天水圍區的病人可減少跨區到屯門醫院及博愛醫院就醫，縮短兩院的輪候時間，令整個聯網的服務更臻完善。

Tin Shui Wai Hospital of the New Territories West Cluster has commenced service in phases on 9 January this year, providing mainly day services. At the initial stage, services cover specialist out-patient clinic, community nursing, renal dialysis, diagnostic radiology and pharmacy. Daytime A&E service will soon begin on 15 March this year from 8am to 4pm.

Situated near public housing estates (Tin Wah Estate and Tin Shui Estate), the hospital endeavours to create a green environment to blend in with the community. There are landscape gardens, external partition walls and trees surrounding the hospital. And natural light streams through the glass walls to save energy.

In addition to meeting the growing demand of medical services of Tin Shui Wai residents, it is also hoped that fewer patients from Tin Shu Wai need to cross district to Tuen Mun Hospital and Pok Oi Hospital, thus reducing the waiting time in these two hospitals and enhancing services of the cluster on the whole.

空中花園

醫院設有綠油油的空中花園供病人、訪客和職員使用，讓他們多接觸綠化環境，暫時忘卻身處醫院，不但對病人康復有幫助，也讓同事有休憩的地方。

Greenery speeds up recovery

There are landscape gardens in the hospital for patients, visitors and staff to chill out. Sitting back and relax in a green environment is believed to not only benefit patients' recovery but can also be comforting for colleagues' mind and body.

醫院特色逐格睇 Special features

天然採光

醫院多處採用自然光線，既符合環保，又令地方顯得更開揚。

Natural lighting

The hospital makes good use of natural lighting to save energy and make the environment look more spacious.

大自然概念

濕地公園乃天水圍區內的重要地標，醫院也因此特別加入濕地公園的元素，把季候鳥、蜻蜓、荷葉、蘆葦、小溪和魚塘等圖像融入醫院內的牆壁和各部門的門牌上。

Design with nature motifs

Hong Kong Wetland Park is a famous landmark in the district. Hence motifs of the wetland park, such as migratory birds, dragonflies, lotus leaves, reeds, streams and ponds are added onto the walls and department plates in the hospital.

顏色區分各部門

醫院不同部門都有主題顏色，例如紫色代表專科門診、綠色代表藥劑部、黃色是會計部，而桃紅色就是急症室等。細心觀察，更可發現醫院內所有指示牌，同樣以顏色指示不同臨床部門的位置，讓人一目了然。

Clear distinction by colours

Each department has a unique theme colour: specialist out-patient clinic is in purple, pharmacy in green, accounting department in yellow, and A&E department in pink. The signage is also in different colours to indicate different locations of clinical departments.

健康樓梯

醫院內有提示字句，鼓勵醫護人員和其他人士多行樓梯，強身健體。樓梯旁的落地玻璃有助加強空間感，大家行樓梯同時可欣賞院外的優美環境。

Walking up stairs for better health

There is signage to remind staff and visitors to exercise more by using staircase more often. As you walk up and down stairs, you can also enjoy the beautiful view outside the building through ceiling height glass walls, which make indoor environment more visually spacious .

地址 天水圍天瑞街十一號
病床數目 300張病床
建造成本 約39億元
啟用時間 2017年起分階段投入服務
啟用初期主要服務範圍
急症室 (上午8時至下午4時)、專科門診、腎臟透析、放射診斷、專職醫療、藥劑、社康護理

Address 11 Tin Tan Street, Tin Shui Wai, New Territories
Bed capacity 300 beds
Project cost About HK$39 billion
Service commencement First quarter of 2017
Key services at initial stage
A&E (8am-4pm), specialist out-patient clinic, renal dialysis, diagnostic radiology, allied health, pharmacy, community nursing

伊院新大樓 環保又通透

QEH's new extension features green design

伊利沙伯醫院日間醫療中心新翼大樓上月已正式啟用。樓高九層的新大樓又名「伊院T座」，接連現有的日間醫療中心。油麻地專科診所和部分日間醫療中心提供的服務，會陸續遷至新翼，其中耳鼻喉專科診所、青少年醫療中心、腎臟透析治療中心和老人科日間醫院自去年12月已先後進駐新翼，其他服務會在今年首季分批遷入。

