醫院管理局
新界東醫院聯網
Hospital Authority
New Territories East Cluster

HOSPITAL AUTHORITY
New Territories East Cluster

CLUSTER REPORT 2013/14

This Cluster Report was published in September 2014.

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VISION, MISSION AND VALUES OF HOSPITAL AUTHORITY

Guided by the mission of "Helping People Stay Healthy", Hospital Authority collaborates with community partners to strive for continued success and work towards the vision of "Healthy People, Happy Staff and Trusted by the Community".

The Cluster has commenced to fully adopt the HA's vision, mission and values since its introduction.

Mission

- *Helping People Stay Healthy*

Vision

- *Healthy People*
- *Happy Staff*
- *Trusted by the Community*

Values

- *People-centred Care*
- *Professional Service*
- *Committed Staff*
- *Teamwork*

Message from Cluster Chief Executive (CCE)

Dr. C T HUNG
CCE, NTEC

This is my first year as CCE of the New Territories East Cluster (NTEC) and in preparing the Cluster Annual Report. I take much pride in presenting to you the Cluster Annual Report for 2013/14.

While the Report requires some efforts to prepare and collate, I would think these efforts are well spent and worthwhile. The biggest merit of publishing the Cluster Annual Report is to allow us to quickly review and reflect on what we have done last year so that we know the reasons why we have done well in some areas but not in other areas. These reflections are sometimes only possible with the benefit of hindsight. The organizational reflections allow the organization to learn and further improve herself. The other merit of publishing a Cluster Annual Report is to keep a good record of events which happened over the year. We have been involved in many anniversary celebrations where we might want to show the milestones of development of an organization. Many a time, important information will be lost with the passage of time if it is not recorded in time. It is much easier to record them when the memory is still fresh.

2013/14 has been a busy year for NTEC and a highlight was the hospital accreditation for the Prince of Wales Hospital and the North District Hospital. In addition, Dr. Fung Hong my predecessor and also Miss. Lucia Li, ex-CGM (AS) retired, and Dr. Theresa Li, Hospital Chief Executive of the Shatin Hospital and Bradbury Hospice became the Head of Human Resources in February 2014. These are all important events for the record.

In the context of the NTEC's growing demand for healthcare services and planning for the Phase II Redevelopment of the Prince of Wales Hospital, together with potential major expansion in other NTEC hospitals, I'll take the lead and be assisted by Professor Philip Li, Dr. Beatrice Cheng and Dr. Chi-yin Man to formulate a clinical services plan in 2014/15 to guide and set out clinical strategies and future service directions of the NTEC, in collaboration with the Head Office Strategy & Planning Division.

Moving towards the preparation of clinical service plan, we have committed for change. Amidst the changes and uncertainties, we are now planning our future to provide safe and dignified support to patients within the community in NTEC. While awaiting the long term development of the construction of a modern facility to facilitate a comprehensive range of services, we have to address the imminent issues. The issues such as access block and long waiting time sound all too familiar and cliché. The baseline fundamentals are resource constraints and the feeling of being overwhelmed with a sense of inadequacy, losing a vision of the bigger picture and a plan for change. Therefore, we start with the setting up of six working groups now to tackle the issues. They are:

- Working group on reducing access block and streamlining AED workforce
- Working group to reduce inter-departmental referrals / consultations
- WISER Task Force
- Working group on enhancing discharge management
- Working group on enhancing inter-hospital transfers
- Working group on enhancing accuracy of clinical data on discharge

Let's take changes positively and courageously with consensus in the form of a shared set of values to ride on the waves of changes.

Lastly I would like to thank all colleagues who have taken part in preparing this Annual Report wholeheartedly. Thank you to you all in capturing our bright moments and putting them down in history.

Message from Dean, Faculty of Medicine, The Chinese University of Hong Kong

Professor CHAN Ka Leung
Dean, CUHK

I am delighted to be invited to contribute this message for the NTEC Cluster Report 2013-14. I have had the privilege of learning a lot more from different levels of staff in the Cluster in the course of discharging my duties as the Dean of Faculty of Medicine of The Chinese University of Hong Kong since 1 January 2013.

As I read through this annual report, I am very impressed by the quality of governance of the Cluster. By setting clear targets for each year, the Cluster has been successful in driving the direction of available resources to meet a rising demand for health care services in terms of volume and quality.

I share the Cluster Chief Executive, Dr Hung Chi Tim's view of the importance of keeping history to showcase the best practices and to share lessons learned. The Faculty of Medicine has had a 30-year history of close partnership with the Prince of Wales Hospital, a major teaching hospital of our medical program. The Faculty has been fortunate to have been able to tap the talents in the Cluster to serve as our honorary staff to teach and mentor our students. Quality services are to be provided by quality staff. It is a symbiotic relationship. With the majority of our graduates joins the Hospital Authority after graduation, the Cluster serves a vital role in training future staff for the public health care system in Hong Kong. I would like to take this opportunity to pay tribute to all past and present staff members in NTEC for their dedication and commitment to delivering their best. I have seen many selfless individuals going the extra mile for the benefit of patients and their families. Their professionalism has been held in high regard in the Hong Kong community.

This annual report is yet another testimony to the resilient and innovative leadership of the Cluster in directing staff to overcome challenges to achieve admirable results on different fronts such as successful accreditation and enhanced services. The Faculty has been most privileged to have the support of this outstanding team in the education of our students as well as in our research into different realms of the health and medical sciences to improve therapies and treatments for the benefits of patients.

Lastly, I would like to express my deep appreciation to all the staff who had worked tirelessly and under tight deadlines to orchestrate the myriad sections to put together this comprehensive annual report. Their efforts are to be applauded. History is our guide for the future.

Messages from Hospital Chief Executives (HCEs) & Deputy Hospital Chief Executive (DHCE)

Dr. Beatrice CHENG
HCE, AHNH/TPH

Alice Ho Miu Ling Nethersole Hospital & Tai Po Hospital

2013 was a momentous year for the Tai Po Hospital (TPH), a time when it has achieved 15 years of excellence through our unwavering commitment to providing effective and quality patient-centred care. A series of commemorative programs under the theme of "Commitment for Quality Healthcare" were organized, aiming to celebrate our past achievements, strengthen our ties with all the stakeholders and re-engineer our notable strategies to better serve our patients. My heartfelt thanks to the hospital governing committee members, donors, community partners, team of staff and volunteers who have made this year really spectacular.

During the year, we at the AHNH and TPH devoted so much effort to expand our service capacity to cope with the growing service demand, upgrade our facilities and enhance our collaborations with the community partners. These significant achievements gave added impetus to us in accomplishing our mission of delivering holistic care for patients and their carers. We would like to express our gratitude to every member of AHNH and TPH for their dedication, professionalism and endurance, without that we could not be where we are. By further leveraging the support of our team, we shall continue to make solid headways in safeguarding the health of the residents amidst all the challenges.

Dr. K H LEE
HCE, BBH/SH

Bradbury Hospice & Shatin Hospital

I am truly honored and delighted to join NTEC on 1 July 2014. I witnessed and was impressed by the professionalism, innovation, teamwork and commitment of NTECians.

In the past year, SH & BBH continued to focus on enhancement of safety and client-centred services through reorganization of multidisciplinary safety walkrounds, initiation of fall prevention measures, implementation of facilities improvement projects in hospice setting, to name but a few. On the other hand, our collaborative support provided to PWH during winter surge period was also an evidence to exemplify our aspiration at work. I must express my heartfelt gratitude to the dedication and hard work of our staff in times of immense pressure as well as the leadership from Hospital Governing Committee members and my predecessors.

In the year to come, lots of challenges related to NTEC Clinical Services Plan, bed capacity enhancement programs and hospital accreditation are anticipated. We will embrace the changes and opportunities to take our hospitals onwards. Last but not the least, as staff are our most valuable asset, building an environment to nurture happy and fulfilling staff, attract, retain and motivate them will still be our top priority to strive for.

Dr. Herman LAU
HCE, SCH

Cheshire Home, Shatin

Time flies and 2013/14 was a year of blessings for the Cheshire Home, Shatin (SCH). The momentum of our colleagues as a team to provide caring service to our patients continued unabated. Some of them received training in lean management aiming at reducing waste in our service delivery process. The results were very positive with colleagues conducting projects on streamlining work processes and enhancing efficiency. We also collaborated with The Nethersole School of Nursing of The Chinese University of Hong Kong to conduct research on foot and toenail care for our residents. In the past year we also saw more wards with installation of the new air-conditioning system with cooling and heating function. All of the above have not been haphazard events but the fruits of the collective efforts of our colleagues under the support of New territories East Cluster (NTEC). Being one of the NTEC hospitals, we also joined in relieving the extremely heavy workload of other hospitals during the winter surge by taking care of some stable patients transferred from the Shatin Hospital. Without the cooperation and commitment of our colleagues, the above will not be possible and words simply cannot describe my gratitude to them. I am confident we will scale new heights in our service in the years to come.

Dr. C Y MAN
HCE, NDH

North District Hospital

The year 2013 was a memorable year for the North District Hospital (NDH). We went through Hospital Accreditation successfully and were granted 7 Extensive Achievements Awards by the Australian Council on Healthcare Standards. This is an important recognition to all our staff in providing a high quality service that is not just appreciated by our patients but also by an independent and international reputable organisation. This is especially impressive considering the fact that we continued to face the challenges caused by rising service demand, rising expectation, advance in technology and shortage of manpower in almost all disciplines. Over the years, the workload of both the out-patient and in-patient services was increasing. The lack of manpower in medical, nursing, allied health and supporting grades is yet to resolve, hopefully with much needed additional resource. As in most HA hospitals, the waiting time is on the rising trend. The frontline colleagues were overstretched especially in winter months. Furthermore, the capacity of the hospital has reached its limit, resulting in the emergence of access block and overcrowding especially in winter months. The North District Hospital is unique in being the public hospital nearest to the border with the Mainland. The threat of resistant bacteria from patients across the border was an ongoing risk. This, together with the overcrowding in wards, resulted in a small outbreak of resistant bacteria in a few wards last year. Thanks to the excellent work and concerted efforts of our infection control team, the ward staff and cleansing staff, the outbreak was rapidly controlled and contained at its early stage without further spread within the hospital. Despite all these challenges, we managed to maintain a quality and safe standard of care for our patients, as evidenced by around 4,000 appreciations from the patients and relatives last year with just a small and static number of complaints. In addition, as our commitment to continuous quality improvement, we embarked on a project to promote near-miss incidents reporting which will allow us to identify gaps and traps early before they actually cause harm to the patient. Furthermore, we also initiated the no-easy rolling out of clinical handover of ill patients and early detection of deteriorating patients. It is really a great honour to work with such a great team of medical, nursing, allied health, administrative and supporting colleagues who are so dedicated in providing truly patient-centered care to our patients even in difficult times.

Prof. Philip LI
DHCE, PWH

Prince of Wales Hospital

This year marks the 30th anniversary of the Prince of Wales Hospital (PWH) and it is really something very memorable for all staff here. It is also very timely that PWH has obtained the hospital accreditation highlighting the quality of care of our hospital towards our patients in Shatin, in New Territories and in Hong Kong.

I have worked in PWH since 1985 and it is always an enjoyable experience coming back to the hospital to see patients and to work together with all the dedicated staff here.

The excellent standard of care and the innovation and research in collaboration with The Chinese University of Hong Kong makes the name of PWH well known in Hong Kong and around the world.

I still walk back and forth in the link bridge everyday between the old wing and the new wing and I see many smiling faces greeting me and each other. Hospital is a place for the people and by the people. I wish the staff, patients and relatives in PWH will continue smiling beyond our 30 years mark when we are here.

I. OVERVIEW OF CLUSTER PERFORMANCE

The NTE Cluster serves a rapidly growing population. As in mid-2013, the population under NTEC catchment area was 1,258,200. For the past 5 years, it grew at an annualized growth rate of 0.9%, which was higher than that of Hong Kong overall figure of 0.7%. The growth of elderly population was even higher. As in mid-2013, our elderly population (aged 65 or above) was 152,600, which resulted from an annualized growth rate of 4% for the past 5 years. Such figure was much higher than the Hong Kong overall figure of 3%.

Apart from our local population, we have been facing growing service demand from the cross-border population as well. Though the actual size of the cross-border patient volume cannot be accurately ascertained as these patients may only provide a Hong Kong address on registration, based on inpatient bed-day statistics on those in-patients supplying a China address, NTEC accounted for 70.9 % of these in-patient bed-days.

As at 31st March 2014, we were operating 4,243 in-patient beds including 3,391 general, 524 psychiatric and 328 infirmary beds. We provided 166,053 in-patient and 96,395 day-patient episodes in 2013/14, which represented a decrease of 1.0% and an increase of 6.9% respectively when compared to last financial year. The total number of Accident and Emergency (A&E) attendances was 394,272, a 3.7% decrease. Our specialist out-patient (SOP) attendance increased by 3.2%, reaching a total of 1,099,137.

Primary care attendances reached 1,001,372, an increase of 3.3%. Psychiatric service provided 44,725 day attendances, 2.0% less than 2012/13. To support our discharged patients, Community Nursing Service offered 126,911 home visits, a slight increase of 0.5%. Total attendances of outreach service for geriatric and psychiatric patients were 77,297 (3.1% less than last year) and 35,844 respectively (14.2% more than last year).

Similar to other clusters in Hospital Authority, we were facing increased service demand both from both in-patient and out-patient services, particularly for SOP, A&E patients. For SOP services, despite the fact that we increased our new cases output by 6.3%, waiting time for routine cases were long particularly in Gynaecology, Orthopedics and Psychiatry owing to the escalating service demand and high turnover of experienced staff in the past few years.

On A&E services, we continued to struggle with the waiting time, particularly for triage III patients (urgent cases) in Prince of Wales Hospital. It was attributed to the increased number of triage II patients (emergency cases) and high turnover of experienced medical staff. On average, only 70.8% of the triage III patients could be seen within 30 minutes, falling short of the 90% target.

Despite all these pressure, NTEC strived to provide quality services to our patients. We attained outstanding performance in many performance indicators. On gate-keeping, we had a lower than average standardized A&E admission rate of 28.1% (HA: 28.8%). Our unplanned readmission rate was kept at a low level of 9.4%[1] (HA: 10.5%). In terms of efficiency, the day surgery and same day surgery rates for selected procedures, we continued to improve our performance and it reached 56.1 % (HA: 54.7%). With the support from head office of Hospital Authority, we successfully shortened the 90th percentile of routine case waiting time for Ophthalmology out-patient clinics from 155 weeks to 70 weeks. 99.1% of P1 patients received their cataract surgery within 2 months[2] while 99.7% of P2 patients received their surgery in 12 months[3]. The corresponding figures for overall HA were 93.8% and 96.7%, respectively.

[1] Reporting period is Apr 13 – Feb 14

[2] Reporting period is Feb 13 – Jan 14

[3] Reporting period is Apr 12 – Mar 13

On cancer management, the 90th percentile waiting time for patients receiving radical radiotherapy from decision to treat was 33 days (HA: 29 days). The 90th percentile waiting time for patients with colorectal cancer, breast cancer and nasopharynx cancer receiving first definitive treatment from diagnosis was slightly longer than the HA average (colorectal cancer: NTEC: 73 days, HA: 64 days; breast cancer: NTEC: 65 days, HA: 56 days; nasopharynx cancer: NTEC: 55 days, HA: 51 days)[4]. For some of the breast cancer patients referred to our Oncology Centre, they had already received their primary treatment from the private sector, which accounted for the apparently long waiting time.

The percentage of SOPC, FMSC and GOPC diabetic patients under diabetic control, (defined as HbA1c less than target of 7%), was 47.7%. it was comparable to HA's overall performance of 48.9%.

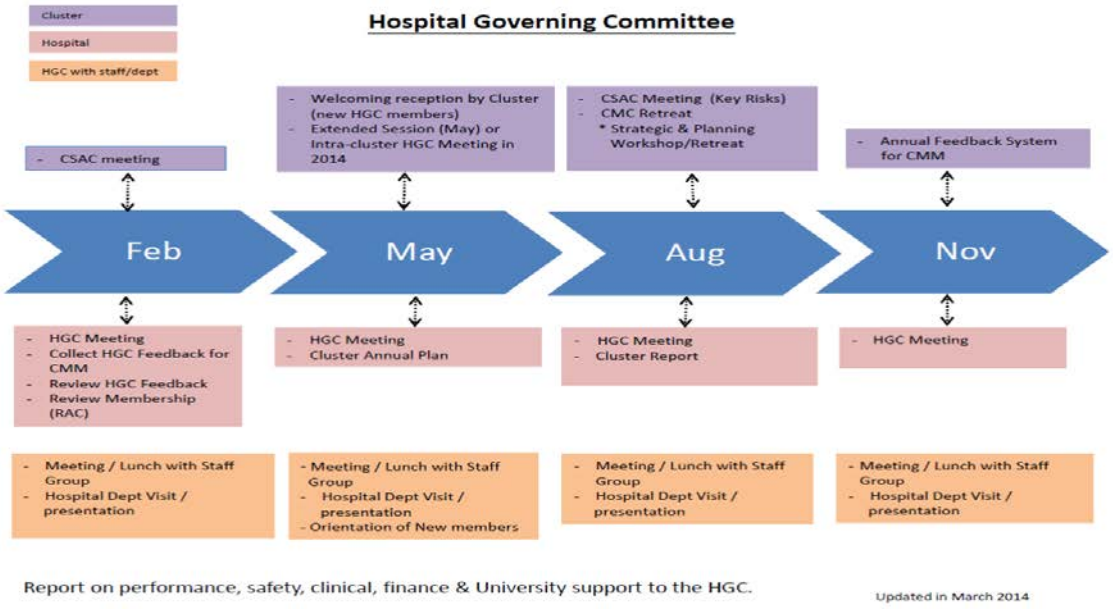
In supporting patients with chronic renal diseases, we further enhanced our renal services by providing additional hospital haemodialysis (HD) services. The percentage of patients with end stage renal failure receiving HD was increased from 21.6% in 2012 to 22.6% in 2013 (HA average: 24.3%)[5].

[4] Reporting period of colorectal and breast cancer is Oct 2012 – Sep 2013

[5] Reporting period of Haemodialysis services is from 1 Jan to 31 Dec 2013.

II. CLUSTER GOVERNANCE & ORGANIZATION

A Corporate Governance Review was carried out by the Hospital Authority Head Office (HAHO) in 2012 to align with the Hospital Governing Committee's (HGC) governance process. The final report of the Phase 2 Corporate Governance Review (conducted by external consultant KPMG) focusing on governance practices at the hospital level for HA was approved by the HA Board together with an implementation plan on 25 April 2013. The Phase 2 Corporate Governance Review, conducted by the said external consultant, concluded in its Final Report 32 recommendations for enhancing the Hospital Authority's (HA) governance practices at the cluster/hospital level. In fact, most of the recommendations had already been put into practice in NTEC. To facilitate the implementation and monitoring, a highlight of the major activities related to HGC is prepared for HGC secretaries to follow up in respective HGC.



Since June 2013, the HA Board Secretariat has led and coordinated an integrated approach, in collaboration with the cluster/hospital management and other stakeholders, to drive for enhancements in the various recommended areas. 31 recommendations were implemented as an on-going basis at the cluster/hospital level. The remaining one is to promulgate the revised Manual on the Operation of HGCs which is being taken care by HAHO. It is in good progress and expected to be completed later this year. NTEC is invited by HAHO to share the model of Corporate Governance at the Meeting with all HA HGC Members on 14 May 2014.

Apart from the above, the Cluster initiated an annual review of the Cluster committees. The review included re-visiting the membership, terms of reference and working relationship with other committees as well as the key achievements during the year. The findings would be reported to the Cluster Management Committee. The key achievements had been incorporated in this Cluster Report.

This year we will continue to pay effort on enhancing the effectiveness and performance of each committee, irrespective of if it is Cluster or hospital-based. Each committee will be evaluated annually to gauge the extent of its fulfillment of the terms of reference. This is to ensure that the committees could serve the purpose to facilitate communication and improve services within the Cluster, as well as saving the precious time of clinicians and managers. The consolidated review will be reported to the Hospital Management Committee and Cluster Management Committee.