新翼設計引入多種環保概念，例如電梯大堂利用大幅落地玻璃外牆，讓陽光透入室內，減少日間照明。此外，除頂樓的綠化花園外，四樓老人科日間醫院外的綠化花園更設有復康設施，病人可以在寫意舒適的綠化環境進行復康運動，事半功倍。

Ambulatory Care Centre (Extension), aka BlockT, of Queen Elizabeth Hospital has commenced service in December 2016. The new building is connected to the current QEH Ambulatory Care Centre. Services provided at Yaumatei Specialist Clinic and some facilities and services of the existing QEH Ambulatory Care Centre will be relocated to the Extension. Ear, Nose & Throat Specialist Clinic, Adolescent Medical Centre, Renal Dialysis Centre and Geriatric Day Hospital have already moved into the new building since December 2016. Other service relocation will take place in phases in the first quarter this year.

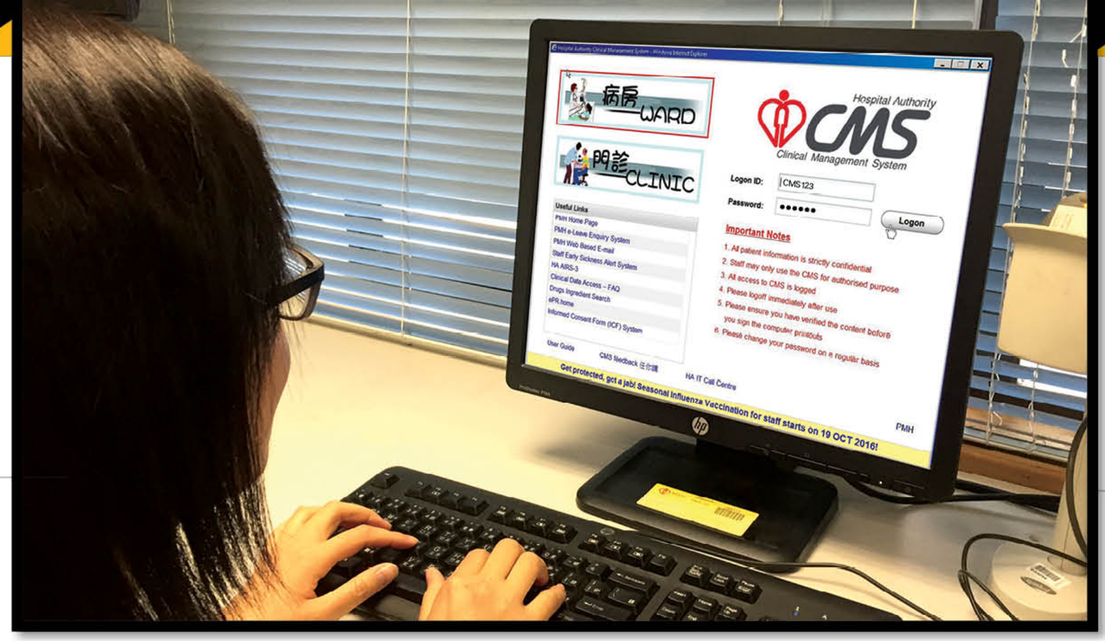
The Extension features an environmentally-friendly design, for instance, the lobby is bathed in sunlight from the ceiling height glass wall, reducing the use of lighting in daytime. Moreover, apart from a landscape garden on rooftop, the garden outside the Geriatric Day Hospital on 4th floor is even equipped with rehabilitation facilities for patients to exercise in a pleasant environment, thus contributing to speedy recovery.

伊院T座剖面圖 Cross-section plan of BlockT

二樓大堂採用落地玻璃外牆，增加室內陽光。
The glass wall of 2nd floor allows sunlight to stream into the lobby.