Membership of the Hospital Governing Committee

Alice Ho Miu Ling Nethersole Hospital

From Back Left *– Ms. Winnie LAM, Rev. K C PO, Dr. C T HUNG, Ms. Ada YU,Ms. S F KO, Mr. Michael LAI, The Rt. Rev. Dr. Thomas SOO and Mr. Richard FUNG*
From Front Left *– Dr. Pamela LEUNG, Ms. Michelle CHOW, Dr. Beatrice CHENG, Dr. K Y FUNG, Mr. Herman TSOI, Mr. John LI, Dr. Calvin LEUNG and Ms. Gigi FUNG*

Bradbury Hospice

From Back Left *- Mr. Fan KWAN, Dr. Vincent TSE, Dr. David KAN, Mr. Paul WU, Mr. S K SHUM, Ms. Zabrina LEE, Dr. Maria CHUI, Dr. Raymond LO and Mr. Jimmy TSUI*
From Front Left *- Ms. Mable Shadalla CHOW, Dr. C T HUNG, Dr. Joseph LEE and Dr. Elsie HUI*

Cheshire Home, Shatin

From Back Left *– Ms. Susanna CHAN, Mr. POON Sun Biu, Mr. Paul MAK, Dr. Edward LEUNG, Dr. Herman LAU, Ms. Esther LAW*
From Front Left *– Ms. Janet LAI, Dr. C. T. HUNG, Mrs. Linda WONG, Dr. Pamela LEUNG, Prof. Diana LEE*

North District Hospital

From Back Left – *Ms Winnie CHENG, Mr DENG Kai-rong, MH, Mr MA Ching-nam, JP, Mr LIU Sui-biu, Mr YIP Wing-tong, Charlie, Mr YIU Kei-chung, Thomas, JP, Ms Sammei TAM*
From Front Left *- Ir PANG Chun-sing, George, MH, Dr HUNG Chi-tim, Ms CHIANG Lai-yuen, JP, Dr MAN Chi-yin, Mr HUNG Siu-ling*

Prince of Wales Hospital

From Back Left *– Mr. Robert WONG, Dr. W Y SO, Dr. L P CHEUNG, Dr. N K CHEUNG, Prof. Philip LI, Ms. Winnie CHENG, Mr. Karson LEUNG, Ms. Becky HO*
From Front Left *– Dr. K L WONG, Dr. C T HUNG, Ms. Maggie NG, Ms. Winnie NG, Mr. Edward HO, Prof. Francis CHAN, Mr. Philip WONG, Mr. Peter LEE, Ir Prof. Peter MOK*

Shatin Hospital

From Back Left *– Mr Jeckle CHIU, Mr CHIU Man-leong, Dr. C T HUNG, Mr FONG Cheung-fat, Mr LAU Kim-hung, Dr Andy CHIU*
From Front Left *–Ms Zabrina LEE, Dr Elsie HUI, Mrs Yvonne LAW, Prof Joanne CHUNG, Dr Maria CHUI*

Tai Po Hospital

From Left – *Ms. Gigi FUNG, Dr. Calvin LEUNG, Mr. Titanic LAU, Mr. Patrick MA, Dr. C T HUNG, Mr. W P LEUNG, Dr. K C YIP, Dr. Beatrice CHENG, Mr. C F MAN and Mr. Arthur LI*

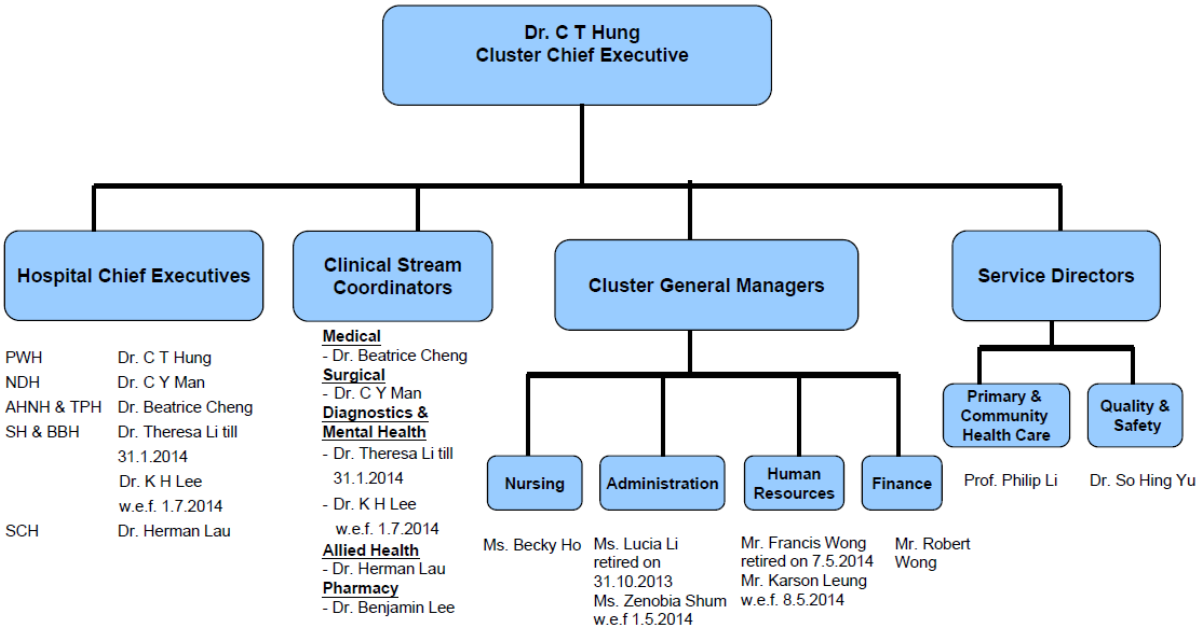
Membership of the Cluster Management Team

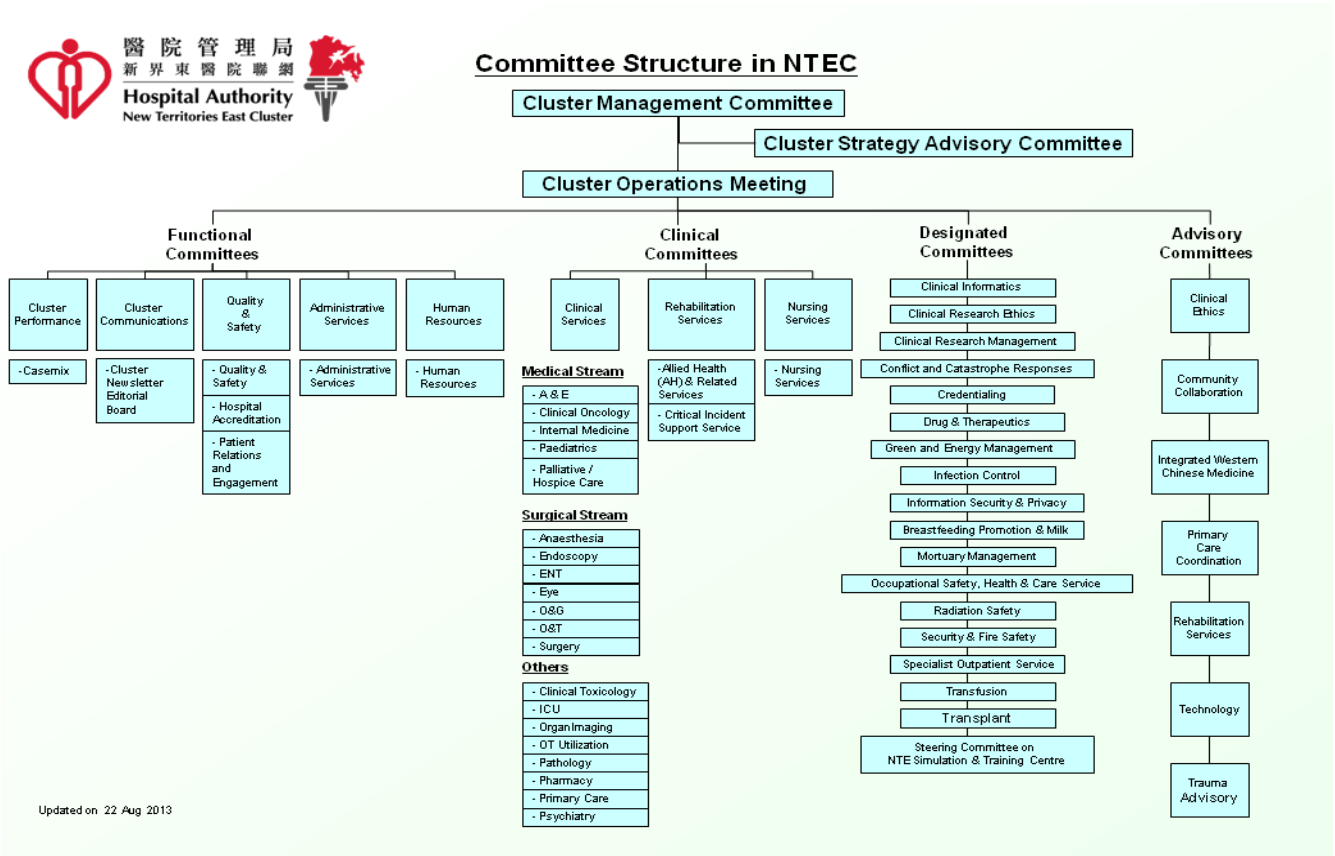
From Back Left *- Ms. Becky Ho, Dr. Joseph CHUNG, Dr. Benjamin LEE, Mr. Robert WONG, Dr. H Y SO, Ms. Winnie CHENG, Ms. Zabrina Lee, Mr. Francis WONG and Ms. Stephanie YEUNG*
From Front Left *- Dr. Herman LAU, Dr. Beatrice CHENG, Prof. Philip LI, Dr. C T HUNG, Dr Theresa LI and Dr. C Y MAN*

Membership of the Cluster Strategy Advisory Committee

From Back Left *- Mr. France WONG, Ms. Winnie CHENG, Dr. Beatrice CHENG, Prof. Philip LI, Dr. Herman LAU, Mr. Robert WONG, Dr. C Y MAN, Ms. Becky HO, Ms. Zabrina LEE*
From Front Left *-Mr. Paul WU, Mr. Patrick MA, The Rt. Rev. Dr. Thomas SOO, Ms. Winnie NG, Dr. C T HUNG, Ms. CHIANG Lai-yuen, JP, Mrs. Linda WONG, Mr. FONG Cheung-fat*

Organization Chart of New Territories East Cluster





III. KEY ACHIEVEMENTS OF TARGETS 2013/14

A. Allay Staff Shortage and High Turnover

1. Recruited 72 additional nurses to meet operational needs at acute settings and high pressure areas.

2. Recruited 30 additional frontline Allied Health Professionals to enhance support for patients requiring multi-disciplinary care and rehabilitation.

3. Created 30 additional promotional positions for nursing and Allied Health grades.

4. Recruited 16 additional Patient Care Assistants for Allied Health Departments to share out simple clinical tasks and to support Allied Health Professionals in service delivery.

B. Better Manage Growing Service Demand

1. Converted the observation ward at NDH to become a 20-bed Emergency Medicine Ward

2. Opened 3 additional High Dependency Unit (HDU) beds at PWH

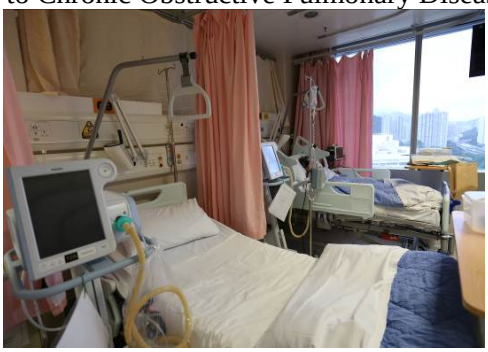
3. Established a 10 bed paediatric day ward at AHNH to cope with cross border service demand

4. Implemented extended-hour emergency Percutaneous Coronary Intervention (PCI) services in PWH to serve 15 additional cases

5. Implemented 24-hour thrombolytic service for acute ischaemic stroke patients and provided Transient Ischaemic Attack (TIA) clinic service to 500 patients at PWH

6. Expanded the capacity of renal replacement therapies for patients with end-stage renal disease by providing hospital haemodialysis to 8 additional patients

7. Designated 4 medical beds in PWH for the provision of enhanced non-invasive ventilation (NIV) service to Chronic Obstructive Pulmonary Disease (COPD) patients in respiratory failure



8. Set up a team of medical technologists to provide service for the analysis of blood gas sample in the Neonatal Intensive Care Unit (NICU) at PWH

AMT Rotation (Mon – Sun)

Heel Pricking Procedure

Analysis of POCT Blood Gas Sample in NICU

9. Improved the management of Specialist Outpatient Clinic (SOPC) waiting lists by adding doctor sessions and expanding the eye specialist clinic capacity to handle a combined total of 4,200 new cases

10. Shortened the waiting lists of trauma and emergency surgeries by opening additional 4 sessions in PWH and 2 sessions in AHNH

11. Established a Medical Ambulatory Care Centre (MACC) with 30 day beds at PWH to divert non-emergency cases of acute wards and alleviate the access block at A&E

12. Enhanced ambulatory care by setting up an 8 bed ambulatory care unit at the Children Cancer Centre in PWH

13. Provided 1,500 psychiatric consultation liaison attendances at the A&E department in PWH for patients with probable mental health problems to facilitate timely assessment and early intervention and reduce unnecessary admissions

14. Enhanced community care for mental health patients by providing case management service to 700 patients with severe mental illness living in the North District area

15. Enhanced mental health services by providing recovery oriented treatment programs for patients in the psychiatric admission wards, and improved the physical setting of the psychiatric admission wards at TPH

16. Provided anti-vascular endothelial growth factor (VEGF) treatment to 60 new age-related macular degeneration (AMD) cases and 500 new cases of diabetic related eye diseases, including sight threatening diabetic retinopathy

C. Ensure Service Quality and Safety

1. Implemented the radio frequency identification (RFID) system in the mortuaries of AHNH and TPH to improve the accuracy of body identification and flow control

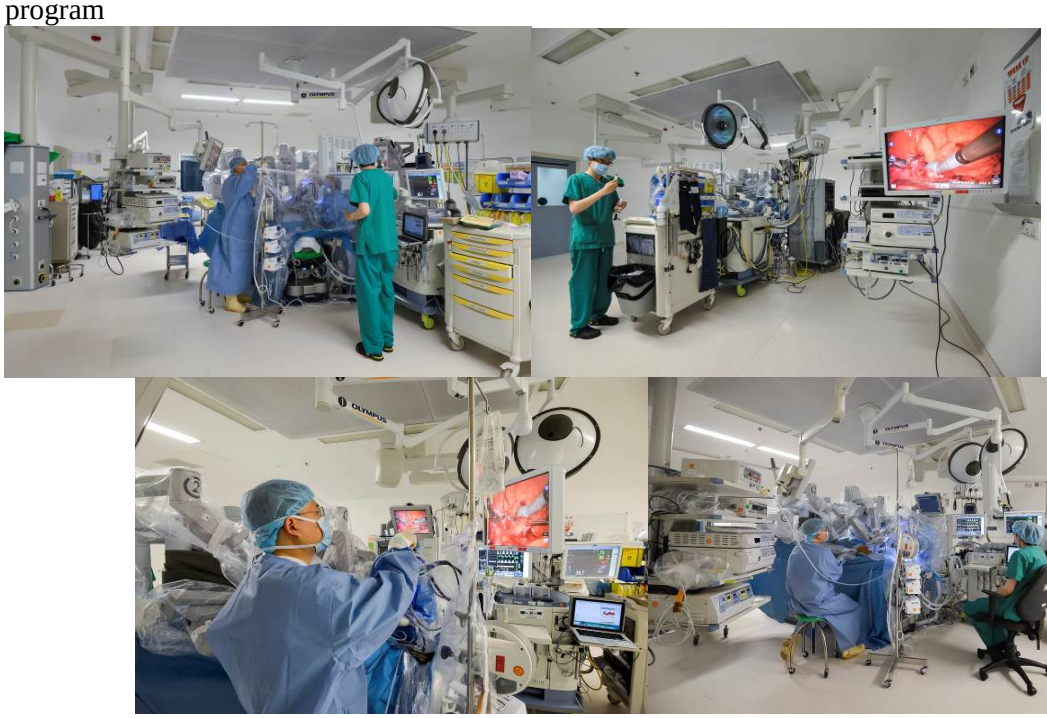
2. Enhanced cancer diagnostic services by providing cytogenetic tests for blood cancer to 30 additional patients, and 70 additional predictive molecular tests for lung, breast and colorectal cancers

3. Improved transplant services by enhancing the skin bank and burns centre service at PWH, and established new cell therapy service for burns and wound care

4. Adopted Minimally Invasive Surgery (MIS) technique in hysterectomy surgeries for suitable gynaecological patients, with a target to achieve a HA overall rate of 60%

5. Provided Deep Brain Stimulation treatment for 9 patients with advanced Parkinson's disease

6. Performed 24 cases of Robotic Assisted Surgery (RAS) under the cross cluster RAS collaboration program



D. Ensure Adequate Resources for Meeting Service Needs

1. Continued to expand the Non-emergency Ambulance Transfer Service (NEATS) ambulance fleet by recruiting 6 additional drivers and attendants to shorten patients' waiting time and improve the punctuality of service

2. Implemented the auto-refill service of medical consumables and linen items in all the hospital wards in PWH, SCH and SH

3. Carried out site renovation and preparation for establishing a new Haematology Oncology Ward in PWH with isolation facilities for the expansion of oncology inpatient service

IV. KEY ACHIEVEMENTS OF CLUSTER FUNCTIONS 2013/14

A. Administrative Services

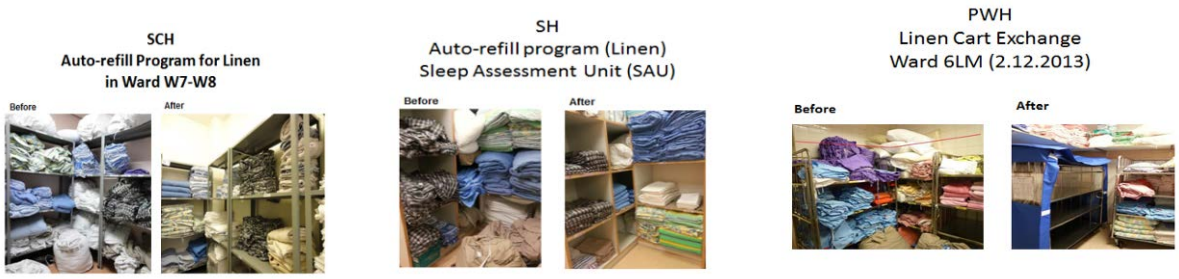
2013/2014 was a year of innovation for administrative services with the implementation of new initiatives through new mode of operation introduced in many service areas. The two most remarkable examples were the launch of auto-refill services for medical consumables (MC), personal protective equipment items (PPE), central sterile supply items (CSSD) and linen items as well as the implementation of colour-coding system for cleansing.

Auto-refill Program
In collaboration with user departments and NTEC Hospital Planning & Facility Management Division, NTEC Procurement & Materials Management and NTEC Linen & Laundry Service launched the auto-refill program for the supply of MC, PPE, CSSD and linen items with a view to relieving clinical colleagues of their non-clinical duties so that they can concentrate on direct patient care. Under this program, the supply of MC, PPE, CSSD and linen items is replenished to the user departments in a timely manner according to the agreed quantity. Clinical users no longer need to monitor the stock level of these items as they are now managed by Administrative Services Departments.

It has been planned that the program would be implemented by two phases from 2013/14 to 2014/15. Three hospitals, namely SH, PWH and SCH are covered under Phase I while BBH, NDH, TPH and AHNH are under Phase II. The General Outpatient Clinics (GOPCs) in the catchment areas of respective hospitals will also see the implementation of the program concurrently. We will realize the following service enhancement upon implementation of the auto-refill program.

Medical consumables, personal protective equipment, central sterile supply items
There are approximately 103 new locations covered in the Phase I auto-refill program in 2013/14. Upon completion of the whole program in 2014/15, the total no. of auto-refill accounts will reach 414, which contributes 191% increase as compared with the existing number of user accounts, and the auto-refill frequency will reach 1,656 times per month which sees an increase of about 296% as compared with the existing service.

Linen Items
There are 63 locations in hospitals and GOPCs covered in the Phase I program in 2013/14 and the total no. of user locations will reach 188 upon completion of the whole program in 2014/15. For some locations, the linen delivery frequency is adjusted from once to twice per day to meet users' operational need. For some hospitals, the service is provided seven days per week as compared to the previous arrangement of six days weekly.



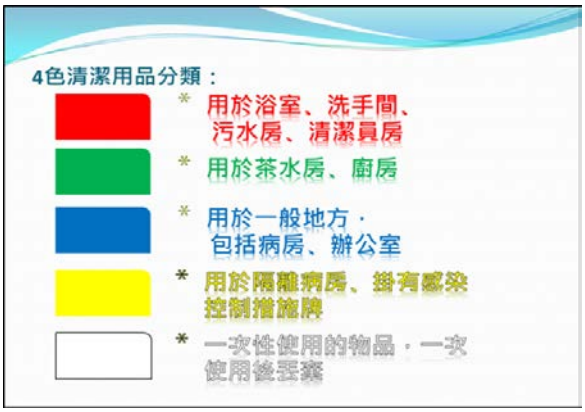
Colour-coding System in NTEC Hospitals to Enhance Environmental Hygiene

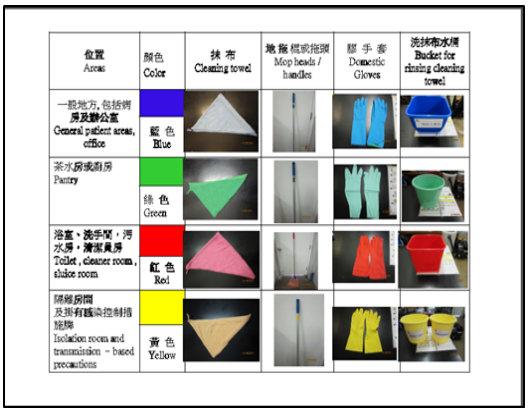
To a cleaner in a hospital, working in a healthcare setting poses great challenge to him/her. The standard required is so much higher than that of other premises as there is greater concern on infection control. He / She is in fact a valuable partner in contributing to the environmental hygiene of a hospital.

Recognizing the importance of environmental hygiene and responding to the call of the Central Infection Control Team of HAHO, NTEC has spearheaded the implementation of colour-coding system in all its hospitals since 2013. Thanks to the funding support of the Cluster management, NTEC is the frontrunner in the launch of the above system.

Colour-coding system refers to the use of cleansing equipment and materials covering cloth, bucket, gloves, mop head and mop handle of different colours for different areas in a ward so as to prevent cross-contamination of pathogens. Green is for the pantry, red is for toilets and bathroom, blue is for the general areas and yellow is for the isolation facilities or areas with infectious cases.

The critical success factors for the system have been identified to be the availability of the required equipment and materials, the engagement of cleansing staff and subsequent and continuous monitoring. As mentioned earlier, the Cluster management has been very supportive of the initiative. For staff engagement, we have developed a pictorial guide for easy understanding of our cleaners and let them see the broader picture of why there is the need for introducing such a system. During the process, they are not left alone in the endeavor. The supporting services supervisors of respective hospitals have been with them along the way to ensure that the equipment and materials of the correct colours have been used. The engagement process does not limit to our in-house staff. Our outsourced contractors providing domestic service in our hospitals also follow suit. Through communication and collaboration, we have witnessed the successful implementation of the system in NTEC.





Apart from the auto-refill program and the colour-coding system, we have also attained notable results in many other service areas:

Hospital Planning & Facility Management (HPFM)

- Set up the HPFM related criteria for hospital accreditation for PWH.
- Completed the Green, Energy and Environmental Report of 2012/13 for NTEC.

Cluster Secretariat

- Set up the timeline for preparation of annual plan submission to HAHO covering all stakeholders.
- Streamlined the workflow for completion of the business cycle for cluster annual plan and HAHO annual plan submission and monitoring.

Transport Service

- NTEC Non-emergency Ambulance Transfer Service (NEATS) outperformed 5 HAHO target Key Performance Indicators out of 6 relating to patient waiting time and manpower deployment. The punctuality standard for medical appointment has improved significantly by 16%.
- Competence of staff and efforts of training were recognized as four supervisors of the NEATS team were appointed as trainers at HAHO Structured Training System for NEATS frontline staff. All new recruits in 2013 had been arranged to undergo the structured training at HAHO designed for NEATS staff of all clusters in HA.
- The NEATS Team continued to achieve low injury on duty (IOD) rate at 2.5% (2 incidents) for 80 staff members and has achieved zero IOD incidents for 10 months since April 2013.

Food Service

- Successfully completed re-certification of Integrated Management System (IMS).
- Successfully replaced essential equipment in food service, such as dishwashing system and titling mixer kettle in PWH, pulper and combi-steamer in SCH, and food metering station in NDH.
- Provided better care to infirmary patients by increasing the provision of soup from 4 times to 12 times a year; and the provision of two entrée for patients for lunch simultaneously in TPH.

Health Information and Records Service

- Reduced the risk of staff injury following the opening of a new 5,000 filing meter medical records store in PWH in January 2014 with increased storage space and improved filing facilities.
- Shortened the registration waiting time in AHNH Specialist Outpatient Department (SOPD) with the opening of a new SOPD patient registration counter in November 2013.

With the joint effort of all the administrative staff, we have witnessed very fruitful results in 2013/14. However, the journey of innovation is never ending. We shall continue exploring new means to enhance the efficiency and quality of our service and we shall work hand in hand with dedication with all our clinical counterparts to provide quality service to our patients in the coming years.

B. Communications

2013/14 was a very challenging year. The access block and service capacity problem particularly in PWH continued to draw media attention. A number of internal HR issues in the clinical departments also came under media spotlight. The Section has promptly acknowledged stakeholders' concern and proactively issued consistent messages to put the issues in perspective.

Despite the heavy engagement on the crisis management front, we continued to work at optimizing various communication tools. In collaboration with IT, we rolled out the 4th version of YouSay in November 2013. The daily hit rate surged 3-folds to reach 2,400, solidifying YouSay as the stickiest platform of iNTEC. We worked with IT again in the information architecture, content and visual packaging of the hospital webpage to make it accessible for persons with disabilities. The project won a gold award in the 2013 Web Accessibility Recognition Scheme.

Various activities were also held to engage the stakeholders. District councilors were invited to visit NDH. Tai Chi Classes, health talks and safety promotion campaign were organised under the Tai Po Safe and Healthy City Project. The Cluster also held a week-long public roving exhibition in collaboration with the LINK. Despite the announcement of the serious response (S2) alert for infection disease on 2 December 2013, Christmas caroling continued in the non-clinical areas, bringing festive joys to staff and patients. The trust with the community has been reciprocated in many ways including donations. Sizeable donation sums from individuals have been received by different hospitals in recognition of the work of the health care workers.

The Section received a big morale booster at the end of the year during the Australian Council on Healthcare Standards (ACHS) accreditation exercise. PWH and NDH concomitantly received the "Extensive Achievement" rating in the assessment criterion 1.2.1. The content on various information tools and the Cluster's commitment in maintaining good media relations have received special commendations.

AHNH organized a Tai Chi class on 5 July 2013 on International Self-Care Day 2013

The 2014 North District Hospital Charitable Foundation Charity Walk held on 16 March 2014 raised over HKD$ 1.6M for purchasing portable oxygen concentrators for Chronic Obstructive Pulmonary Disease (COPD) patients

Health beat reporters were given a tour of the new Eye Centre at PWH on 30 September 2013

Christmas caroling was held in the non-clinical areas of PWH on 24 December 2013 in collaboration with the Chaplaincy, Life Little Warriors and Child Development Matching Fund

A Donor Appreciation Ceremony was held on 18 January 2014 to thank donors' contribution in TPH's 15th anniversary fundraising campaign

NTEC stroke nurses demonstrated a health exercise routine with a shifu at the Cluster roving exhibition at Heng On Shopping Arcade on 15 September 2013

More than 30 health beat reporters joined the annual gathering at the Science Park on 6 March 2014

C. Finance

2013/14 continued to be a challenging year, as we committed ourselves to support the accreditation process, implemented 3 new or updated corporate systems, and continued to develop both our clerical and professional staff.

Governance
We monitored and reported regularly on hospital financial performance and risks at the Hospital and Cluster management meetings as well as to the members of the individual Hospital Governing Committees.

Monthly reports to the Head Office Finance were also submitted with full explanations regarding variations between the Budget Plan and the actual financial results.

Key financial results were presented to the HA Chief Executive and the Head Office Directors on a quarterly basis.

Accreditation
Accreditation is a continuous process which helps us to focus on providing higher quality financial services and information to our patients and colleagues. As a result of the accreditation process we started to develop a continuous quality improvement culture, whereby we actively seek opportunities to improve, in addition to assessing feedback from patients and colleagues.

Accreditation Continuous Quality Improvement (CQI) projects included a reduction of cash handling risk through the introduction of additional Octopus Kiosks which are used to reduce cash collections by $9 million annually. In addition, we are developing dashboard indicators to systematically monitor key risk areas to improve the collectability of our accounts and review the Payroll-HR-Department processes to reduce unnecessary salary over- payments.

In September, Surveyors from the Australian Council on Healthcare Standards (ACHS) reviewed Cluster functions including Cluster finance's structure, control framework, internal control systems records management systems and provided us with a "Marked Achievement" grading.

ACHS surveyor (centre) with Cluster Finance Managers after completing the Survey

ACHS surveyor (5th from the left) responsible for reviewing the Corporate Records Management criteria

Modernization through Systems

i-Annual Plan

We continued to enhance our in-house iAnnual Planning system co-developed with the Cluster IT team. This year, the functionality of semi-automating the New Program Annual Plan budget letters was added. We were able to significantly reduce time spent on checking hundreds of new program budgets. In addition new program Budget Letters were issued 2 weeks earlier than the prior year and the number of errors and typos were reduced significantly due to the elimination of manual work processes.

Patient Billing Revenue Collection System (PBRC)

The implementation was divided into 2 phases in July 2013 and January 2014 respectively. The new system generates roughly 400,000 bills and 80,000 private and public patient statements annually. In July, we focused our energy on the Prince of Wales Hospital where both the new public and private patient billing systems needed to be implemented. The new PBRC modernizes our private patient billing processes, replace manual processes with computerized interfaces which transfer patient service data from the Laboratory Information System, Radiology Information System, and Operating Theatre Records System to PBRC automatically to enable private patient bills to be issued more promptly. The remaining six NTEC hospitals implemented the new PBRC in January.

The system's benefits include reducing patient confusion by generating consolidated bills which include all HA services in a single bill rather than having a number of different bills for each hospital. Monthly summary statements are also new showing details, on an HA-wide basis, of all unsettled hospital bills. These new billing documents facilitate patients in settling bills in any hospital Shroff, alongside other payment methods such as 7-Eleven convenience stores and internet banking services.

Annually Improvement Works exceeding $120 million

Finance assisted the Head Office to develop a new system which provides up-to-date information for maintenance activities covering a 10-year period, with each project ranging between $100,000 and $75Mn. Clusters are responsible for monitoring, reporting and managing these resources to optimize treasury functions and manage projects within the capped budget.

Enterprise Resources Planning (ERP)

Another major improvement relates to ERP Release 12 that involved systems impacting Procurement, HR, Finance and Pharmacy. Roughly $2.8B of supplier payments are processed through the system annually. Release 12 incorporates automatic accounting for depreciation transactions under Fixed Assets register. The upgrade also streamlined the data processing underpayment function which allows us to reduce manual procedures and eliminate human errors.

People

Continuous staff training and development is the culture that we cherish. We encourage and support staff to undertake training within Hospital Authority and from outside professional organizations such as the Hong Kong Institute of Certified Public Accountants. Staff were able to learn from attending in-house training workshops and Head Office organized Finance seminars.

We provided training to healthcare professionals and administrative staff to develop financial awareness, provided staff with useful financial tools to be used in a hospital environment, and reviewed budget management and annual planning concepts. Training sessions were held with the participation of more than 160 colleagues.

D. Human Resources

Staff Engagement

Immediately after joining NTEC, the new CCE actively engaged in understanding staff opinions and concerns through various activities. Maintaining the personal touch, CCE, HCEs and senior hospital executives met staff through many occasions such as luncheon meetings, departmental walk rounds, and hospital visits to listen to staff's feedback, understand staff's needs, provide information and exchange views and ideas. The CCE and senior hospital executives continued to visit every department in the Cluster to understand departmental performance, plans and concerns.

CCE Forums were conducted in PWH, NDH and AHNH (with simulcast to SH & SCH) to share latest plans, development and cluster information etc with staff. Topics covered included: 14/15 Annual Plan & NEATS service; Helping me to help you; Medication safety - continuity; Staff Caring Survey results; 10-year expansion plan of NTEC. Starting from January 2014, various cluster services including Cluster NEATS service and Procurement & Materials Management also gave a briefing introducing their services to participants during CCE staff forums.

Doctors Day, Nurses Day, Allied Health Day and Admin & Supporting Staff Day were organized to recognize efforts made by staff in respective staff groups and their contributions.

NTEC won the overall Cluster Championship in 2014 HA Singing Contest on 29 March 2014 with our singer winning the championship in the solo category and our group singer being the 2nd runner-up in their category.

The Steering Committee for Hospital Authority Review visited our Cluster and a Staff Forum was arranged on 14 March 2014 for staff to directly reflect their views to the Bureau and Steering Committee members.

A Staff Caring Survey was conducted in 2013. Views collected had been analyzed and announced during staff forums. Based on views collected, a Supervisor Energizing Program for frontline was being planned.

Staff Training

Staff Orientation program was revamped to provide up-to-date information to new recruits. A new orientation booklet was published in NTEC which covered essential information, related ordinances and HA policies that every new joining staff should know. Since its launch in 2012, i-Learn continued to be a useful web-based learning platform to ensure individual new recruits had comprehended essential information. Relevant programs for newly joining Interns, doctors and nurses had been uploaded to i-Learn so that relevant new recruits could complete the courses and their assessment on-line. Relevant programs for Allied Health grades and clinical supporting staff were also being developed.

"One-staff-one-plan" program was re-vamped to suit the changing needs of various staff groups. A few courses were combined and revamped. More courses were opened for enrolled nurses. Human Resources Division continued to arrange/conduct Rights–to-manage courses on various ordinances and HA policies for supervisors to facilitate their staff management. The following courses were also offered: Legal aspects in nursing; Better Patient Partnership; Financial Management, Life Theories, etc. People workshops continued to be provided to frontline registered and enrolled nurses with senior nursing managers joining in to share their ideas and insights in interpersonal interactions and career planning.

Team workshop for NTE cluster Community Outreach Service Team (COST) allowed colleagues to get together for team activities and exercises

Prof Philip Li shared his insights during the COST workshop

Group photo of COST colleagues from the North District, Tai Po and Shatin teams

Senior Finance Manager conducting Financial Management course in One-staff-one-plan program

Legal Counsel from HAHO's sharing on Legal aspects in One-staff-one-plan program

Labour Department in-charge talked on employment ordinance & shared on dispute cases

Talk on HR policies in the Rights-to- Manage course

Group discussions during Financial Management course

Nurses engaged in group exercise in the People Workshop

Group games for warm-up

Group participants celebrating their success in group work

Retired GM(N) shared her insight on nursing career in the People Workshop

Smiling faces in front of their finished masterpiece with group efforts

I-Learn portal catering to the need of six staff

HA Singing Contest 2014

Staff Forum during the visit of the Steering Committee on HA review held in PWH on 14 March 2014
Staff reflecting their views to the Steering Committee

E. Information Technology

"Sustainable development of information technology services to support organization communication, operation and growth"

1. Preparation for the Implementation of Inpatients Medication Order Entry System (IPMOE) in PWH

The PWH IPMOE Taskforce was established in September 2013 to prepare the implementation of IPMOE in 2014/2015, aiming to further enhance medication safety. The membership of the taskforce included doctors, nurses, pharmacy staff, local IT staff and HOIT IPMOE project team. Mobile devices including tablet sets (ToughPads mounted in drug trolleys with barcode readers and bluetooth printers) and iPads were installed. The wireless LAN (wifi) of the main clinical block was also enhanced to prepare the mobile operation. Furthermore, the first NTEC IPMOE Forum was held on 21 March 2014. Over 400 staff attended the forum in PWH with video conference broadcast to AHNH and NDH. It marked a significant milestone in engaging staff in the preparation of IPMOE rollout in PWH.

Dr. C T Hung, NTEC CCE chaired the 1st NTEC IPMOE Forum in PWH on 21 March 2014 which was also broadcast to AHNH and NDH

Dr. C T Hung handed the devices used in IPMOE (including iPad Air and Toughpad) to Dr. C B Leung, Chairman of NTEC IPMOE Taskforce, Ms. Becky Ho, CGM(N) and Dr. Benjamin Lee, CSC(Pharm). A photo with Dr. N T Cheung, CMIO of HOIT, Mr. Francis Wong, CGM(HR), Ms. Winnie Cheng, Dep CGM(Admin), Dr. K C Wong, CC(Q&S) and Dr. Herman Lau to earmark NTEC preparation for PWH IPMOE rollout

2. "24-hours Stroke Services" with IT support in Enhanced Mobile Imaging Distribution System (SEMIDS) won the HIMSS-Elsevier Award in Singapore.

With the implementation of SEMIDS, ePR imaging could be accessed in iPad / MacBook via broadband, supporting the roll-out of 24-hour stroke service in PWH. This telemedicine project is transformational in that acute stroke patients in PWH can now be treated with thrombolysis as the off-site neurologists can now promptly review CT brain films and assess patients real-time. This award was to honour organizations in Asia Pacific for outstanding achievements in the implementation and usage of health information and technology which has successfully improved quality of care and patient safety.

Prof. John Tang, Prof. Thomas Leung, Dr. Yannie Soo and Ms. Christine Choi (the four persons in the middle) received the HIMSS-Elsevier Digital Healthcare Awards at a gala dinner in Singapore

3. AHNH Internet website (AHNH Internet One Click), PWH internet website (PWH Internet One Click), NDH Internet website (NDH Internet One Click) and their mobile web versions (One Touch) won the OGCIO's "Gold Award" in the Web Accessibility Recognition Scheme 2014

The AHNH Internet One Click (www.ha.org.hk/ahnh), PWH Internet One Click (www.ha.org.hk/pwh), NDH Internet One Click (www.ha.org.hk/ndh) and their mobile web versions (One Touch at http://www3.ha.org.hk/ahnh/mobile, http://www3.ha.org.hk/pwh/iphonepage and http://www3.ha.org.hk/ndh/mobile) won the **"Gold Award"** in the Web Accessibility Recognition Scheme 2014 co-organized by the Office of the Government Chief Information Officer (OGCIO) and the Equal Opportunities Commission (EOC) in recognition of the cluster efforts in adopting effective website designs to facilitate access to website contents and online services by persons with disabilities.

Ms. Jenny Ho, Ms. Ho-Yan Leung and Ms. Christine Choi (taking the photo with Mr. Gregory So, Secretary for Commerce and Economic Development) represented NDH, AHNH and PWH in receiving the awards

4. "Information Technology" (IT) was given the "Extensive Achievement" (EA) rating in its related criterion (2.3.4) in the Australian Council Healthcare on Standard International (ACHSI) accreditation exercise for PWH.

F. Quality and Safety

Risk Management

Four protocols and guidelines on infusion safety, handling of private patients, handling of dangerous drugs and handling of medications requiring refrigeration were implemented.

A system for the evaluation of pharmacy counselling service to patients on warfarin therapy was established. The evaluation of patients' knowledge of warfarin therapy and their satisfaction over a year cluster-wide showed the service was useful and effective, especially in PWH.

The annual cluster Q&S Forum themed "Medication Safety – Continuity 藥物安傳" was held on 21 August 2013. It highlighted medication safety as a continuous and collaborative effort among multidisciplinary teams and even patients. A micro-movie "SafeActually" was premiered to promote medication safety. NTEC was later invited to present it at the HAHO Medication Safety Forum 2013. The film was very well received.

The Medication Safety Student Ambassador Program was launched. The feedback from participating nursing, medical and pharmacy undergraduates of CUHK was very good.

A series of teaching materials on patient safety were prepared and uploaded to iLearn to facilitate self-learning.

Incident Management

A Root Cause Analysis (RCA) Review Workshop was organized to review the system and quality of conducting RCA in January 2014, with the participation of about 40 staff who had experienced in RCA.

Quality Management

The concept of Cluster Shared Services was defined and tried out in the PWH Organization Wide Survey (OWS) with success. This contributed to ACHS' development of a system for surveying cluster shared services.

AHNH / TPH completed the Gap Analysis in May 2013 in preparation for the OWS.

PWH and NDH attained full accreditation with six and seven Extensive Achievement respectively in the OWS in September 2013.

Subcommittees of Consent, Document Control, Nutrition, Procedural Safety and Resuscitation were established under Q&S to enhance governance and align services, as recommended in the Gap Analysis and OWS.

V. KEY ACHIEVEMENTS OF HOSPITALS 2013/14

A. Alice Ho Miu Ling Nethersole Hospital & Tai Po Hospital (AHNH & TPH)

1. Strengthening the Capacity of Paediatric Day Services in Alice Ho Miu Ling Nethersole Hospital

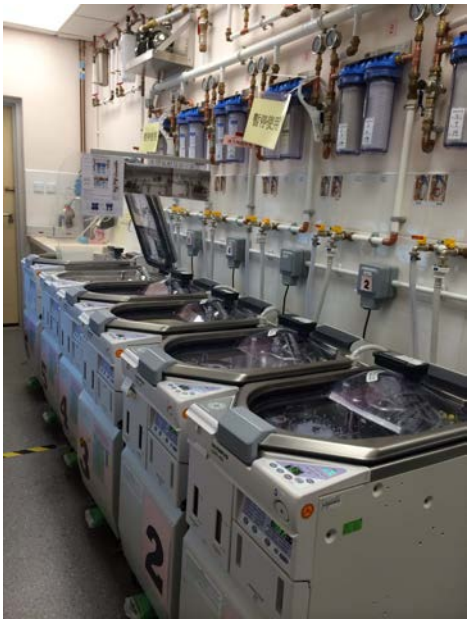
During the year, AHNH stepped up its effort to enhance paediatric services through the expansion of paediatric day ward capacity. With the continuing support of the Hospital Authority and the New Territories East Cluster, AHNH was funded to open a total of 20 paediatric day beds and extended the service hours of the day ward. To alleviate the pressure in ambulatory services and reduce the frontline workload, 2 registered nurses and 3 patient care assistants were recruited. Having reinforced the service capacity, simple procedures and interventions can be performed in a more efficient manner. The day ward will also provide buffer capacity catering for increased workload during high season of flu epidemic. These all contributed to better managing the mounting service demand and providing comprehensive and high quality medical services for children and adolescents from Tai Po, North district as well as across the border.

Paediatric service was enhanced by opening a total of 20 day beds to cope with the escalating service demand

Manpower of nursing and supporting staff was strengthened to accommodate the increased workload for the delivery of day services

2. Developing Safer Sterilization System for Combined Endoscopy Unit in Alice Ho Miu Ling Nethersole Hospital

Upgrading and modernization of medical facilities and equipment is an important factor in maintaining a high quality of service and a safe working environment. In this regard, there has been a significant improvement in the instrument sterilization method at the Combined Endoscopy Unit (CEU). The installation of 6 Automatic Endoscopic Reprocessors has almost completely replaced the previous manual disinfection of medical instruments. This has improved occupational safety by greatly reducing staff exposure to potentially hazardous chemicals. Furthermore, the Reprocessors ensure the endoscopes are consistently sterilized up to international standards with clear documentation in the form of a disinfection report generated after each sterilization cycle. Striving for continuous quality improvement in sterilization workflow, the endoscope decontamination area will be enlarged after the relocation of the CEU to allow better segregation of the clean and dirty zones.



The installation of Automatic Endoscopic Reprocessors in Combined Endoscopy Unit

The report generated from the reprocessor ensures the completion of thorough disinfection

3. Tai Po Hospital Celebrated 15 Years of Excellence

2013 was a remarkable year for TPH, as it marked its 15th anniversary and strong partnership with the stakeholders and the community at large. During the year, a series of commemorative programs including HCE Soccer Cup, staff welfare activities and departmental events were organized, to review our significant achievements with staff members. To reaffirm our commitment for quality healthcare while planning for the future development, TPH seized the opportunity of its 15th anniversary to raise funds for patient wellness. Donations received will be used to upgrade medical equipment and support the purchase of new hardware. To honor the donors whose contributions have made the fundraising activity such a success, TPH presented awards to individuals and organizations at the Thanks for Donors Ceremony on 18 January 2014. Following the above event the hospital launched a free planting ceremony to symbolize the joint efforts of donors, community leaders, government officials, Hospital Governing Committee members and the hospital team towards sustainable development of the hospital. The Thanks for Donor Ceremony also marked the conclusion of the year-long anniversary program.