用CMS偷窺私隱分分鐘被炒

前線同事因工作關係，需經常使用臨床醫療管理系統（CMS），但有人卻藉此查看同僚的個人及病歷資料，違反專業操守。醫管局中央資訊保安及私隱主任黃永昌提醒同事，若因好奇而擅自透過臨床醫療管理系統查閱別人私隱，將會受到嚴厲懲處，甚至即時被終止僱傭合約。醫管局嚴禁這類侵犯私隱的行為。



黃永昌表示，現時有兩大途徑監控同事是否透過臨床醫療管理系統查閱他人私隱，一是同事舉報；二是中央資訊保安部會定期在醫院進行抽樣審查。

當總辦事處人力資源部收到相關投訴時，會隨即透過聯網的資料保安及私隱主任展開調查。調查後，他們會向中央資訊保安及私隱辦公室匯報調查結果，再由辦公室根據案件的嚴重性，考慮是否要向申訴專員公署申報。

同時，醫院會就每宗獨立的案件成立裁判小組，就案件的嚴重性和影響性討論當事人應負的責任，及檢討如何改善工作流程等。然後將報告呈交人力資源部，由他們向醫院的行政總監建議懲處的級別及決議，同時需向中央資訊保安及私隱辦公室匯報，由醫管局從機構的立場考慮是否採納建議。

目前醫管局有既定機制處理同事違規的事宜。醫管局會就事件的嚴重性，採取適當紀律行動，包括輔導、口頭或書面警告，甚至解僱。

同事必須緊記：好奇心不是抗辯理由，千萬不要被一時的好奇心蒙蔽，犯下不可彌補的錯失！

以下是同事不自覺地侵犯了他人私隱，錯誤使用臨床醫療管理系統的個案：
The following are two examples of unauthorised access to CMS:

個案 CASE 1 好心做壞事
Bad deed with good intentions

好心同事A關心請了逾月病假的同事B，想了解其康復進度，透過臨床醫療管理系統查閱，結果意外地發現當事人患有重病。此舉已侵犯他人私隱。結果，同事A需接受處分。

Colleague A is concerned about the recovery of Colleague B who has been on sick leave for over a month. While accessing B's medical information through CMS, Colleague A discovered that Colleague B was suffering from a serious illness. This violation of CMS access resulted in disciplinary action taken against Colleague A.

個案 CASE 2 私心做錯事
Wrong doing out of curiosity

男同事深受同事愛戴歡迎，充滿好奇心的同事，透過臨床醫療管理系統，查閱男同事的個人資料，包括年齡及婚姻狀況，更將男同事的個人資料作為茶餘飯後的話題。最後，當事人知道自己被「起底」，向人力資源部提出投訴。所有涉案同事已被懲處。

Several colleagues were curious about the age and marital status of a popular male colleague. They decided to look up the colleague's personal details on CMS. After discovering that many people had read his personal information via CMS, the colleague made a formal complaint. All colleagues identified to have violated HA's data privacy policies in this case were disciplined.

Unauthorised access to personal data may lead to dismissal

To enable frontline colleagues to carry out their duties effectively, it is essential for them to use Clinical Managment System (CMS) regularly. However, some colleagues are found to have violated HA policies in abusing their privileges to access personal information on CMS unrelated to their work responsibilities. Dickson Wong, Corporate Information Security and Privacy Officer, reminds all staff that the Hospital Authority has a zero-tolerance policy for misconduct relating to data privacy. Any individual who uses CMS to access their colleagues' personal information for any unjustified reason (including out of curiosity) may face serious disciplinary action including dismissal.

Dickson explains that there are two main channels in which unauthorised CMS access is discovered: the first is through feedback reports from employees and affected parties; the second is through regular internal audits performed by HA's Corporate Information Security and Privacy team.

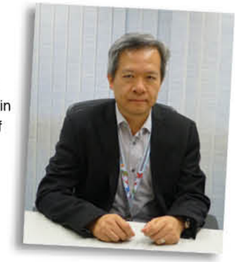
When HA Head Office Human Resources Division receives a report or complaint related to a data privacy incident, it will then contact relevant Cluster Information Security and Privacy Officer to initiate an investigation.

All findings will be reported to the HA Corporate Information Security and Privacy Office, which will then determine whether the incident should also be reported to Privacy Commissioner of Personal Data in accordance with Hong Kong's strict legislation.