HCE Soccer Cup final was held on 10 January 2014

TPH Christmas Party as part of the 15th anniversary celebration on 16 December 2013

Colleagues got together to witness the significant milestone of the hospital at 15th Anniversary Banquet on 16 August 2013

The raised fund would be used for the improvement and expansion of hospital services

The officiating guests unveiled the plaque in recognition of the donors' unwavering support to TPH

The donors watered the plant, nurturing the continued growth of TPH

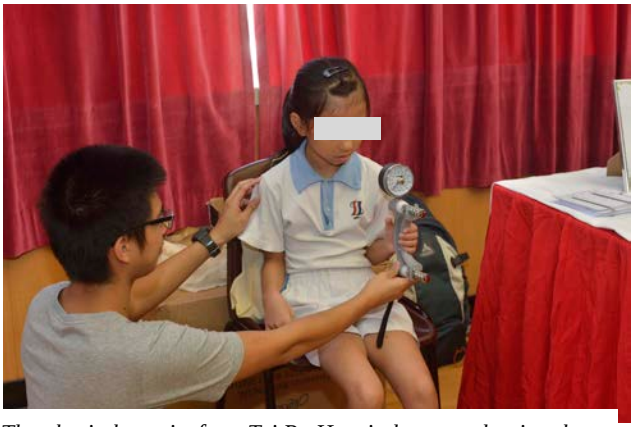
4. Engaging the Community as Our Partner in Healthcare

Aiming to enhance partnership with our stakeholders and the community, we invited primary school students, their parents and teachers in Tai Po to attend an event on safety promotion on 12 October 2013 about safety management and good health. The event, themed "Building a Strong Safety Culture in Tai Po", was organized by AHNH and TPH with the support of Tai Po Safe and Healthy City Steering and Working Committee (TPSHCSWC), Community and External Relations of New Territories East Cluster, Tai Po District Primary School Heads Association and volunteers from the Tai Po District of Hong Kong Police Force.

The event was kicked off with an opening ceremony at Tai Po Community Centre, and was officiated by the Tai Po District Officer, Co-Chairmen of the TPSHCSWC and the representatives of the co-organizers. Following the ceremony, talk and practical demonstration on household safety were given by a doctor from the Department of Accident and Emergency of AHNH.

Supported by the Departments of Occupational Therapy, Physiotherapy, Prosthetics and Orthotics of TPH and the police volunteers, the event also offered safety tips on fall prevention, home safety and first aid at seven game booths and gave the attendees an opportunity to learn the useful skills and share the knowledge with their peers. According to the result of the onsite questionnaire survey, the respondents received a wealth of safety information and gave overwhelming positive response to the event.

Over 100 participants from the primary schools in Tai Po District attended the event



The physiotherapist from Tai Po Hospital was evaluating the hand grip strength and flexibility of the attendee

Mr. Wu Yip Fai (first from left), Nursing Officer of Department of Accident and Emergency demonstrated the technique for first aid for choking with Dr. Leung Yuen Hung (second from left), Associate Consultant of Department of Accident and Emergency, AHNH, who also gave a talk on household safety

The student was being examined whether she had fallen arches; advice on arch support and improvements in body balance and alignment was given when necessary

Mr. Simon Wong (first from left), Department Manger of Occupational Therapy was testing the eye-hand coordination of the student

Students who were turned into fire victims with fantastic make up were taught to manage burn wound

B. Bradbury Hospice & Shatin Hospital (BBH & SH)

1. Enhancement of Bereavement Service

The essence of hospice care is to provide the highest possible degree of comfort, peace and dignity to patients and their families during patients' last phase of life. After recognizing patients and their caregivers' grief needs, staff of Bradbury Hospice were motivated to refurbish the hospital premises to meet such needs.

The lobby and waiting area were redesigned to provide a safe, clean, comfortable and homelike environment. Besides, a comfort room was newly set up to enhance the quality of life of patients. This room acts as a welcoming suite where patients, their families and friends can meet and spend precious times together. Religious or cultural rituals can also be performed at the room without affecting other patients. Furthermore, the viewing room was also refurbished so that families and friends could pay their last tribute to their loved ones peacefully.

Facilities improvement will not be effective without the contribution from our committed staff. Our multidisciplinary team always extends themselves to explore all possibilities to offer the best possible care to terminally ill patients.

G/F Lobby

1/F Waiting Area

Comfort Room

Viewing Room

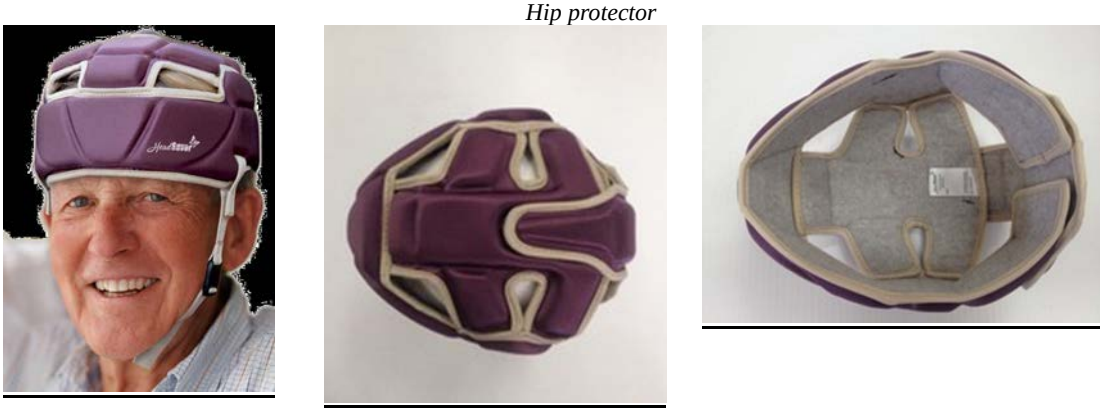
2. Fall Prevention

Patient safety is our prime concern. As older people have a higher risk of fall, Shatin Hospital implemented various fall preventive measures, e.g. use of electric low beds, installation of alarm system, to protect our patients and at the same time, to respect their dignity and freedom of movement. In August 2011, a project on prescribing hip protectors to identified patients with high fall risk was piloted.

Our staff contributed valuable inputs for the design of the hip protectors. The trousers were easy to wear and would not cause discomfort to the wearer. The shells inserted in the pockets of the trousers could protect patient's hip in case of fall. Owing to the encouraging outcome during the pilot, the program was rolled out to all Medical & Geriatric Wards by the end of 2012. To enhance the compliance rate, we explained the rationale and benefits of using hip protectors to patients and their family members. The data collected demonstrated that the use of hip protectors could reduce injurious falls and fracture hips. Some patients continued wearing the hip protector upon their discharge for the sake of protection.

To ensure a safer rehabilitation journey for our patients, we also introduced a head saver with effect from June 2013 to prevent head injury after fall. With a higher level of mobility, patients' quality of life is also enhanced.

Hip protector



Head Saver

3. Opening of Joyous Place

Psychiatric rehabilitation aims at helping individuals with mental health problems to develop their emotional, social and intellectual skills needed to live, learn and work in the community with the least professional support. In order to create more discharge opportunities for psychiatric patients so that they can rehabilitate in a less institutionalized manner, Shatin Hospital collaborated with Social Welfare Department and Non-government Organization to redevelop ex-Staff Quarters located at Block B of Shatin Hospital to become a supported hostel for ex-mentally ill patients.

The hostel, named as Joyous Place, commenced service on 2 May 2013. It is under the management of New Life Psychiatric Rehabilitation Association and provides 42 subvented places and 50 self-financing places. Apart from residential services, Joyous Place also offers job training, psychological care, peer support, etc. to the residents.

As the name of the hostel advocates, we hope every resident of the hostel can re-integrate into the community smoothly and lead a joyful life.

Project Team

Opening Ceremony (18 Dec 2013)

Let's play music together!

Physical Training

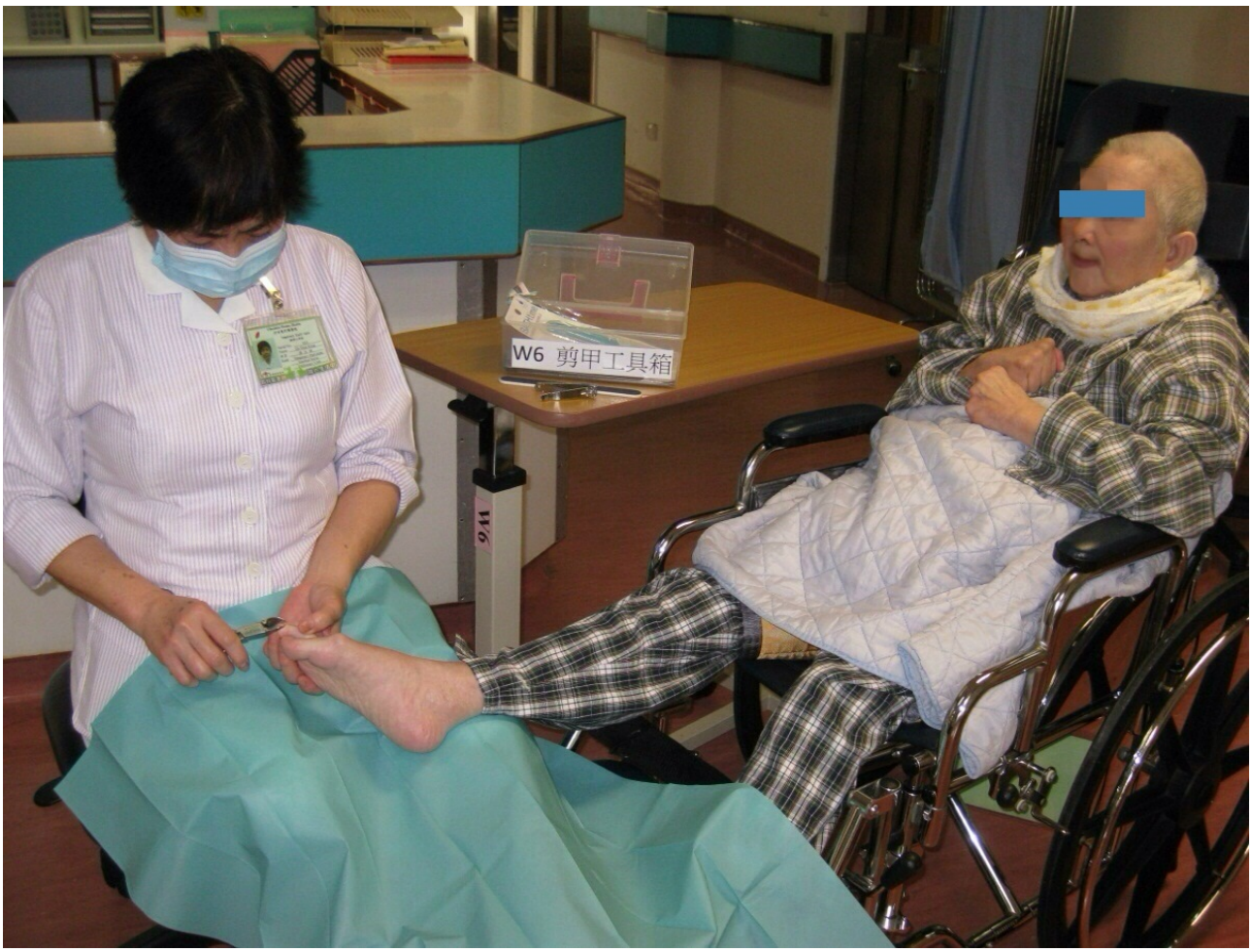
C. Cheshire Home, Shatin (SCH)

1. A Nurse-led Evidence-based Approach for Foot and Toenail Care among Patients in Long-term Care Setting

We usually view foot and toenail problems as minor problems not warranting much attention. However, they will result in discomfort and complications if left unattended. Recognizing the above, SCH has launched a program titled “A nurse-led evidence-based approach for foot and toenail care for patients in the long-term care setting” adopting an evidence-based foot and toenail protocol for our residents since August 2013.

Concomitantly, we partnered with The Nethersole School of Nursing of The Chinese University of Hong Kong to conduct a research project on the above subject matter. We evaluated the effects of the care protocol on improving the foot and toenail health of patients in the long-term care setting. Results of our study showed that adopting an evidence-based foot and toenail care protocol could empower nurses to identify foot and toenail problems systematically and initiate appropriate care promptly.

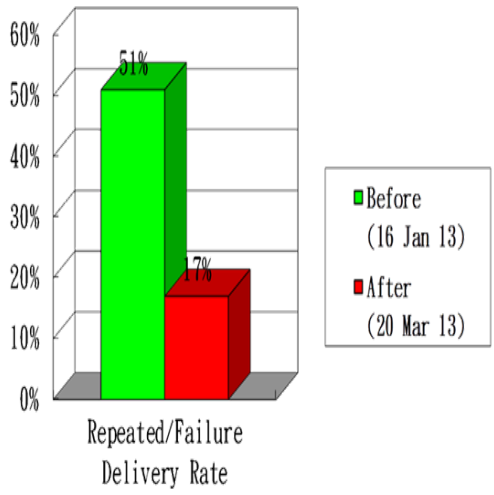
The above promising results are a booster to our aspiration of SCH becoming a caring hospital. Driving our colleagues to put the initial thinking of formulating a care protocol for the foot and toenail problems of our residents into action is in fact the zeal of them to provide quality patient-centred service.



2. Application of Lean Management Concepts to Improve the Efficiency of Patient Portering

In Cheshire Home, Shatin, patient portering service is one of the essential elements in the patient journey of some of our residents. Our Physiotherapists, Occupational Therapists and Medical Social Workers arrange therapeutic sessions or activities for our residents. Some of our supporting staff playing the role of porters have made the above possible through their conveyance of our residents between the wards and the therapy / activity site.

In the last year some of our colleagues attended the lean management training course. With the freshly learnt knowledge, our Administrative Services Department worked with other disciplines of the Hospital to look into the issue of repeated delivery / failure in delivery of the residents by our porters. Before we conducted the study the above rate was at 51% which was quite alarming. We used the analytical tools such as fish bone diagram, Pareto chart, value stream mapping, etc. to help us to unearth the causes of the high failure rate. Knowing the underlying reasons, we collaborated with all concerned disciplines to see how we could to eliminate the obstacles. Wards adjusted the bathing schedule of residents to fit their schedule of training / activity sessions. We recorded the data for a certain period of time after institution of the above measure and the results turned out to be very encouraging. The repeated delivery / failure in delivery rate dropped from 51% to 17% with each patient trip saving 0.7 minute.

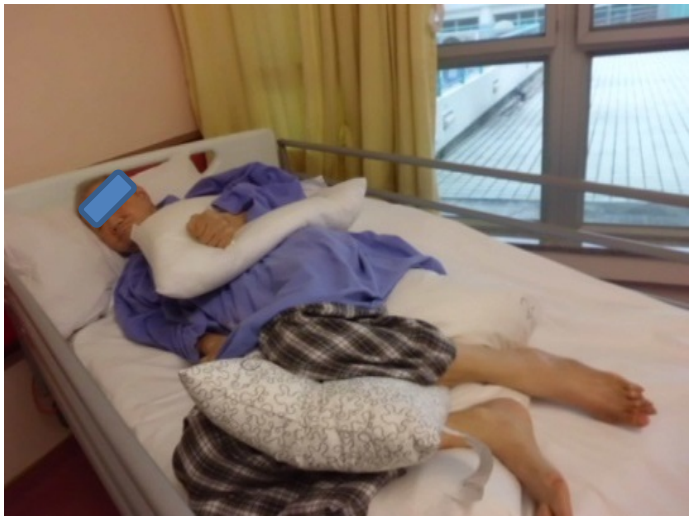


The above project is only one example showing how lean management concepts can help us to reduce waste in our work process. Ultimately we hope that we can apply what we have learnt to improve the patient journey of our residents.

3. Bed Positioning Program

Most infirmary cases in Cheshire Home, Shatin are bed-bound and totally dependent in their basic care. They have limited voluntary and functional movements in bed. This may easily lead to limb contracture and/or bedsore and there are some on-going programs for prevention: Splintage Program of Occupational Therapy (OT) Department and Stretching Exercise of Physiotherapy (PT) Department for contracture prevention; regular turning by nursing staff and prescription of pressure relieving aids by OT for bedsore prevention. To intensify the treatment effect, the frontline staff in wards place different pillows to position patients in bed. However, previously there was no suitable pillow of different sizes and thickness for individual bed positioning.

Recognizing that there is room for improvement, we launched a continuous quality improvement program for bed positioning. As the first step, we analyzed the characteristics of existing pillows in wards and then purchased various pillows after considering the linen and infection control factors. Our colleagues then labelled the pillows with different numbers according to their size and softness. In this multi-disciplinary program involving medical, nursing, OT and PT staff, the team assessed the limb condition of patients and suggested the exact types of pillows for placing at designated positions. For example, we proposed to wards to place a large tough pillow beneath the bilateral knees of patients to keep both knees extended. If necessary, we prescribed specific shoulder and/or hip abduction foam. We also documented the recommendations for bed positioning on an individual form with photos and brief description. Besides, it is also our practice to conduct regular review on the bed positioning of patients to maximize their limb range of motion with the greatest comfort.



Bed Positioning with designated pillows

Shoulder and hip abduction foam

Pillows for bed positioning

D. North District Hospital (NDH)

1. Achieved Full Hospital Accreditation

North District Hospital (NDH) completed the Organization Wide Survey for the Hospital Accreditation Program of the Australian Council on Healthcare Standards (ACHS) in November 2013, and received full accreditation status for 4 years. All colleagues were excited for the encouraging outcome of the survey. In fact, in addition to full accreditation status, seven criteria were regarded by ACHS as attaining the level of Extensive Achievement (EA). This does not occur by chance. Our staff have given their tremendous effort in the past 4 years to ensure that practice and management were up to international standards. It turned out to be fruitful as evidenced by the survey result. The Council was quick to notice the unique and close partnership between NDH and the local community. This has allowed NDH to have unparalleled good level of participation from patients and carers, advising the hospital not just on the appropriate information related to health care facilities, but also on care planning and strategic directions related to future development. With this close relationship, it is not surprising that work related to health promotion in the local community was great, attaining the EA level. This strong link between NDH and the community had always been the foundation that ensured good ongoing care being maintained even after the discharge.

The council was equally impressed by the various strategies towards care evaluation, which ensured that all the process aiming at obtaining good clinical outcomes were genuinely effective. The council also congratulated NDH on the actions and plans in caring for patients with pressure ulcers and awarded an EA on this criterion.

The work related to infection control was particularly impressive to the surveying team. A robust and effective governance structure was in place, aided by a very active and knowledgeable infection control team, staff of which had frequently visited clinical areas, provided staff training, monitoring daily hospital practices of the frontline workers, and helping to remove obstacles that had prevented adherence to the best practice. All these together with the persistent good statistical outcome in comparison to peer hospitals had allowed NDH to be the first hospital in Hong Kong to receive an EA award on this criterion.

2. **Overcoming Winter Surge Challenge**

Winter surge in patients' demand for hospitalization came early in the end of 2013. Moreover, it coincided with an infectious disease outbreak that shrank the number of acute beds available for admission of patients. NDH managed to overcome this challenge through a number of important measures.

Feeling the Pulse of Hospital Bed Status
A Winter Surge Group was formed using the WhatsApp Messenger platform. Daily bed status was reported by respective Department Operations Managers. During weekends and public holidays, earlier reporting facilitated timely overflow of stable patients to non-parent wards.

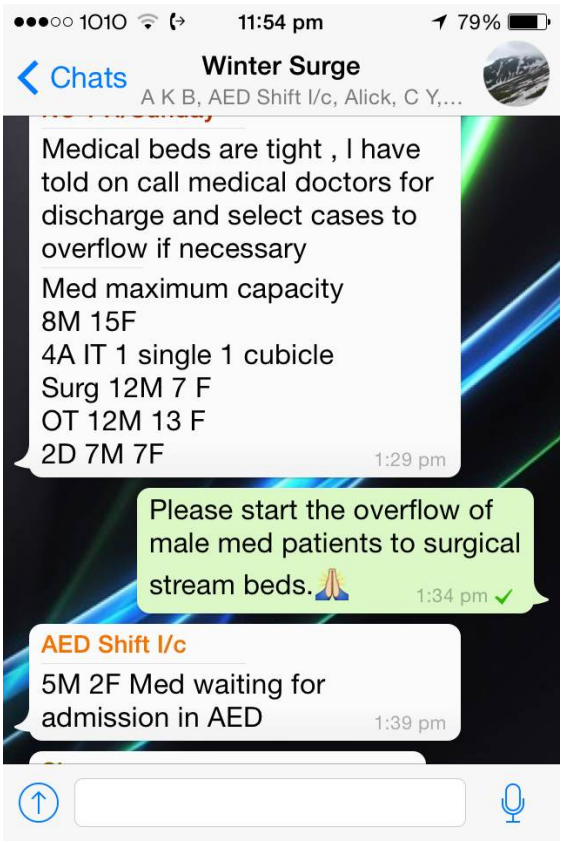
Cross-departmental Collaboration
Following the establishment of a Bed Management Committee, a weekly Winter Surge Meeting was started. In a district hospital with only three major clinical departments, there is little buffering capacity in the event of full hospital occupancy. Breakthrough occurred when Intensive Care Unit (ICU) agreed to receive "overflowed" surgical patients when there was critical shortage of general beds. Conversely, if ICU was full, the priority of transferring patients back to parent wards would just be second to resuscitation room cases.

Listening to the Clinical Front
A Winter Surge Staff forum was held to seek ideas and suggestions from clinical staff. Practical issues such as delayed bed cleansing and shortage of portering services were raised.

Walking the Extra Mile
Central Nursing Department (CND) took over the management of all hospital beds. This reduced the need for moving patients from bed to bed as well as bed cleansing during ward transfers. Supporting staff were invited to work during peak hours of ward admissions under Special Honorarium Scheme. Volunteers were engaged for drug collection from pharmacy for patients awaiting transfers to convalescent hospital. Administrative Department communicated with transportation contractor to improve service performance. Ward staff also ensured that patients or materials were ready for transfer when transport crew arrived. Thanks to the support of the Cluster, Special Honorarium Scheme (SHS) were implemented for colleagues to augment the manpower.

Tough Decisions
Elective admissions for low-risk patients were suspended after the entire hospital's bed occupancy was stretched beyond 110%. Breaking of such bad news to patients whose operations were cancelled was made by Patient Relations Officers and staff from the Central Nursing Division.

Unity
Without the commitment of all departments, from administrative to clinical, the daunting challenges of winter surge could not have been overcome.



3. Promotion of Near Miss Cases

Near miss in health care setting is a potential hazard or incident that has not reached the patient and not resulted in any harm or injury to the patient. Reporting of near-miss cases will alert us of the traps and risks in the patient care journey early (rather than late) so that actual harm to future patients can be prevented. It is an invaluable proactive measure to eliminate the potential risks arising from the complicated health care service. Unfortunately it is difficult to persuade staff to report near miss cases since no patient harm is resulted. In fact, such reporting culture has not been well established in many hospitals in Hong Kong.

North District Hospital recongised the importance of reporting near miss cases in ensuring service quality and patient safety. We initiated the promotion of reporting near-miss cases since August 2013. In order to promote and cultivate the reporting culture of near-miss cases, staff were encouraged to report near-miss cases from their working environment. A small token of appreciation was given. Obstacles to reporting near miss cases were identified. For example, the reporting process was taken over by the Quality and Safety Office so as to alleviate the workload of the busy frontline staff. During the period from August 2013 to February 2014, totally 52 near-miss cases were reported. It was a good start as compared with previous year with no reporting of near-miss case over the same period. The top three winners of the departments reporting the highest number of cases were given awards as an encouragement.

After anaylsing these cases, the main potential risks were identified to be the prescription error and incomplete consent form. Education and correct procedures were reinforced. The near-miss cases were shared with the concerned staff. For instance, a patient with history of urticaria was booked for a contrast imaging study without prescription of steroid cover as a protection. The error was spotted before the imaging examination and rectification was done immediately. After this near-miss incident, the concerned departments worked together to prepare a standardized checklist form to close the loophole.

We are pleased that the reporting culture of near miss is gradually taking root in NDH. Sustainable reporting will help the department take proactive measures to improve patient safety.

E. Prince of Wales Hospital (PWH)

1. Opening of Hybrid Cardiovascular Operating Theatre

Following a generous donation from an anonymous donor to the Chinese University of Hong Kong (CUHK), the Department of Surgery of PWH established a brand new 'state of the art' hybrid cardiovascular operating theatre (OT) in early 2013.

The key role of a hybrid OT is to provide an environment which allows expertise of various subspecialties to be combined and enables innovative development of minimally invasive interventions to treat patients in need. Apart from equipping with state-of-the-art imaging modality that allows on-table fluoroscopic imaging, computered tomography quality imaging, it also has the capacity of allowing concomitant usage of cardiopulmonary bypass machine, intra-operative 3D trans-esophageal echocardiogram and endoscopic surgery.

Multidisciplinary interventions on the aorta are one example in which patients may benefit the most using this technology. With the rapid evolvement in recent years, aortic intervention using a hybrid approach can supplement or replace conventional open surgical approaches. A multidisciplinary team combining expertise from Cardiothoracic Surgery, Vascular Surgery and Interventional Radiology has been set up in PWH to make sure that the best treatment to our patients is provided. With the use of the new approach, a statistically significant reduction in operative time is noted. Most importantly is that it is associated with less morbidity and mortality, and allows faster patient recovery when compared with the past where patients were operated in surgical operating room and were transferred to interventional radiology suite for the second stage of endovascular stenting procedures. With the hybrid operating room, unnecessary transportation of critically ill patient is avoided and a safer patient journey can be ensured.

With the synergies between CUHK and PWH, the dedicated clinical team has committed to developing the best surgical care for patients and advancing research of minimally-invasive surgery. We believe that more and more patients would be benefited from the innovative hybrid cardiovascular intervention.

Intraoperative image-guided surgery, one-stop pre- and post-operative imaging for complex & delicate minimally invasive surgery

Team of surgeons, cardiologists, anaesthetists, interventional radiologists, theatre nurses & technicians working seamlessly in a hybrid theatre

2. Organization Wide Survey by the Australian Council on Healthcare Standards

PWH was granted full accreditation for four years by the Australian Council on Healthcare Standards (ACHS) after the Organization Wide Survey (OWS) in September 2013. Along with that, PWH has been awarded with Extensive Achievement (EA) in these areas: 'information to community', 'effective care and services', 'consumer inputs to services', 'employee support systems and workplace relations', 'information and communication technology', and 'research program', which demonstrates our commitment to enhance patient and staff experience along with the delivery of excellent health services.

In the course of preparation, we have gone through the process of staff engagement, self-assessment, and a step by step approach to propagate the concept of continuous improvement in both clinical and non-clinical areas. We made the improvements not just for the compliance with the international accreditation standards, but for the ultimate goal of promoting quality and safety improvement along with the cultural change to foster safe, effective, efficient and patient-focused clinical care. Our strategies are 'empowerment, engagement, coaching and facilitation'. Empowerment was the establishment of governance and leadership in which Steering Committees were developed at cluster and hospital level. With the support of Hospital Project Team, the exercise was carried out systematically as planned with the other three integral components. Series of forums, briefings and engaging sessions were conducted to engage colleagues. At the same time, colleagues were coached about accreditation through various Quality & Safety Walk-rounds, Quality Workshops, Evaluation Workshops, Document Control Workshops, Quality Flyers and the 'iHospital', 'iGateway' and 'iCQI' systems. Through these processes, we hope to inspire colleagues to do well at the fundamental level and achieve the core value of "Do the basics well, as a standard way of work and life（做好基本功，融入生活中）."

Staff Engagment & Coaching

Summation Conference on the last day of OWS (13 September 2014)

More than 200 participants joined the simple but solemn Certificate Presentation Ceremony (4 March 2014)

3. Hospital's Internet Website Winning the Gold Award under the Web Accessibility Recognition Scheme Jointly Organized by the Government Chief Information Officer and the Equal Opportunities Commission

PWH internet (**PWH Internet One Click**) and its mobile web in smartphones (**PWH Internet One Touch**) were granted with "**Gold Award**" in **Web Accessibility Recognition Scheme 2014** jointly organized by the Office of Government Chief Information Officer and the Equal Opportunities Commission.

"**Web Accessibility**" is not to make PWH websites with a high visible rate in popular search engines. It is actually to make information accessible by all and particularly those persons with disability.

Having adopted twenty-four judging criteria in redesigning PWH websites for the needs of web accessibility, Information Technology Department and Communication & Community Relations Department implemented 100 system changes to enable PWH websites more user-friendly for all and persons with disability. In order to fathom the changes made, we have to understand the different types of disability and hence different techniques that persons with disability use to access websites:

- **Visual Impairment**: PWH websites are designed to work with screen readers and screen magnifiers. Its colors used are visible to persons with color blindness.
- **Physical Impairment**: Buttons used in PWH websites are large enough and not too close together for easy clicking. It is working with assistive technologies to allow persons use voice commands.
- **Hearing Impairment**: It is necessary to ensure the access of information like text transcripts or subtitles on the videos used in PWH websites.

An ACHS surveyor made her remarks in the Organization Wide Survey Report in 2013 saying that "The PWH Internet One Touch and Internet One Click website provide real time information about transport, visiting hours, admission details, as well as patient literacy videos. Excellent work has been achieved in designing a website for deaf patients whereby SMS messages can be sent to confirm appointments. The self-rating of Marked Achievement (MA) has been elevated to Extensive Achievement (EA) in recognition of the good work achieved for this criterion".

Dr. C T Hung (Cluster Chief Executive), Information Technology and Communication & Community Relations teams receiving the certificate of "Web Accessibility Recognition Scheme – Gold Award" from Prof. C Y Leung in HA Convention 2014

The official logo of Gold Award that can be posted in "PWH Internet One Click" & "PWH Internet One Touch"

VI. APPENDICES

A. Key Achievements of Cluster Committees

B. Statistical Reports & Key Performance Indicators

C. Human Resources Report

D. Financial Report

E. Staff E-polling Results on Top Ten Events of NTEC in 2013

A. Key Achievements of Cluster Committees

1. *Cluster Management Committee*

i. Reviewed of Cluster Management Committee Protocols.
ii. Set up three new committees.

2. *Cluster Strategy Advisory Committee*

i. Formed the Liaison Committee between the Faculty of Medicine of the Chinese University Hong Kong (CUHK) and NTEC.

3. *Cluster Operations Meeting*

i. Planned the strategic project for supporting bed capacity enhancement.
ii. Formed the Liaison Committee between the Faculty of Medicine of the Chinese University Hong Kong (CUHK) and NTEC.

4. *Functional Committees*

a. *Administrative Services Committee*

i. Launched the Phase I auto-refill services for medical consumables, personal protective equipment items, central sterile supply and linen items in PWH, SH and SCH as well as the General Out-patient Clinics in the catchment areas of the respective hospitals in order to relieve the clinical colleagues of their non-clinical duties so that they can concentrate on direct patient care.
ii. Implemented the colour-coding system in NTEC Hospitals to enhance environmental hygiene.
iii. NTEC Non-emergency Ambulance Transfer Service (NEATS) outperformed 5 HAHO target Key Performance Indicators out of 6 relating to patient waiting time and manpower deployment. The punctuality standard for medical appointment has improved significantly by 16%.

b. *Cluster Communications Committee*

i. Reviewed the functions, utilization and popularity of various communication platforms on iNTEC with the implementation of a regular monitoring and replacement policy.

ii. Attained Extensive Achievement (EA) rating on criterion 1.2.1 (the community has information on health services appropriate to its needs) in the ACHS hospital accreditation by PWH and NDH.
iii. Rolled out new version of YouSay to continually improve user experience. Readership scaled new heights.

c. ***Cluster Newsletter Editorial Board Committee***

i. Net East interviewed and introduced new key personnel in NTEC to all ranks of staffs.
ii. Gained a wider coverage of staff activities in all the 7 hospitals in the cluster for more staff engagement and cohesiveness.
iii. Included a variety of health tips for staff such as mental health tips regarding stress-coping technique and access for mental support in the cluster, tips to stay away from chronic disease such as diabetes and high blood pressure, and tips to protect hearing.

d. ***Cluster Performance Committee***

i. Identified key pressure areas in the clinical services and implemented improvement measures. Programs to shorten SOPD waiting times for Eye, ENT, Paediatrics and Psychiatric services were implemented and improvements made.
ii. Monitored the patients' length of stay in NTEC hospitals and reviewed the cases of long stayers for hospital alert.

e. ***Hospital Accreditation Steering Committee***

i. Defined the concept of Cluster Shared Services and tried it out in the PWH Organization Wide Survey. This contributed to the development of a system for survey of cluster shared service by ACHS.
ii. Got full accreditation with 6 and 7 Extensive Achievement (EA) respectively in Organization Wide Surveys held in September 2013 by PWH and NDH.
iii. Completed the Gap Analysis for preparation of accreditation in May 2013 by AHNH and TPH.

f. ***Human Resources Committee***

i. Conducted the NTEC Staff Survey to collect staff opinions and measure staff perception on the level of care and support for them at work.
ii. Continued to review and evaluate the effectiveness of One Staff One Plan Program.
iii. Monitored the progress of Healthy Staff Program and the development of E-Orientation Program for New Joining Staff.

g. ***Patient Relations and Engagement Committee***

i. Rolled out a series of educational programs on effective communication and conflict resolution.
10 sessions on communication for frontline clerical staff were organised. 294 staff attended the workshop and over 98% of them agreed that they could communicate more effectively and confidently with clients after attending the workshop.
Published the iPartners in June 2013 with 1,000 copies distributed to cluster hospitals and patient groups. Electronic copies were uploaded to intranet.

Launched a multi-media training program, Smart Tongue, in November 2013. Common scenarios on communication were selected with smart tips suggested. Over 2,000 hitcounts were recorded.

ii. Conducted the Annual Patient Relations & Engagement Forum themed "Trust: Justice and Compassion(信任: 公平與仁心)" in July 2013 to explore ways to enhance the trust between healthcare providers and patients. 215 participants, including 95 patients, attended the Forum. Feedback from audience was found to be enthusiastic.

iii. Conducted six patient focus groups in acute hospitals to collect feedback on hospital services. Improvement / remedial measures were suggested and forwarded to departments concerned for consideration and implementation.

Formulated the guideline on Clinical (non-blood) Management for Jehovah's Witnesses. A sharing session was conducted with participation from representatives from the Hong Kong Hospital Liaison Committee and frontline clinical staff for sharing of views from different perspectives on non-blood management.

h. ***Quality & Safety Committee***

i. Developed and implemented 5 policies related to Medication Safety (Infusion Safety, Handling of private drugs, Handling of Dangerous Drug, Handling medications requiring refrigeration, and Procedure for Cyclic Oral Chemotherapy)

ii. Aligned the Q&S Committee as Sub-committee with line to take establishment after Gap Analysis and accreditation survey, some areas e.g. Consent, Procedure Safety, Nutritional, Resuscitation, etc

iii. Organized Root Cause Analysis (RCA) Review Workshop to review the system and quality on conducting the RCA in cluster.

5. ***Clinical Committees***

a. ***Accident & Emergency (A&E) Service Committee***

i. Augmented Special Honorarium Scheme support to 3 Accident & Emergency Departments (AEDs) during winter surge in 2013/14.

ii. Implemented Evening, Weekend and Public Holiday Support Session Pilot Program for AEDs at NTEC.

iii. Submitted plans to HAHO on enhancement of AED services in 2014/15 annual plan at 3 AEDs.

b. ***Allied Heath & Related Services Committee***

i. Enhanced the work-based training of allied health professionals with support by HAHO.

ii. Implemented measures to attract and retain manpower.

c. ***Anaesthesia Service Committee***

i. Implemented nurse-led discharge in the Recovery Room of PWH and AHNH to enhance efficiency and timely discharge of patients to wards.

ii. Implemented Anaesthesia Information System in NDH to enhance efficiency and quality of patient documentation, facilitate immediate sharing of anaesthestic records in Clinical Management System and provide a good database for research.

iii. Implemented Surgical Instrument Tracking System in PWH and NDH to facilitate tracking and tracing of instruments and integration of information of instrument used in operation into patients' electronic record to enhance risk management.

d. ***Clinical Oncology Service Committee***

i. PWH is the first public hospital in Hong Kong to acquire the TrueBeam Radiotherapy System. The number of patients being treated is 30 per month.
   - 7 Clinical research projects in collaboration with Stanford University and Shantou University are ongoing to promote treatment for various tumors, including lung, liver, prostate, pancreas cancers.
   - The program also provides training for radiotherapy doctors and other professional from Shantou University.

ii. The completion date is revised to late July 2014 due to prolonged bad weather (raining) in May 2014 which affects the final installation of chiller plant on the rooftop of Eye Centre.

e. ***Clinical Toxicology Services Committee***

Organized the following conferences in 2013/14 by Poison Treatment Centre, PWH:

i. 2013 Joint Conference of Drug Safety Research Centres
   - Organized the "Using Pharmacogenomics to Improve Drug Safety and Efficacy" Conference on 16 October 2013 in collaboration with the Pacific Rim Association for Clinical Pharmacogenetics (PRACP). Over 130 healthcare professionals attended the conference.

ii. Held the second joint conference of Chinese Poison Centres titled Preventing Toxic Exposures – From Evidence to Public Policy on 9 December 2013. A total of around 80 healthcare professionals attended the conference.

f. ***Critical Incident Support Service (CISS) Committee***

i. Provided 60 hours of critical incident services to around 160 staff in 13/14.
ii. Launched Critical Incident Management System (CIMS) in May 2013 for reporting of incidents and cases electronically to facilitate timely follow up and communication.
iii. Received grief support training including setting up of memorial corner to enhance memorial service.

g. ***Ear, Nose and Throat (ENT) Service Committee***

i. Completed planning of the expansion of ENT and Audiology Clinics in AHNH.
ii. Implemented of Queuing Management System in ENT Clinic in AHNH to facilitate a smooth and transparent flow.

h. ***Endoscopy Service Committee***

i. Consolidated plans to address the long waiting time for Oesophagogastroduodenoscopy (OGD) and colonoscopy :
   - Add 25 additional endoscopy sessions (supported for implementation in 2014/15).
   - Conjoined effort between PWH and CUHK in coming up with a plan to free up more endoscopy sessions in PWH.

ii. Continued to plan for improvement of endoscopy service by relocating the Endoscopy Centre of AHNH and PWH.

i. ***Internal Medicine Service Committee***

Implemented extended-hour emergency percutaneous coronary intervention (PCI) service at PWH from 1 January 2014.

i. Provided Hospital haemodialysis service to 8 additional patients daily with end stage renal disease in PWH, AHNH and NDH.
ii. Opened 30 day beds at the Medical Ambulatory Care Centre of PWH on 15 July 2013. Designated four medical beds in PWH for the provision of enhanced non-invasive ventilation (NIV) service to Chronic Obstructive Pulmonary Disease (COPD) patients in respiratory failure.

j. ***Intensive Care Services Committee***

i. Developed an on-line database for critical medical equipment in PWH Intensive Care Unit (ICU).
ii. Enhanced clinical efficiency by ensuring availability of equipment and shortening the time for searching of equipment for urgent clinical use.
iii. Started the work to install Clinical Information System (CIS) in NDH ICU.
iv. Set up guideline to optimize the utilization of both single and double doors isolation rooms in the two-floor ICU in PWH to enhance the efficiency in operation and alleviate the stress on the demand for nursing manpower during winter surge.

k. ***Nursing Services Committee***

i. Improved quality and safety through reduction of drug administration errors and implementation of Quality of Care Program.
ii. Enhanced nursing staff training and development through structured exposure programs, overseas and local training, review of 1 nurse 1 plan program and provision of more study day / authorized release to staff.
iii. Deployed resources to meet the service needs and improve service through manpower arrangement, allocation of electric beds, one-off funding for equipment and furniture.

l. ***Obstetrics & Gynaecology (O&G) Service Committee***

i. Shortened the long waiting time for colposcopy services for Cervical Intraepithelial Neoplasia (CIN) I patients markedly from over three years to within 52 weeks after introducing additional clinic sessions under special honorarium schemes.
ii. Conducted the after environmental and workflow improvements in the Delivery Suit and the First Stage Ward, field verification and personal exposure monitoring for Nitrous Oxide in mid-2013. The measured 8-hour averages are well within the allowable occupational exposure limit of 50 parts per million. Entonox administration as a pain relief method for the labouring women was resumed from 30 August 2013.
iii. Accomplished fully the HA target in meeting an increasing demand on universal prenatal screening for Down Syndrome by eligible persons after clinic sessions were added from 3Q 2013.

m. ***Ophthalmology Service Committee***

i. Attained compliance of HAHO triage of urgent and early cases for SOPD.
ii. Shortened the median SOPC waiting time for Cluster.
iii. Achieved the target of cataract output via service reengineering despite PWH Eye Centre Operation Theatres (OT) overhaul.

n. ***Orthopaedics & Traumatology (O&T) Service Committee***

i. Maintained a high quality service and met target of key performance indicators (KPI) despite shortage of manpower.
ii. Rolled out Cluster Higher Orthopaedic Trainee Rotation Training System.

o. ***Paediatric Services Committee***

i. PWH Day Ward Children Cancer Ambulatory Centre:
Started to provide service on 1 July 2013. One resident will be in post by 1 January 2014. Nursing staff & supporting staff had been recruited and new medical equipment had been purchased.

ii. AHNH Day Ward Children Cancer Ambulatory Centre:
Facing high pressure from cross border patients.
- Opened 10 day beds on 15 April 2013.
- Recruited doctor, nurses and supporting staff and purchased medical equipment.

p. ***Hospice and Palliative Care Committee***

i. Supported Cluster Workgroup on Care of the Dying in promoting end of life care in Cluster hospitals.

ii. Collaborated with different hospital departments for PWH and NDH to prepare for Gap Analysis in accreditation.

q. ***Pathology Services Committee***

i. Completed the relocated of the Tuberculosis (TB) Laboratory in PWH in December 2013. The new laboratory has a more stringent negative pressure provision, self-sustainable sterilization and incubation facilities minimizing the exposure of the TB cultures to the public.

r. ***Pharmacy Service Committee***

i. Extended the education program for new and high risk patients on anticoagulation warfarin therapy to cover all hospital and Family Medicine (FM)/GOPC patients. Patients are provided with drug education and individualized warfarin therapy counseling to enhance medication safety.

ii. Clinical pharmacists commenced in-patient medication review service in Neonatal Intensive Care Unit (NICU), Paediatric Intensive Care Unit (PICU), renal, general medical and geriatric units in PWH, AHNH & NDH.

iii. Implemented Modernisation of Supply Chain Stage II for pharmaceuticals in PWH to improve track & trace of Dangerous Drugs from main drug store to dispensing section stores.

s. ***Primary Care Services Committee***

i. General Out Patients Clinics (GOPCs) provided additional 40,000 attendances in 2013/14 by implemented a healthcare reform initiatives (HRI) program.

ii. Provided additional quota during evening and holiday clinics by GOPCs during Winter Surge while Community Outreach Services Team provided 7 days service to cope with the increasing demand.

iii. Renovated Ma On Shan Family Medicine Clinic for enhancing operation efficiency.

t. ***Psychiatric Service Committee***

i. Monitored the drug expenditure of psychiatric service in NTEC and successfully achieved a balance of drug expenditure.

ii. Enhanced service at various areas :
- Established the personalized care programs (PCP) for clients with severe mental disorders in North District.