At the same time, the concerned hospital at which the alleged violation occurred will set up an investigative panel to determine the root cause of the incident and to ascertain what further improvements can be made in order to prevent similar incidents in future. Any recommended actions will be proposed to the Hospital Chief Executive for approval via the hospital Human Resources Department, and reported to the HA Corporate Information Security and Privacy Office for consideration for adoption on a HA-wide basis.

HA has put in place an established mechanism to handle disciplinary matters of staff. HA will consider the seriousness of the incidents and take appropriate disciplinary actions. Such disciplinary actions include counselling, verbal or written warnings, and dismissal for cases of gross misconduct.

Please remember: access out of curiosity is not a mitigation factor!



醫管局中央資訊保安及私隱主任黃永昌提醒，前線同事使用臨床醫療管理系統時，切勿因好奇而擅自查閱同僚的個人資料及病歷檔案，侵犯他人私隱。
Dickson Wong, Corporate Information Security and Privacy Officer, reminds frontline colleagues not to use CMS to browse their colleagues' personal or medical information or perform any other unauthorised action.

使用CMS須堅守兩大原則 Best practices for the correct use of CMS

黃永昌提醒同事，前線醫護同事需時刻緊守使用CMS系統的守則，以下的小貼士可提醒同事杜絕無心之失。

- 同事使用臨床醫療管理系統時，須遵守兩大原則，一是當事人是自己要照顧的病人，二是因工作關係，需要使用的病人資料。「方便工作」絕非需要使用系統的原因，前線同事不能以此為藉口隨便查閱。
- 緊記臨床醫療管理系統會紀錄使用者的使用詳情。
- 不要將戶口名稱和密碼告訴他人。
- 使用中途或停止使用系統時，必須登出。
- 建議相關同事每兩年修讀醫管局網上學習中心提供的網上「保障病人資料安全」課程（http://infosec.home/SecurityTopics/DataAccessPrinciples.aspx?Lang=zh-TW），溫故知新，提醒自己不要犯錯。
- 醫院同事可參與相關的講座，對議題更熟悉，避免中招。

Dickson provides some advice to assist colleagues on appropriate access to the CMS – intentional or otherwise:

- All colleagues should ensure they only access CMS in situations where there is a legitimate work-related need and in accordance with two data access principles: (1) patient under care: Obtain information about a patient under their care; and (2) organisational need-to-know: Obtain data on organisational need-to-know basis. Convenience in work is not an organisational need-to-know reason, nor a valid reason for access for frontline staff.
- CMS automatically records all use of the system for every login.
- Never disclose your login ID and password login combination to anyone.
- Always log out of the CMS after use or if you need to step away from the workstation for any reason.
- Review the 'Protecting Patient Data Privacy and Security' course, available online via HA e-Learning Centre platform (http://infosec.home/SecurityTopics/DataAccessPrinciples.aspx?Menu=DataAccessPrinciples&Lang=en-US), at least once every two years.
- Attend relevant seminars held at various hospitals on a periodic basis to gain a better understanding of data privacy issues.

病人手術後當天已經可以由醫護人員協助，練習步行。
The patient can practice walking with assistance of medical staff on the same day of operation.

術後即日復康 出院指日在望
Early ambulation scheme reduces hospital length of stay

參考了醫學文獻和海外臨床實習的經驗，瑪麗醫院物理治療部、矯形及創傷外科部（關節置換外科）和麻醉科一年前聯合開展了「手術日步行計劃」。

此計劃旨在讓接受全膝關節置換手術的病人可即日下床，接受物理治療師的復康訓練安排，如膝關節運動、四頭肌強化鍛煉和步行訓練等，有別於以往要臥床休息一日才可進行復康訓練。計劃的好處是可以減少由臥床休息而引起的併發症，亦可加快康復的速度。參與計劃的患者平均可減少一天住院時間。

With reference to literature reviews and overseas clinical attachments, Day Zero Ambulation Programme was pioneered a year ago by the Department of Physiotherapy, Division of Joint Replacement Surgery of Orthopaedics and Traumatology Department and Department of Anaesthesiology of Queen Mary Hospital.

The Programme enables patients to walk on the day of primary total knee arthroplasty without the need for bed rest. They can then start rehabilitation training with a physiotherapist on the day of operation, including knee mobilisation exercises, quadriceps strengthening exercise and ambulation training. The advantages of early ambulation are multi-prong: it reduces complications due to bed rest and speeds up recovery, while it also shortens patient's length of stay in hospital by one day on average.

網上新課程 學識與少數族裔溝通
Learn online to communicate with ethnic minorities

同事可在eLC網頁觀看影片，學習如何與少數族裔溝通和安排傳譯服務。
Staff can watch the video clips on website of eLC to learn how to communicate with EM patients and arrange interpreters for them.

你知不知道哪個宗教的教徒不吃豬肉？哪個宗教會為新生嬰兒誦讀可蘭經？醫管局總辦事處為加強同事對少數族裔的認識，推出「與少數族裔的良好溝通」和「為少數族裔安排傳譯服務」網上學習課程，供同事自學，以便為少數族裔提供全人護理。

「與少數族裔的良好溝通」課程包括醫護人員照顧少數族裔的注意事項，例如於性別、飲食、服飾、迎接新生嬰兒、處理遺體上的宗教和文化差異，以及如何獲取病人同意等的小貼士。「為少數族裔安排傳譯服務」課程則提供醫管局傳譯服務守則和流程、與少數族裔病人溝通方法、選擇傳譯員要訣等。

同事可到網上學習中心網頁瀏覽這兩個網上課程，「與少數族裔的良好溝通」和「為少數族裔安排傳譯服務」，完成整個課程和小測驗更可獲得電子證書。

想觀看影片，歡迎瀏覽網上學習中心（http://elc.home）的「影片庫」和流動版Mobile eLC。

'Better Communication with EM' provides tips for clinical and supporting staff in taking care of EM patients, such as religious and cultural differences on gender, dining habits, dress code, welcoming newborn, handling dead bodies, as well as tips on getting patient's consent. 'Interpretation Service Arrangements for EM Patients' provides dos and don'ts and procedures of interpretation service arrangement, communication skills with EM patients, and tips on choosing interpreters.

Do you know which religion prohibits pork? People of which religion recite the Koran to newborn babies? To reinforce colleagues' understandings towards ethnic minorities (EM), HA Head Office has produced online courses 'Better Communication with EM' and 'Interpretation Service Arrangements for EM Patients'. Colleagues can also watch the training videos in order to provide holistic healthcare service for EM patients.

Just click these two online courses: 'Better Communication with EM' and 'Interpretation Service Arrangements for EM Patients' through the eLearning Centre (eLC)'s website. An e-certificate can be obtained upon completion of the programmes and a quiz. Staff can also watch the videos directly through 'video gallery' on the eLC's website (http://elc.home) and through 'e-Play' of Mobile eLC.

見你一面也好

曾聽說過，當人危在旦夕時，仍不願離開塵世，那就代表他有心願未了。

當年初出茅廬的我，在內科遇到一位怪老伯。他年屆80，身體尚算健康，沒甚麼大毛病，通常只是患輕微肺氣腫。奇怪地，他一直要求住院。但當我建議他轉院時，他的態度卻180度轉變，反而願意出院；不過三日後又回來求診。這情況持續了幾個月，終於有一次，怪老伯真的「中招」，不幸染上嚴重肺炎，更出現併發症，需插喉維生，試過好幾次差點要走，但最終還是活下來。

與姑娘閒談，才知道原來怪老伯的妻子也是同院 ICU 的病人。她70歲，是個腎功能衰竭的老太太，須留在ICU接受治療。

噢！我懂了，老伯一直不願離開的原因——就是為了見愛妻一面。

為解兩老相思之苦，我請姑娘安排他們見面。二人終於見面了。那一夜，我看到老太太坐在輪椅，安靜地握著丈夫的手，思念之情，盡在不言中，不捨之情令旁人動容。後來同事告訴我，當晚太太返回病房後，怪老伯不消一會也安詳地離世。

原來怪老伯之前一直堅持住院，是希望以「病人」身份隨時偷偷探望妻子。想不到自己卻在穿梭病房時不慎感染惡菌，最終比妻子先走一步。

夫妻在病床前鶼鰈情深的畫面，至今仍清晰印在我的腦海。兩老至死不渝的愛情，在現今「閃婚 / 閃分」的世代，更顯得難能可貴。現在偶爾也會想起他們，幻想他們可能已在天上再續前緣，過著快樂幸福的日子！