- Improved the inpatient facilities at the Psychiatric Unit of TPH.
- Established consultation-liaison psychiatric services at AED, PWH.

u. ***Surgical Service Committee***

i. Facilitated the implementation of cross Cluster collaboration in robot assisted surgery.
ii. Addressed the long waiting time in colorectal cancer surgery by putting up the Resources Allocation Exercise (RAE) bid – "Add three operating theatre sessions for colorectal cancer surgery" which has been funded for implementation in 2014/15.
iii. Addressed the long waiting time in Coronary Artery Bypass Graft (CABG) surgery by putting up the RAE bid "Increase capacity for coronary artery surgery in PWH" which has been funded for implementation in 2014/15.

v. ***Utilization of Operation Theatres (OT) Services Committee***

i. Added four extra OT sessions in PWH and 2 sessions in AHNH to shorten the waiting time of trauma and emergency operations and shifted some of these operations from mid-night or late evening to day time.

6. ***Designated Committees***

a. ***Breastfeeding Promotion & Milk Committee***

i. Started the preparation to achieve "Baby Friendly Hospital".
ii. Conducted "Drill on Safety Hazard Alert of Infant Formula" in NTEC on 11 February 2014 and standardized the reporting flow of milk products.
iii. Promoted breastfeeding by
    - Disseminating of NTEC staff breastfeeding facilities in iHosptial.
    - Providing of Beanie Baby knitted cap to keep newborn warm in early skin-to-skin contact.

b. ***Clinical Informatics***

i. Monitored Clinical Management System (CMS) version 3 with remarkable progress covering 100% of Patients Administration function, 100% of reminders, 100% of immunization modules, 99% of Letters and 97% of booking functions. Moreover, CMS PC hardware was upgraded when new Medication Order Entry (MOE) was released in our cluster hospitals.
ii. Successfully rolled out e-Referral to NTEC hospitals as the 1st Cluster in taking its rollout in a cluster approach. After having PWH's launch in its pilot, it was extended to NDH in July 2013 and AHNH in September 2013.
iii. Established NTEC Implement In-patient Medication Order Entry (IPMOE) Taskforce (chaired by Dr. CB Leung) and PWH IPMOE Taskforce (chaired by Prof. Bonnie Kwan) in June 2013 respectively and September 2013 to coordinate, implement and review the rollout of IPMOE pilot in PWH. Members included nursing, pharmacy, clinical, local IT staff and HO IPMOE project teams members. Mobile devices which operate under HA wifi like toughpad set and iPad would be adopted in the PWH IPMOE.

c. ***Clinical Research Ethics Committee***

i. Received the following applications:
   a. New Application : 693
   b. Amendment Application : 979
   c. Renewal application : 715

d. ***Clinical Research Management***

i. Established Clinical Research Management Office (CRMO) in June 2013.
ii. Centralized Standard Operating Procedures related to Clinical Research in October 2013 for six China Food and Drug Administration-accredited units, and subsequently for all research units for CUHK-NTEC hospitals in April 2014.
iii. Established a website of CRMO to record clinical research database and information sharing, and to ensure compliance of researches.

e. ***Cluster Infection Control Committee***

i. Reached 89% compliance rate for Hand Hygiene in 2013.

f. ***Cluster Occupational Safety, Health & Care Service Committee***

i. Resumed the use of N2O in Obstetrics & Gynaecology (O&G) Wards after a comprehensive N2O monitoring program had been implemented and the personal exposure assessment indicated that N2O exposure in the O&G wards had been under effective control.
ii. Organized a three-month promotional activity "A Call for NTEC Fitness Exercise Proficient" to cultivate fitness culture and encourage exercises before work. Staffs' responses were overwhelming. Over 110 workplaces had participated, with colleagues practicing "NTEC Exercise" for over 22,000 times.
iii. Established the Occupational Medicine Combined Clinic with orthopedics since 2Q 2013.

g. ***Cluster Radiation Safety Committee***

i. Achieved Marked Achievement (MA) in Organisation-wide Survey (OWS).
ii. Complied fully with CAP. 303 of Radiation Ordinance.
iii. Complied fully with HA Code of Protection on Radiation Safety.

h. ***Credentialing Committee***

i. Established workflow of application endorsement in NTEC Credentialing Committee.
ii. Received and endorsed 17 applications.

i. ***Drug & Therapeutics Committee***

i. Maintained rational and cost-effective NTEC drug formulary with reference to the latest recommendation from HA Drug Formulary.
ii. Reviewed prescribing practice and drug utilization to ensure safe and cost-effective use of drugs.
iii. Facilitated the implementation of various guidelines and policies from HA or hospital to ensure medication safety.

j. ***Green and Energy Management Committee***

i. Published the 1st NTEC Green, Energy, and Environmental Report (Annual Report) in November 2013.
ii. Received the "Class of Excellence" Wastewi$e award from Hong Kong Productivity Council in June 2013 for attaining the required level of achievement by NTEC hospitals.

k. ***Information Security & Privacy Committee***

i. Enhanced Staff awareness to conduct orientation privacy talks to interns, nursing students, Chinese University (CU) and individual departments.
ii. Achieved 99.4% of privacy training compliance as at December 2013.
iii. Conducted 4th walk round inspection for privacy with 95% compliance of not to exposed personal data to unauthorized persons in workplace.

l. ***Security & Fire Safety Committee***

i. Conducted 149 hospital fire drills in 13/14 which is an increase of 15.5% as compared with the figure of the last year.
ii. Aligned the environmental scanning to prevent patient suicide with the development of a standard checklist for wards and another for Allied Health Departments.
iii. Enhanced the security of lightning conductors in NTEC hospitals

m. ***Specialist Outpatient Service***

i. Aligned the common practice in SOPDs in NTEC including documentation for the 1st appointment, posting up of waiting time and arrangement during inclement weather etc.
ii. Followed up the recommendations of the report of Group Internal Audit.

n. ***Transfusion Committee***

i. Replaced the old model of blood fridge in SH & NDH and procured an additional temperature monitor device in various critical units to help in tracking the temperature in the blood fridges.

o. ***Transplant Committee***

i. Promoted organ donation.
ii. There were eight successful organ donors in NTEC in 2013 out of a total of 44 in Hong Kong. The consent rate was 69% in NTEC as compared with the overall rate of 57% for Hong Kong. The retrieval rate for NTEC was 40% as contracted with 20% for Hong Kong. The average organ recovered from donor was 2.8 in Hong Kong while that was 3.1 in NTEC.

7. Advisory Committees

a. ***Community Collaboration Coordinating Committee***

i. Arranged a visit to Patient Resources Centre in Fanling Health Centre for Non-governmental Organizations (NGOs) partners on 5 August 2014. The purpose of this visit was to introduce the new centre and explore the opportunities of collaborating activities between NGOs and HA in future. A total of 7 NGOs participated.

b. ***Integrated Western-Chinese Medicine***

i. Established of the Committee in 13/14.

c. ***Primary Care Coordination Committee***

i. Collaborated with IT Department in the development of Apps for PWH A&E Waiting Time.
ii. Consulted representatives of general practitioners in preparation of General Out Patients Clinic (GOPC) Public-Private Partnership program.

d. ***Rehabilitation Services Committee***

i. Implemented a multidimensional telemonitoring program to serve patients undergoing home-based pulmonary rehabilitation to reduce avoidable hospitalization.
ii. Implemented multidisciplinary care pathways for fracture hip in three acute hospitals.

e. ***Technology Committee***

i. Posted training materials and assessment of major models of volumetric and syringe pumps to iLearn to enhance staff's understanding on equipment operation.
ii. Conducted annual review on infusion pump models in each location to minimize risk of potential manipulation confusion for the sake of patient safety.

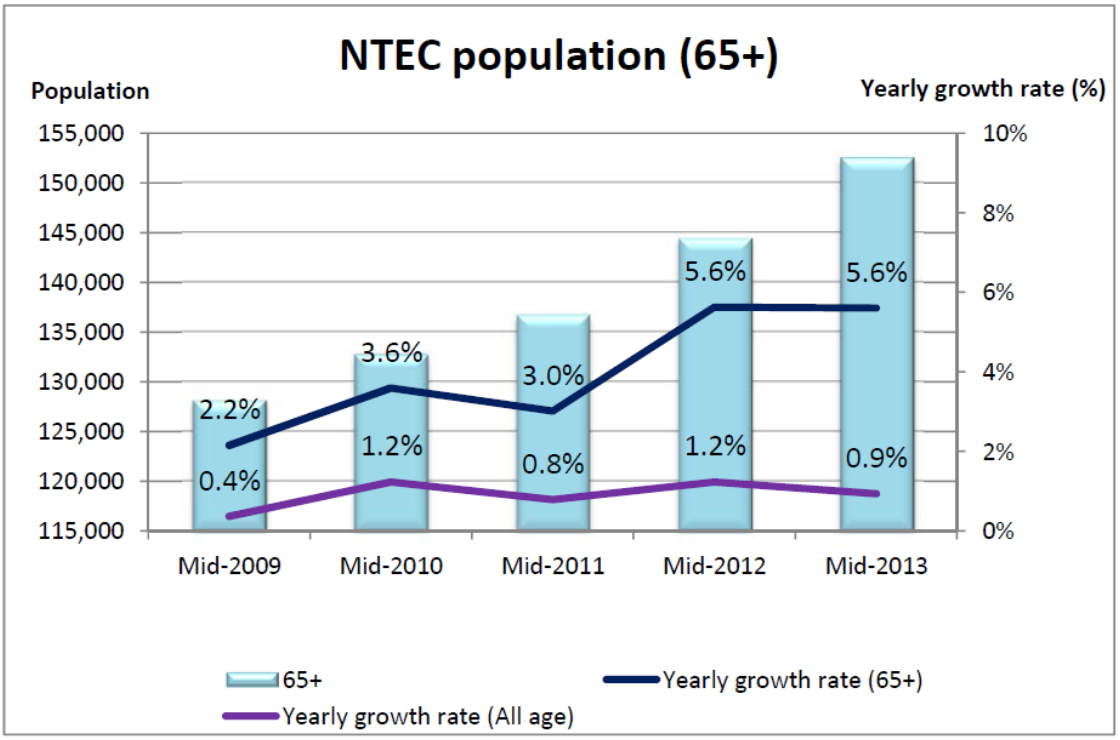
f. ***Trauma Committee***

i. Achieved the highest W adjusted survival score in the last 15 years by NTEC Trauma services.
ii. Enhanced and expanded trauma team training.
iii. Led the evaluation on traumatic patients' long-term functional outcome, quality of life and the status of return to work.

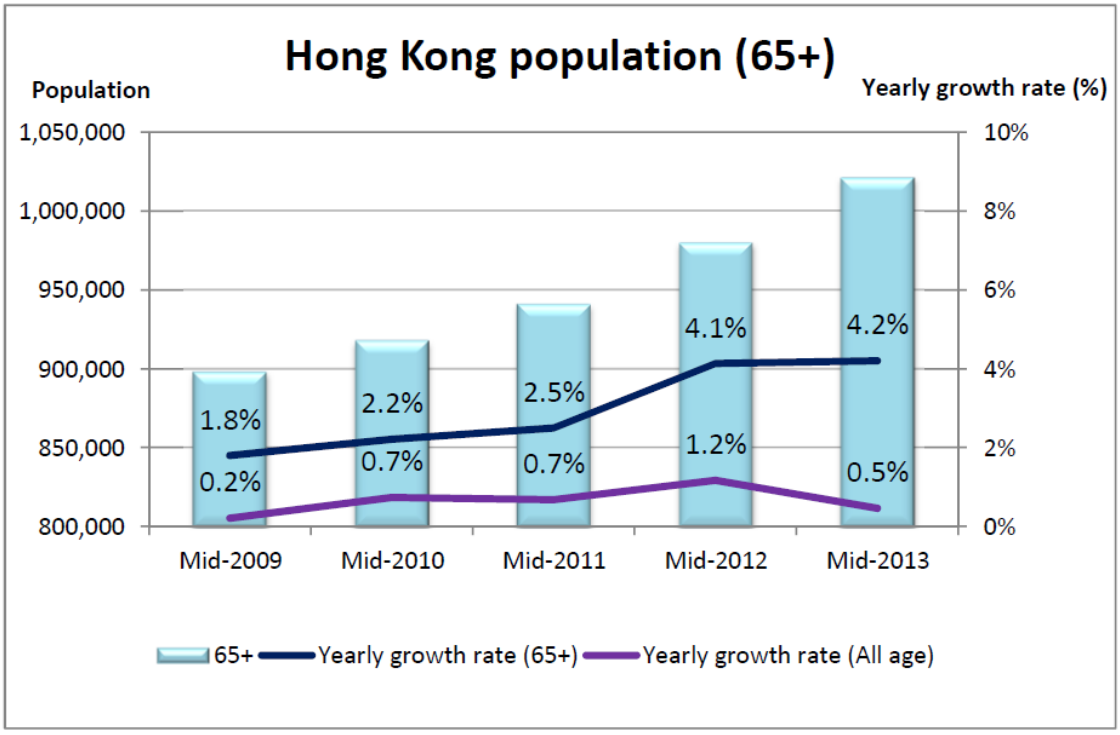
B. Statistical Reports & Key Performance Indicators

Service Statistics

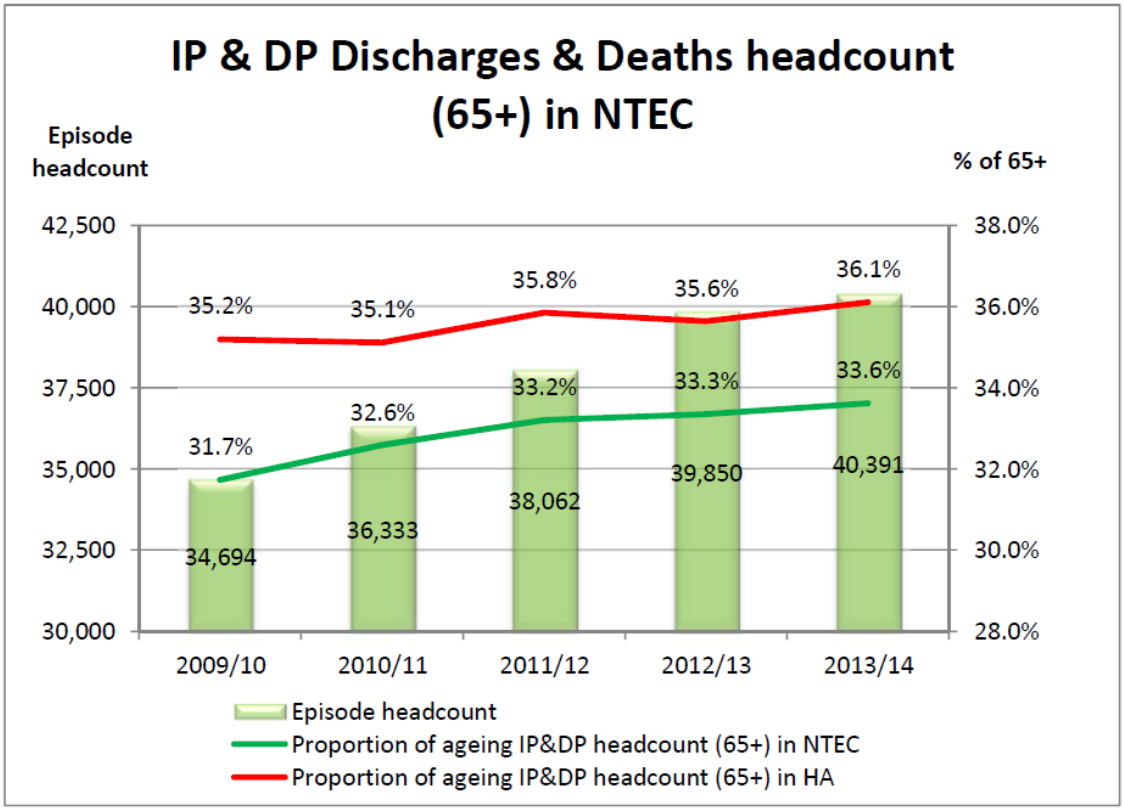
1) NTEC Ageing Population (Age > =65) changes in past 5 years



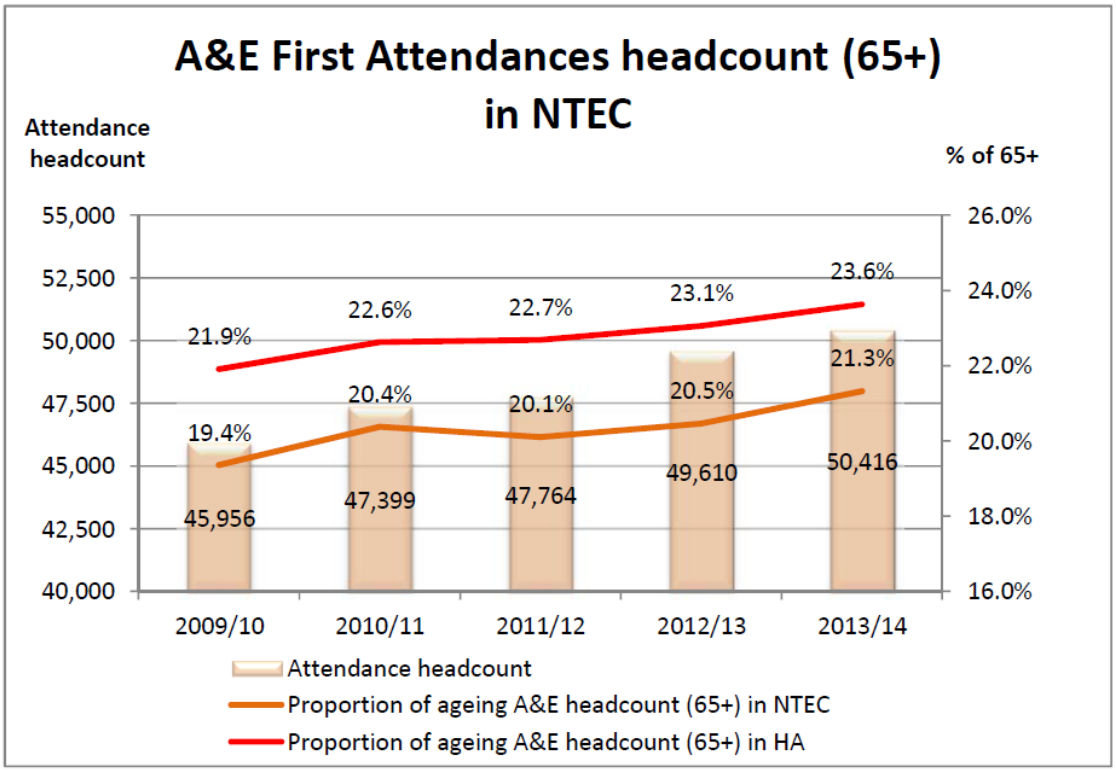
2) Hong Kong Ageing population (Age > =65) changes in past 5 years



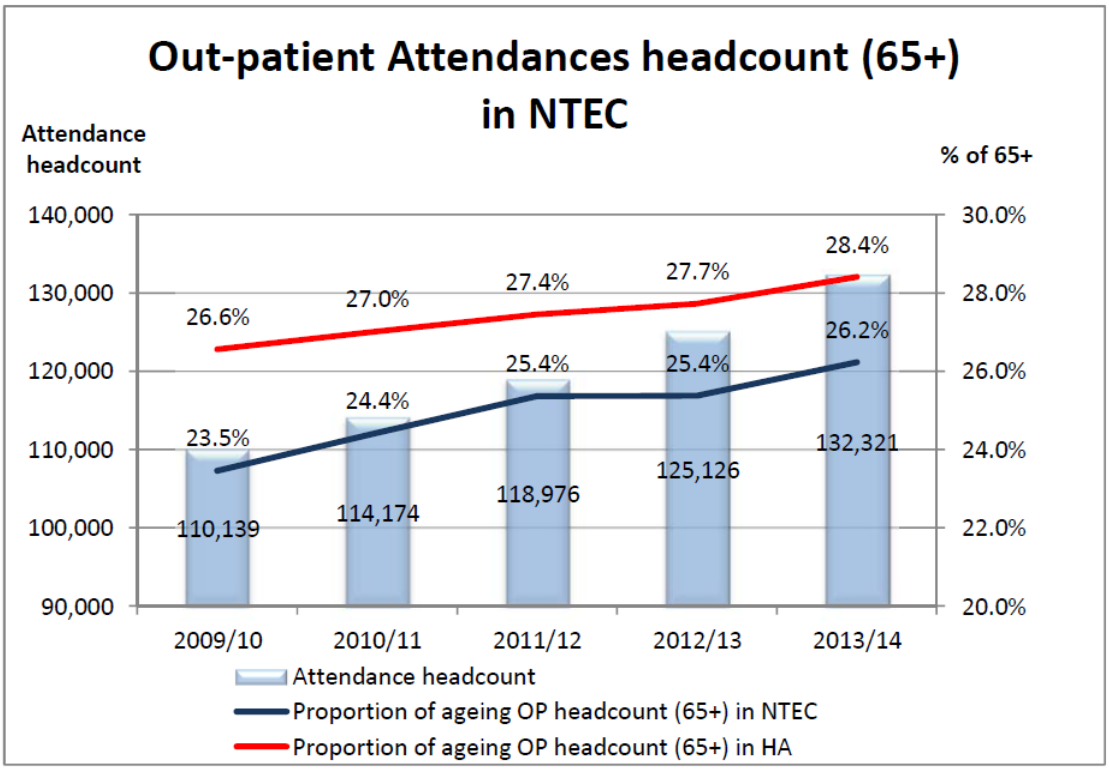
3) Headcount of Inpatient and Day-patient Discharges & Deaths (Age > =65) changes in past 5 years



4) Headcount of A&E first attendances (Age > = 65) changes in past 5 years



5) Headcount of Outpatient attendances (Age >= 65) changes in past 5 years



New Territories East Cluster

KPIs for Service Performance - Part A (Apr 2013 - Mar 2014)

				NTEC		
				Current Year	Prior Year	
				YTD Mar 2014	YTD Mar 2013	Variance
				A	B	C = (A - B) or (A - B) / B
Service Growth in response to Population Change & Ageing Effect						
Service capacity (as at 31.03.2014)	K	*	**No. of geriatric day places** (excluding day places under program of "Integrated Discharge Support Program" (IDSP))	120	120	0
		*	**No. of psychiatric day places**	185	185	0
Inpatient services	K	*	**No. of patient days (IP BDO)**			
			General - Acute	1,001,273	978,724	2.3%
			Mentally Ill	135,248	127,789	5.8%
			Infirmary	95,537	98,606	-3.1%
			Overall	**1,232,058**	**1,205,119**	**2.2%**
Accident & Emergency (A&E) services	K	*	**No. of First Attendances for:**			
			Triage I (Critical cases)	2,638	2,662	-0.9%
			Triage II (Emergency cases)	7,849	7,639	2.7%
			Triage III (Urgent cases)	97,058	96,842	0.2%
Primary care services	K	*	**No. of family medicine specialist clinic attendances (FM)**	59,758	59,300	0.8%
	K	*	**# Total no. of primary care attendances** {including: GOPC attendances [(GOPC:total attends by doctor + by nurse) + (IMHP:attnds by doctor + by nurse + by Allied health staff) + (attnds generated under Healthcare Reform Initiative (HRI) program)] and FMSC attendances}	**1,001,372**	**969,499**	**3.3%**
Day services	K	*	**# No. of rehabilitation day & palliative care day attendance (RDP-ANA)**	**6,651**	**6,554**	1.5%
	K	*	**# No. of geriatric day attendance (GDH)** (excluding attendance under program of "Integrated Discharge Support Program" (IDSP))	**27,312**	**27,967**	-2.3%
Community & outreach services	K	*	**# No. of allied health (community) attendances**	**10,272**	**10,320**	-0.5%
	K	*	**# No. of geriatric elderly persons assessed for INF care service**	**316**	**361**	-12.5%
	K	*	**# No. of psychogeriatric outreach attendances** (including: PGT: no. of outreach attendances: total + PGT: total no. of home visits + PGT: total no. of consultation-liaison attendances)	**14,208**	**14,809**	-4.1%

Remarks:

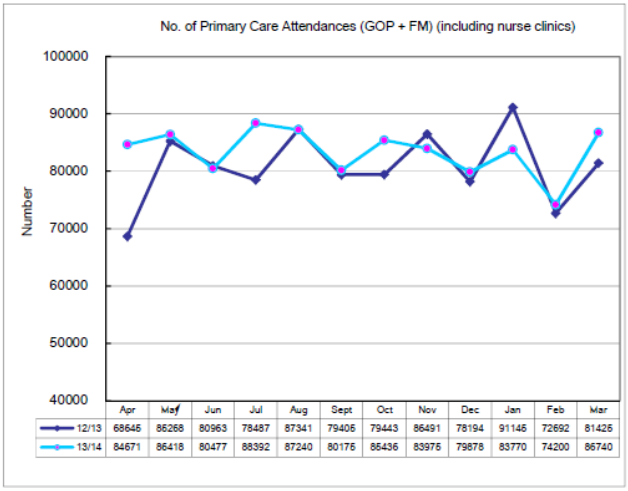
with graph presented

Blue > 5% above prior year

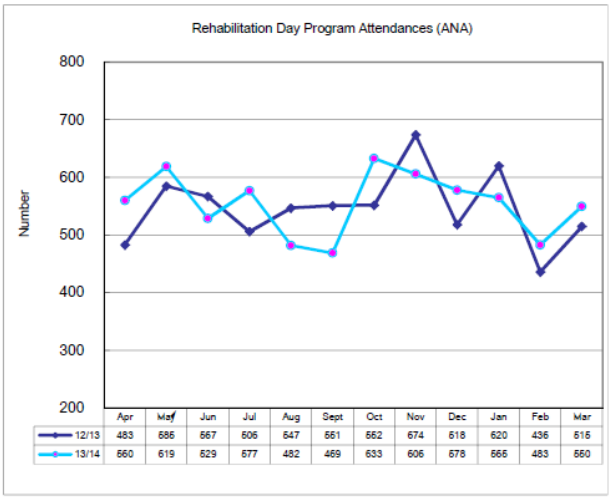
Green > 5% below prior year

K KPI
Q QPI
* COR item

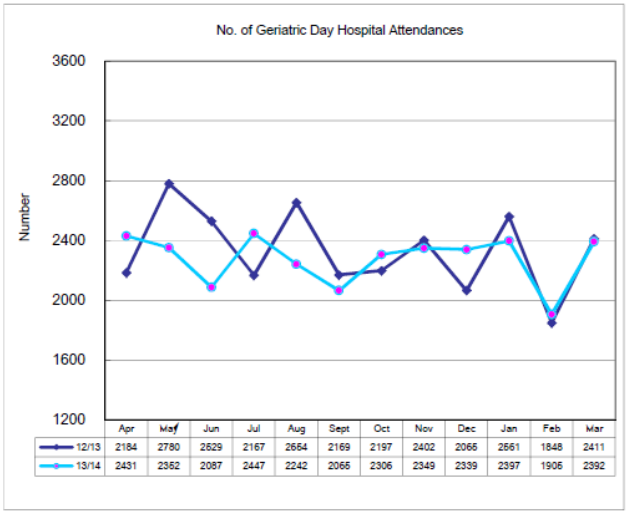
Service Growth in response to Population Change & Ageing Effect (cont'd)



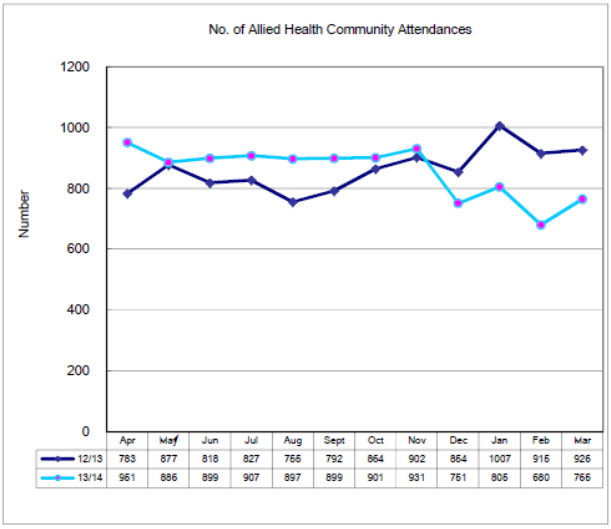
	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
12/13	68645	86268	80963	78487	87341	79405	79443	86491	78194	91145	72692	81426
13/14	84671	86418	80477	88392	87240	80175	86436	83975	79878	83770	74200	86740



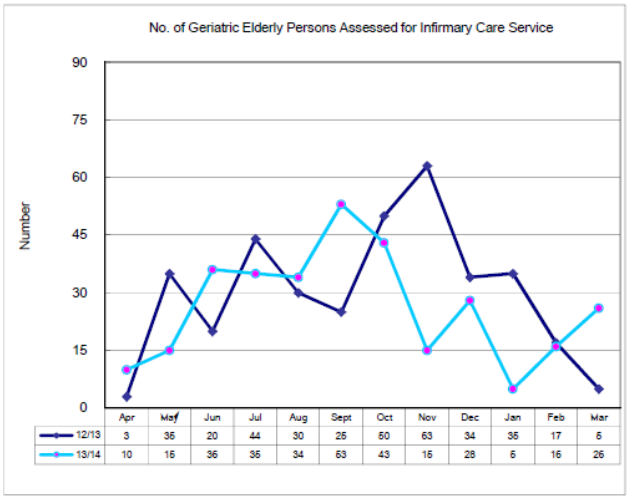
	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
12/13	483	586	567	506	547	551	552	674	518	620	436	515
13/14	560	619	529	577	482	469	633	606	578	565	483	550



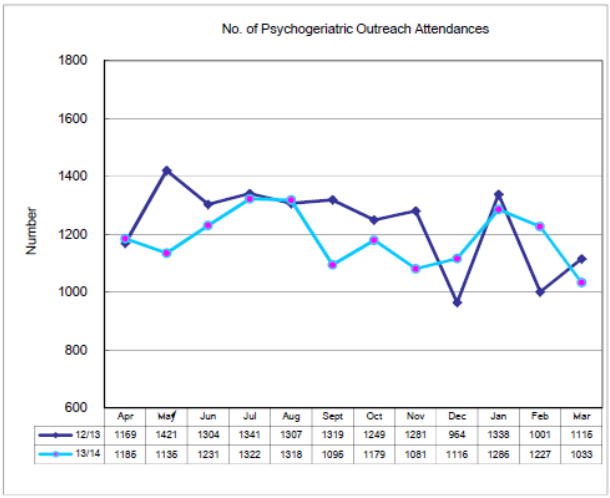
	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
12/13	2184	2780	2529	2167	2654	2169	2197	2402	2065	2561	1848	2411
13/14	2431	2352	2087	2447	2242	2066	2306	2349	2339	2397	1905	2392



	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
12/13	783	877	818	827	756	792	864	902	864	1007	916	926
13/14	961	886	899	907	897	899	901	931	751	805	680	765



	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
12/13	3	35	20	44	30	25	50	63	34	35	17	5
13/14	10	15	36	35	34	53	43	15	28	5	16	26



	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
12/13	1169	1421	1304	1341	1307	1319	1249	1281	964	1338	1001	1116
13/14	1185	1136	1231	1322	1318	1095	1179	1081	1116	1286	1227	1033

New Territories East Cluster

KPIs for Service Performance - Part B (Apr 2013 - Mar 2014)

Quality Improvement as a result of Technology Advancement or Implementation of New Service Quality & Access initiatives			Current period		Previous period	
			NTEC	Overall HA	NTEC	
			Apr 2013 - Mar 2013		Apr 2012 - Mar 2013	Variance
			A	B	C	D = (A - C) or (A - C) / C
		% of A&E Patients within Target WT				
K	*	Triage I (Critical cases - 0 minutes, 100%)	100%	100%	100%	0%pt
K	*	Triage II (Emergency cases- <15 minutes, 95%)	96.2%	96.0%	96.1%	0.1%pt
K	*	Triage III (urgent cases- <30 minutes, 90%)	70.8%	74.7%	79.3%	-8.5%pt
K	#	Triage IV (Semi-urgent cases- <120 minutes, 75%)	73.2%	66.6%	77.0%	-3.8%pt
Waiting Time for SOP New Case Bookings		**Median waiting time for 1st appointment at specialist clinics**				
		Overall				
K	*	1st priority patients (≤ 2 weeks)	<1	<1	<1	0
K	*	2nd priority patients (≤ 8 weeks)	4	5	4	0
		ENT				
K		% of patients seen within 2 weeks for 1st priority patients	96.8%	98.3%	97.8%	-1.0%pt
K		% of patients seen within 8 weeks for 2nd priority patients	97.6%	97.8%	97.7%	-0.1%pt
K	#	90th percentile of waiting time of routine cases (weeks)	88	61	62	41.9%
		Gynaecology				
K		% of patients seen within 2 weeks for 1st priority patients	96.6%	95.8%	94.4%	2.2%pt
K		% of patients seen within 8 weeks for 2nd priority patients	93.6%	97.2%	91.7%	1.9%pt
K	#	90th percentile of waiting time of routine cases (weeks)	125	77	125	0%
		Medicine				
K		% of patients seen within 2 weeks for 1st priority patients	97.2%	97.4%	96.6%	0.6%pt
K		% of patients seen within 8 weeks for 2nd priority patients	98.1%	97.4%	97.6%	0.5%pt
K	#	90th percentile of waiting time of routine cases (weeks)	84	75	71	18.3%
		Ophthalmology				
K		% of patients seen within 2 weeks for 1st priority patients	97.9%	98.9%	97.8%	0.1%pt
K		% of patients seen within 8 weeks for 2nd priority patients	98.1%	98.5%	97.4%	0.7%pt
K	#	90th percentile of waiting time of routine cases (weeks)	70	69	155	- 54.8%
		Orthopaedics & Traumatology				
K		% of patients seen within 2 weeks for 1st priority patients	98.8%	98.1%	98.6%	0.2%pt
K		% of patients seen within 8 weeks for 2nd priority patients	97.8%	96.9%	97.0%	0.8%pt
K	#	90th percentile of waiting time of routine cases (weeks)	127	125	112	13.4%
		Paed. & Adolescent Med.				
K		% of patients seen within 2 weeks for 1st priority patients	96.0%	98.7%	95.9%	0.1%pt
K		% of patients seen within 8 weeks for 2nd priority patients	98.3%	97.6%	98.4%	-0.1%pt
K	#	90th percentile of waiting time of routine cases (weeks)	49	31	50.0	- 2.0%
		Psychiatry				
K		% of patients seen within 2 weeks for 1st priority patients	97.5%	97.4%	96.2%	1.3%pt
K		% of patients seen within 8 weeks for 2nd priority patients	95.7%	96.8%	97.0%	-1.3%pt
K	#	90th percentile of waiting time of routine cases (weeks)	105	88	81	29.6%
		Surgery				
K		% of patients seen within 2 weeks for 1st priority patients	95.2%	95.9%	95.0%	0.2%pt
K		% of patients seen within 8 weeks for 2nd priority patients	98.2%	94.8%	94.1%	4.1%pt
K	#	90th percentile of waiting time of routine cases (weeks)	79	98	100	- 21.0%

Remarks:

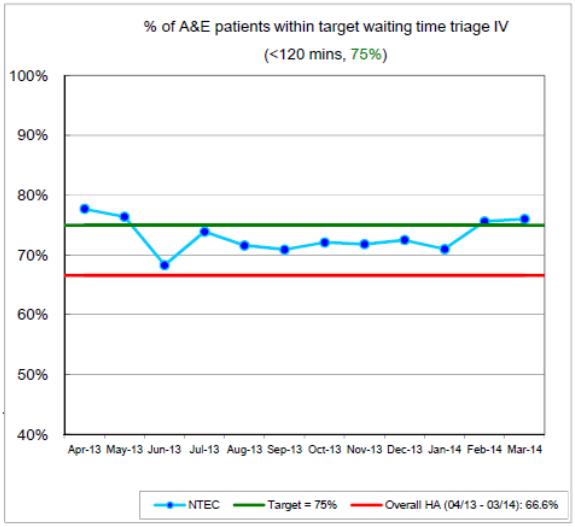
with graph presented
K KPI
Q QPI
* COR item

Blue > 5% above previous period

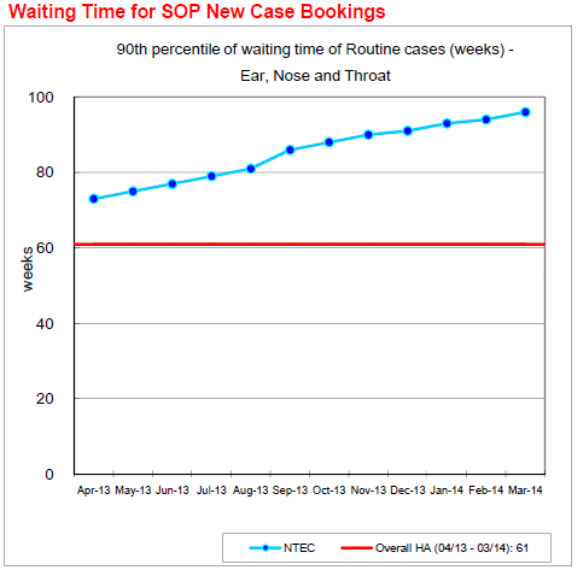
Green > 5% below previous period

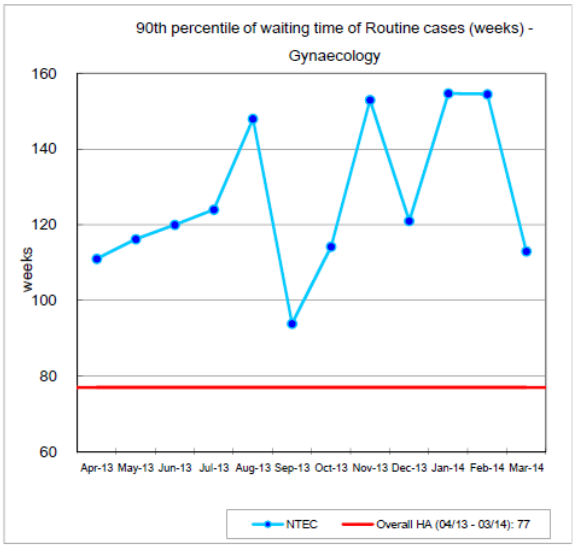
Quality Improvement as a result of Technology Advancement or Implementation of New Service Quality & Access initiatives (cont'd)

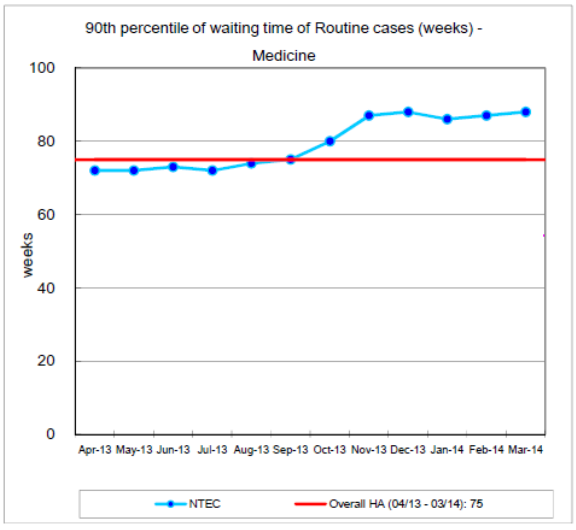
Waiting time for A&E services

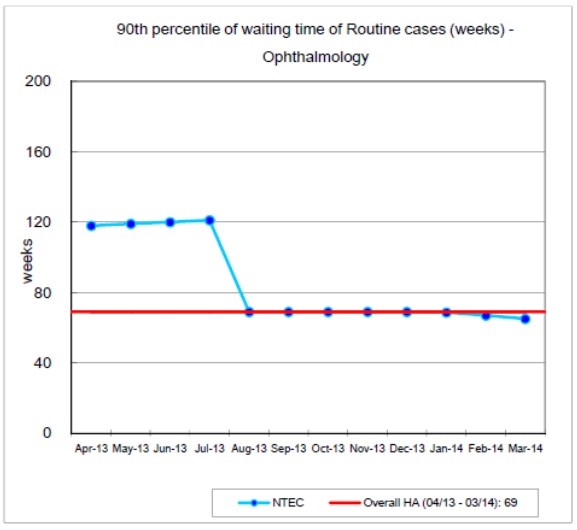


Waiting Time for SOP New Case Bookings



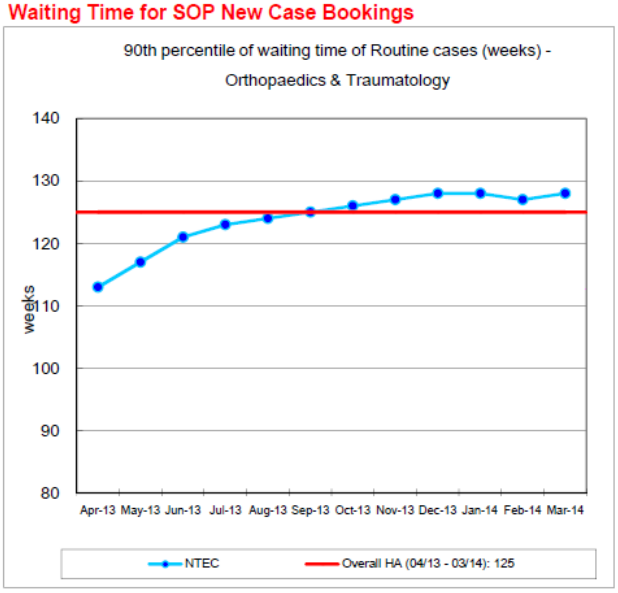


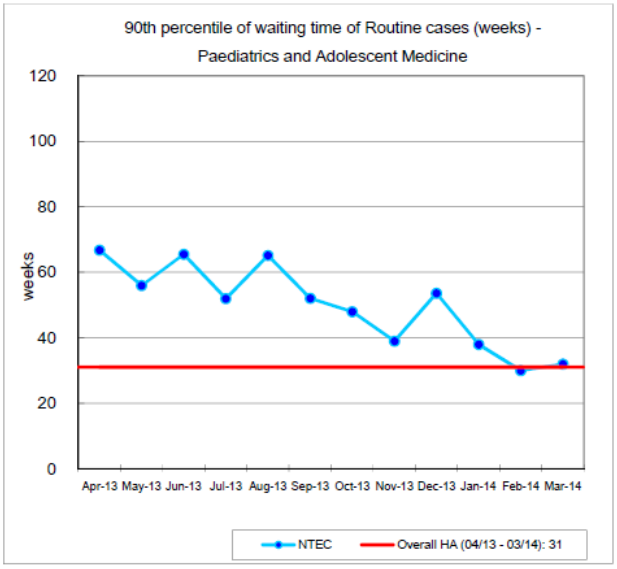


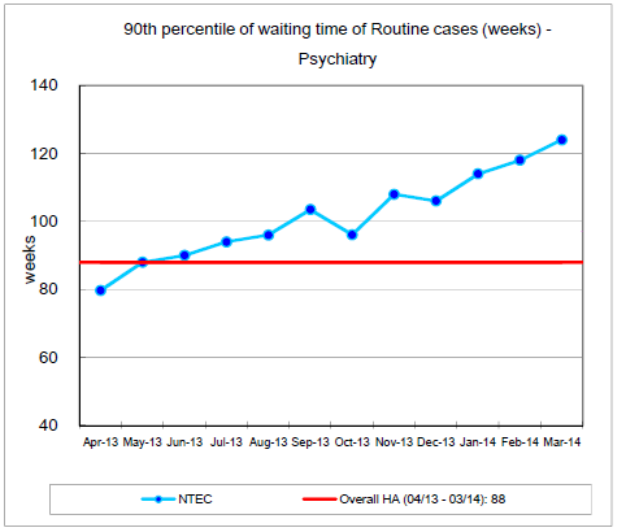


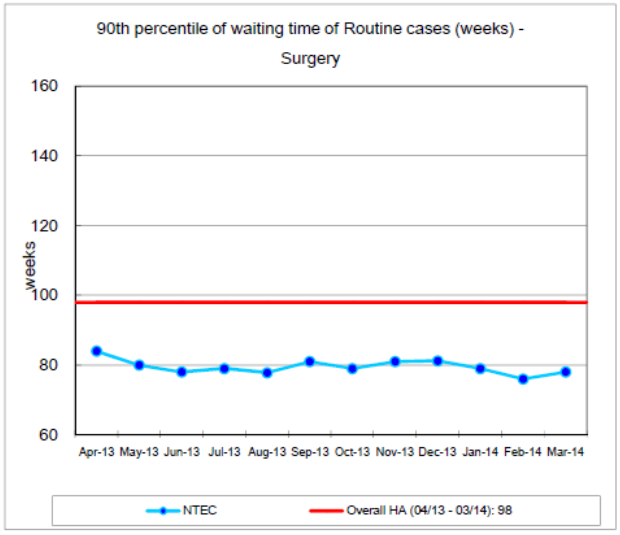
Service Improvement as a result of Technology Advancement or Implementation of New Service Quality & Access initiatives (cont'd)