蘇潔瑩醫生
東區尤德夫人那打素醫院副醫院行政總監
節錄自醫管局內聯網「動人故事 • HA」欄目《怪老伯盼再見愛妻》

1分鐘自由講 1 Minute Talk

強積金「預設投資策略」 減低投資風險
MPF Default Investment Strategy reduces investment risks

今年4月1日起，積金局將推出「預設投資策略」。

「預設投資」是一個投資方案，由兩個混合資產基金，即「核心累積基金」和較低風險的「65歲後基金」組成。這計劃的特點是收費較低，管理和行政收費上限為0.95%，並由戶口持有人50歲開始自動增加65歲後基金的比例，降低投資風險。

所有醫管局強積金計劃成員2017年1月會收到介紹「預設投資策略」的通知。從未作出投資指示的同事則會在2017年4月6日至13日收到「預設投資策略重新投資通知書」，選擇是否退出「預設投資策略」。如同事在42天內沒有回覆，他們的強積金將會按「預設投資策略」進行投資；已作投資選擇的同事亦可主動選擇「預設投資策略」的基金。所有安排了按「預設投資策略」投資的同事日後仍可選擇退出，靈活安排投資。

如不肯定自己曾否作出投資指示，可向所屬的強積金服務供應商景順或富達查詢投資紀錄。想了解更多「預設投資策略」，可瀏覽積金局網站：http://www.mpfa.org.hk/。如曾更改通訊地址，或很久沒有收到由服務供應商發出的信件，請通知所屬聯網人力資源部或服務供應商。

Starting from 1 April this year, Mandatory Provident Fund Schemes Authority (MPFA) will offer a Default Investment Strategy (DIS).

DIS is an investment solution consisting of two mixed assets funds: the Core Accumulation Fund and the Age 65 Plus Fund, which has a lower investment risk. It features a cap fee of 0.95% for management fees and recurrent out-of-pocket expenses. The Scheme also automatically increases the proportion of the Age 65 Plus Fund in the investment solution to reduce investment risks when you reach the age of 50.

All HA MPF scheme members will receive a DIS introduction notice in January this year. Those who have never made any investment decisions will receive a DIS Re-Investment Notice during 6-13 April, and decide whether to opt out from the DIS. If they do not reply within 42 days, their MPF benefits will be invested through DIS automatically. Members who have made investment choices can also choose to invest in the DIS funds. Members whose benefits are defaulted in the DIS can choose to opt out from the DIS later.

If you are not sure whether you have made any investment choices for your account, you can check with your MPF service provider, Invesco or Fidelity. For further information on DIS, please visit MPFA's website: http://www.mpfa.org.hk/eng/main/index.jsp. If you have changed your correspondence address, or have not received any mails from your service provider for a while, please inform Cluster HR or service provider your updated address.

新年特色菜 自製好滋味

DIY delicacies for Lunar New Year

新年將至，明愛醫院和瑪嘉烈醫院同事，分別教大家自製健康迷你盆菜和三色茶粿，做法簡單，不妨一試！

Chinese New Year is just around the corner. Colleagues from Caritas Medical Centre and Princess Margaret Hospital share a recipe of healthy mini poon choi (big bowl feast) and tri-flavours cha kwo (dumplings) respectively to share the joy in this festive season.

迷你盆菜 Mini poon choi

4人份量 serves

材料

排骨	8件
雞中翼	8隻
蠔豉	8隻
海參（雪藏）	100克
蟹柳	8條
鮮冬菇	8隻
蘿蔔	1個
西蘭花（去莖）	1個
盆菜汁	1000克

Ingredients

Ribs	8 pieces
Chicken wings	8 pieces
Dried oysters	8 pieces
Frozen sea cucumbers	100g
Crab sticks	8 pieces
Fresh mushrooms	8 pieces
Turnip	1
Broccoli (stalk removed)	1
Poon choi sauce	1000g

做法

1. 將海參、蟹柳、鮮冬菇、蘿蔔去皮，全部洗淨備用。
2. 雞中翼、排骨醃好備用。
3. 先煮盆菜汁：爆香薑蒜，下南乳及柱侯醬兜炒片刻。然後貰酒，加水烹調片刻。再加入調味料，煮滾後，分開兩半備用。
4. 煲滾水加薑、蔥。先放海參、蠔豉、鮮冬菇、蘿蔔汆水，再加入半份盆菜汁，慢火燜15至20分鐘。
5. 鹵水料加水煮30分鐘，再放入已醃雞中翼，煮至熟透。燒焗已醃排骨。
6. 先將已炆好的蘿蔔放在盆底，上面排放蟹柳、海參、蠔豉、鮮冬菇。
7. 再放上雞中翼、排骨和已灼熟的西蘭花。
8. 最後加入餘下半份盆菜汁，煮滾，即可享用。

Method

1. Wash sea cucumbers, crab sticks, fresh mushrooms and turnip with skin removed.
2. Season the chicken wings and ribs.
3. Prepare poon choi sauce. Fry ginger and garlic with fermented bean curd and chu hou sauce. Add rice wine and water to cook for a while. Divide into two portions after adding seasoning and boiling.
4. Add ginger and spring onion into boiling water for blanching sea cucumbers, dried oysters, fresh mushrooms and turnip. Then add half of the poon choi sauce to braise for 15-20 minutes.
5. Cook 'lushui' marinade with water for 30 minutes. Then add seasoned chicken wings and poach until cooked. Bake the seasoned ribs.

明愛醫院膳食部同事
Colleagues of Catering Services at Caritas Medical Centre

6. Place turnip at the bottom of a claypot, then layer crab sticks, sea cucumbers, dried oysters and mushrooms.
7. Top with chicken wings, ribs and broccoli.
8. Add the poon choi with the remaining half of poon choi sauce and bring to a boil.

三色茶粿 Tri-flavours cha kwo

可做15個 serves

材料

粿皮	
紅色：紅菜頭蓉（蒸熟去皮，用格篩過濾成蓉）	30克
或	
黃色：甘筍蓉（去皮蒸熟，用格篩過濾成蓉）	30克
糯米粉	70克
沸水	30毫升
油	2毫升
綠色：綠茶粉糊	
綠茶粉	5克
沸水	45毫升
糯米粉	70克
油	2毫升
餡料 — 紫薯蓉蓉	
去皮紫薯	300克
粟粉	30克
蜜糖	60克

Ingredients

Skin	
Red: Beetroot paste (steamed, peeled & mashed)	30g
or	
Yellow: Carrot paste (peeled, steamed & mashed)	30g
Glutinous rice flour	70g
Boiling water	30ml
Oil	2ml
Green: Green tea powder mixture	
Green tea powder	5g
Boiling water	45ml
Glutinous rice flour	70g
Oil	2ml
Filling -- Mashed purple sweet potato	
Purple sweet potato (peeled)	300g
Corn flour	30g
Honey	60g

做法

1. 先做粿皮：半份糯米粉加入沸水，用筷子攪勻。把油、紅菜頭蓉 / 甘筍蓉 / 綠茶粉糊，及剩餘糯米粉，搓成15份粉糰。
2. 再做餡料：蒸熟紫薯蓉，用格篩過濾成糊，加入粟粉及蜜糖，攪勻，放入雪櫃約一小時，然後搓成15粒小丸子。
3. 粿皮壓扁放入餡料，每個約44克。
4. 蕉葉泡水，剪成方形。
5. 三色茶粿放在蕉葉上，用猛火蒸10分鐘即成。

Method

1. Add boiling water to half of the glutinous rice flour. Stir with chopsticks. Mix oil, beetroot paste / carrot paste / green tea powder mixture with remaining glutinous rice flour. Divide into 15 portions.
2. Steam the purple sweet potato. Mash to a paste. Mix with corn flour and honey. Freeze for an hour. Divide into 15 portions.
3. Make the dough ball into a bowl shape and put filling in it. Each is around 44g.
4. Cut banana leaves into squares.
5. Put the cha kwo on leaves. Steam for 10 minutes with high fire.

瑪嘉烈醫院營養及膳食部
Colleagues of Dietetics and Catering Department at Princess Margaret Hospital