Waiting Time for SOP New Case Bookings









KPIs for Service Performance - Part C (Apr 2013 - Mar 2014)

Quality Improvement as a result of Technology Advancement or Implementation of New Service Quality & Access initiatives (cont'd)				Current period		Previous period	
				NTEC	Overall HA	NTEC	
				Apr 2013 - Mar 2014		Apr 2012 - Mar 2013	Variance
				A	B	C	D = (A - C) or (A - C) / C
Waiting time for elective surgery	K		Waiting time (month) at 90th percentile of patients receiving the treatment of Total Joint Replacement	42	37	31	35.5%
			Waiting time for cataract				
				(Feb 2013 - Jan 2014)		(Feb 2012 - Jan 2013)	
	K	#	% of patients provided with surgery within 2 months for Priority 1 (P1) patients	99.1%	93.8%	91.3%	7.8%pt
			(Internal target : 80%)				
				(Apr 2012 - Mar 2013)		(Apr 2011 - Mar 2012)	
	K	#	% of patients provided with surgery within 12 months for Priority 2 (P2) patients	99.7%	96.7%	88.4%	11.3%pt
			(Internal target : 90%)				
			Waiting time for TURP				
				(Jan - Dec 2013)			
	K	#	% of patients provided with surgery within 2 months for Priority 1 (P1) patients	42.9%	70.4%		
				(Apr 2012 - Mar 2013)		(Apr 2011 - Mar 2012)	
	K	#	% of patients provided with surgery within 12 months for Priority 2 (P2) patients	100.0%	97.6%	100.0%	0%pt
Access to General Outpatient Clinic (GOPC) Episodic Illness Service	K	#	% of IVAS call-in elderly patients offered with GOP appointment in 2 working days	98.5%	98.6%	96.6%	1.9%pt
			(Internal target : 95%)				
	K	#	% of IVAS call-in elderly and CSSA and non-CSSA waiver patients offered with GOP appointment in 2 working days	96.6%	97.0%	94.9%	1.7%pt
			(Internal target : 95%)				
Appropriateness of care		#	Standardized admission rate for A&E patients	28.1%	28.8%	27.2%	0.9%pt
Safety	K	#*	Unplanned Readmission Rate within 28 days for general in-patients (%)	9.4%	10.5%	9.4%	-0.03%pt
			Infection rate				
			MRSA				
				(Jan - Mar 2014)		(Jan - Mar 2013)	
	K		MRSA bacteraemia per 1000 patient days	0.0880	0.1068	0.0987	-10.8%
				(Jan - Mar 2014)		(Jan - Mar 2013)	
	K		MRSA bacteraemia in acute beds per 1000 acute patient days	0.1288	0.1591	0.1529	-15.8%
	Q		(Internal Target : <0.1258)				
				(Jan - Dec 2013)		(Jan - Dec 2012)	
	K		MRSA bacteraemia per 1000 patient days	0.1067	0.0967	0.0829	28.7%
				(Jan - Dec 2013)		(Jan - Dec 2012)	
	K		MRSA bacteraemia in acute beds per 1000 acute patient days	0.1613	0.1457	0.1279	26.1%
	Q		(Internal Target : <0.1258)				

Remarks :
with graph presented
K KPI
Q QPI
* COR item

Not all data shown above are updated due to updated data is not available in data source (KPI website).

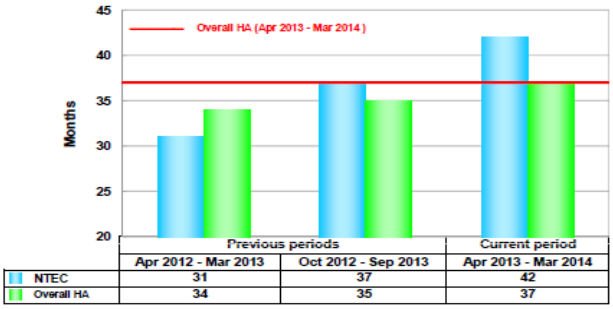
Blue > 5% above previous period

Green > 5% below previous period

Quality Improvement as a result of Technology Advancement or Implementation of New Service Quality & Access Initiatives (cont'd)

Waiting time for elective surgery - Waiting time for Total Joint Replacement

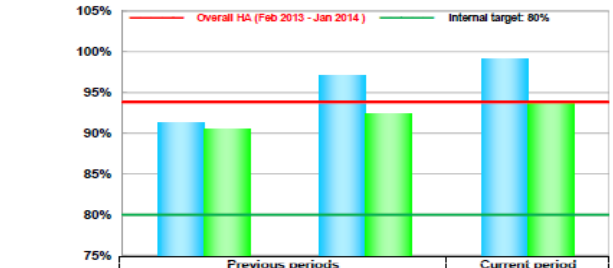
Waiting time (month) at 90th percentile of patients receiving the treatment of Total Joint Replacement



	Previous periods		Current period
	Apr 2012 - Mar 2013	Oct 2012 - Sep 2013	Apr 2013 - Mar 2014
NTEC	31	37	42
Overall HA	34	35	37

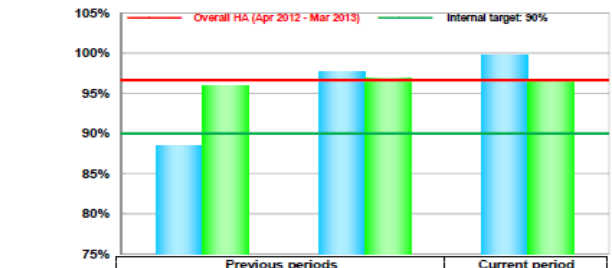
Waiting time for elective surgery - Waiting time for cataract

% of patients provided with surgery within 2 months for Priority 1 (P1) patients (cataract)



	Previous periods		Current period
	Feb 2012 - Jan 2013	Aug 2012 - Jul 2013	Feb 2013 - Jan 2014
NTEC	91.3%	97.1%	99.1%
Overall HA	90.5%	92.3%	93.8%

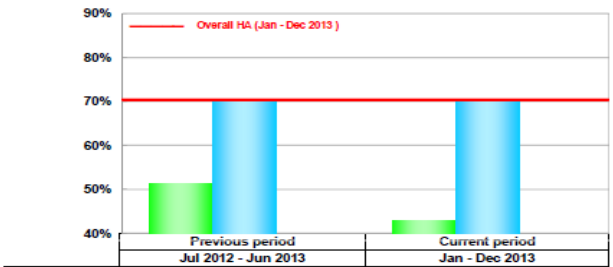
% of patients provided with surgery within 12 months for Priority 2 (P2) patients (cataract)



	Previous periods		Current period
	Apr 2011 - Mar 2012	Oct 2011 - Sep 2012	Apr 2012 - Mar 2013
NTEC	88.4%	97.8%	99.7%
Overall HA	96.0%	96.9%	96.7%

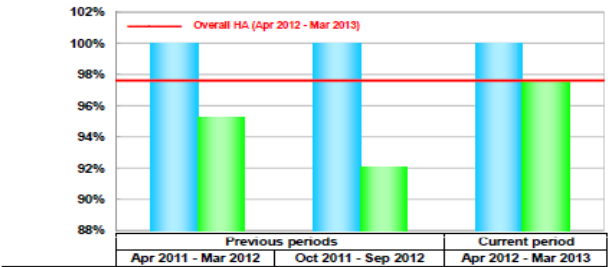
Waiting time for elective surgery - Waiting time for TURP

% of patients provided with surgery within 2 months for Priority 1 (P1) patients (TURP)



	Previous period	Current period
	Jul 2012 - Jun 2013	Jan - Dec 2013
NTEC	51.4%	42.9%
Overall HA	70.2%	70.4%

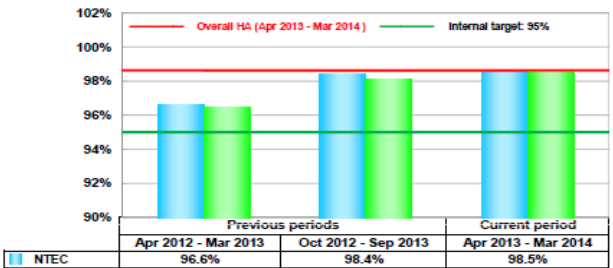
% of patients provided with surgery within 12 months for Priority 2 (P2) patients (TURP)



	Previous periods		Current period
	Apr 2011 - Mar 2012	Oct 2011 - Sep 2012	Apr 2012 - Mar 2013
NTEC	100.0%	100.0%	100.0%
Overall HA	95.3%	92.1%	97.6%

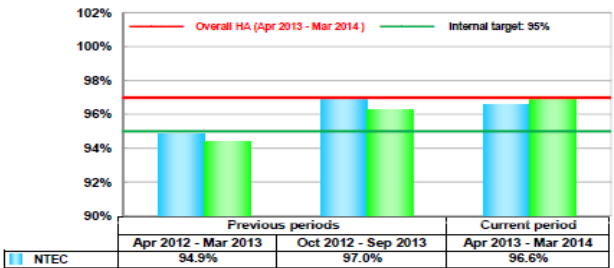
Access to General Outpatient Clinic (GOPC) Episodic Illness Services

% of IVAS call-in elderly patients offered with GOP appointment in 2 working days



	Previous periods		Current period
	Apr 2012 - Mar 2013	Oct 2012 - Sep 2013	Apr 2013 - Mar 2014
NTEC	96.6%	98.4%	98.5%
Overall HA	96.5%	98.1%	98.6%

% of IVAS call-in elderly and CSSA and non-CSSA waiver patients offered with GOP appointment in 2 working days



	Previous periods		Current period
	Apr 2012 - Mar 2013	Oct 2012 - Sep 2013	Apr 2013 - Mar 2014
NTEC	94.9%	97.0%	96.6%
Overall HA	94.4%	96.3%	97.0%

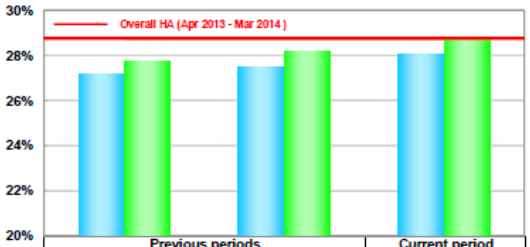
Remarks :

Not all data shown above are updated due to updated data is not available in data source (KPI website).

Quality Improvement as a result of Technology Advancement or Implementation of New Service Quality & Access Initiatives (cont'd)

Appropriateness of care

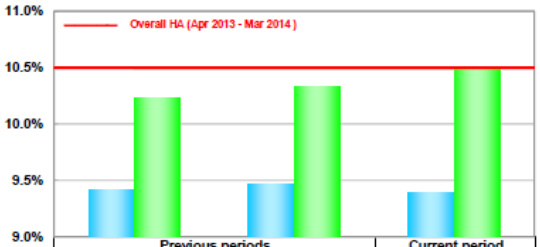
Standardised admission rate for A&E patients



	Previous periods		Current period
	Apr 2012 - Mar 2013	Oct 2012 - Sep 2013	Apr 2013 - Mar 2014
NTEC	27.2%	27.5%	28.1%
Overall HA	27.7%	28.2%	28.8%

Safety

Unplanned readmission rate within 28 days for general inpatients



	Previous periods		Current period
	Apr 2012 - Mar 2013	Oct 2012 - Sep 2013	Apr 2013 - Mar 2014
NTEC	9.4%	9.5%	9.4%
Overall HA	10.2%	10.3%	10.5%

Remarks :

Not all data shown above are updated due to updated data is not available in data source (KPI website).

KPIs for Service Performance - Part C (Apr 2013 - Mar 2014) (Cont'd)

Quality Improvement as a result of Technology Advancement or Implementation of New Service Quality & Access initiatives (cont'd)				Current period		Previous period	
				NTEC	Overall HA	NTEC	
				Apr 2013 - Mar 2014		Apr 2012 - Mar 2013	Variance
				A	B	C	D = (A - C) or (A - C) / C
Disease specific quality indicators			**Stroke**				
	K	#	% of adult acute stroke patients with CT/MRI scan of brain performed within 12 hours of A&E registration	94.9%	93.3%	94.8%	0.1%pt
	K	#	Unplanned readmission rate	13.6%	14.0%	12.9%	0.7%pt
	K	#	ALOS (days) - overall (all care types)	25.0	25.2	24.1	3.5%
	K	#	% of stroke patients ever treated in ASUs	50.4%	64.4%	49.3%	1.1%pt
			Hip Fracture				
	KQ	#	% of patients indicated for surgery on hip fracture with surgery performed <=2 days after admission through A&E (Internal Target :>70%)	66.1%	70.7%	66.7%	-0.7%pt
	K	#	Unplanned readmission rate	2.3%	2.5%	2.1%	0.2%pt
	K	#	ALOS (days) - overall (all care types)	30.2	28.0	30.1	0.2%
			Cancer				
	K	#	Waiting time (days) from decision to treat (DTT) to start of radiotherapy (RT) for the 90th percentile for cancer patients requiring radical RT (Internal Target : <31 days)	33	29	32	3.1%
				(Oct 2012 - Sep 2013)		(Oct 2011 - Sep 2012)	
	KQ	#	Waiting time (days) at the 90th percentile for patients with colerectal cancer receiving first definitive treatment after diagnosis (Internal Target : <60 days)	73	64	71	2.8%
				(Oct 2012 - Sep 2013)		(Oct 2011 - Sep 2012)	
	KQ	#	Waiting time (days) at the 90th percentile for patients with breast cancer receiving first definitive treatment after diagnosis (Internal Target : <60 days)	65	56	61	6.6%
	K	#	Waiting time (days) at the 90th percentile for patients with nasopharynx cancer receiving first definitive treatment after diagnosis (Internal Target : <60 days)	55	51	56	-1.8%
			DM				
	K	#	% of DM patients followed up in SOPC with HbA1c checked in same 12-month period	96.3%	95.5%	96.1%	0.1%pt
	KQ	#	% of DM patients with HbA1c < 7% (Internal Target : >35%)	47.7%	48.9%	45.8%	1.9%pt
			HT				
	KQ	#	% of HT patients treated in GOPC with BP < 140/90 mmHg (Internal Target : >65%)	75.7%	78.1%	69.0%	6.8%pt
			Mental Health				
	K	#	Average length of stay (LOS) of acute IP care (with LOS ≤90 days) (Internal Target : ≤30 days)	28.9	30.8	28.4	1.8%
			Cardiac				
	K	#	% of AMI patients prescribed Statin at discharge (Internal Target : ≥90%)	82.9%	82.0%	76.5%	6.4%pt

Remarks :
Not all data shown above are updated due to updated data is not available in data source (KPI website).

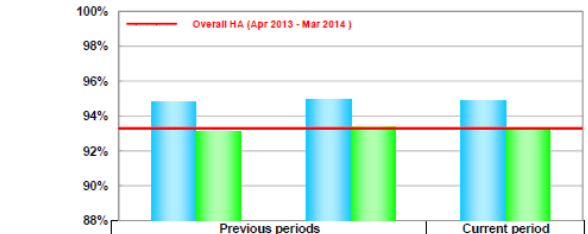
\# with graph presented
K KPI
Q QPI
* COR item

Blue > 5% above previous period
Green > 5% below previous period

Quality Improvement as a result of Technology Advancement or Implementation of New Service Quality & Access Initiatives (cont'd)

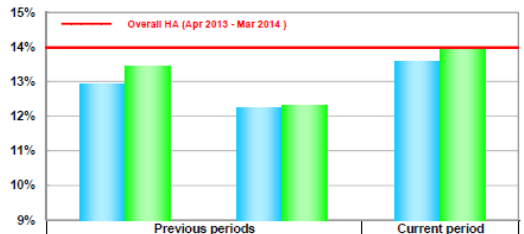
Disease specific quality indicators - Stroke

% of adult acute stroke patients with CT/MRI scan of brain performed within 12 hours of A&E registration



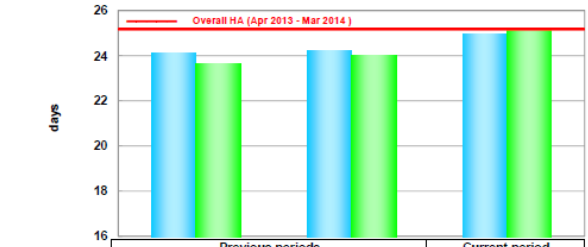
	Previous periods		Current period
	Apr 2012 - Mar 2013	Oct 2012 - Sep 2013	Apr 2013 - Mar 2014
NTEC	94.8%	94.9%	94.9%
Overall HA	93.1%	93.4%	93.3%

Unplanned readmission rate



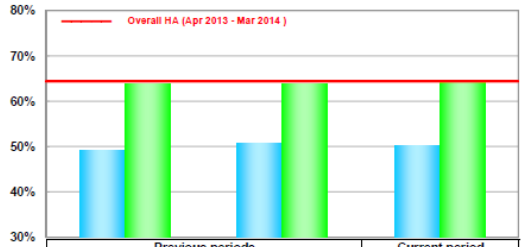
	Previous periods		Current period
	Apr 2012 - Mar 2013	Oct 2012 - Sep 2013	Apr 2013 - Mar 2014
NTEC	12.9%	12.2%	13.6%
Overall HA	13.4%	12.3%	14.0%

Average length of stay (days) (overall)



	Previous periods		Current period
	Apr 2012 - Mar 2013	Oct 2012 - Sep 2013	Apr 2013 - Mar 2014
NTEC	24.1	24.2	25.0
Overall HA	23.7	24.0	25.2

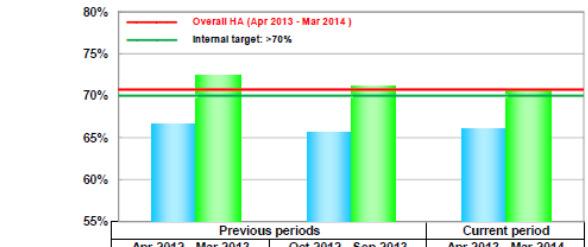
% of stroke patients ever treated in ASUs



	Previous periods		Current period
	Apr 2012 - Mar 2013	Oct 2012 - Sep 2013	Apr 2013 - Mar 2014
NTEC	49.3%	50.7%	50.4%
Overall HA	63.7%	63.9%	64.4%

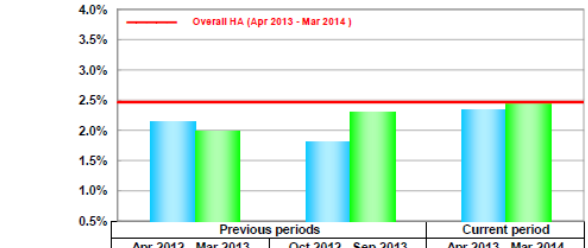
Disease specific quality indicators - Hip fracture

% of patients indicated for surgery on hip fracture with surgery performed ≤ 2 days after admission through A&E



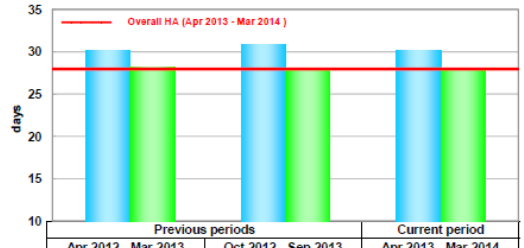
	Previous periods		Current period
	Apr 2012 - Mar 2013	Oct 2012 - Sep 2013	Apr 2013 - Mar 2014
NTEC	66.7%	65.7%	66.1%
Overall HA	72.5%	71.2%	70.7%

Unplanned readmission rate



	Previous periods		Current period
	Apr 2012 - Mar 2013	Oct 2012 - Sep 2013	Apr 2013 - Mar 2014
NTEC	2.1%	1.8%	2.3%
Overall HA	2.0%	2.3%	2.5%

Average length of stay (days) (overall)



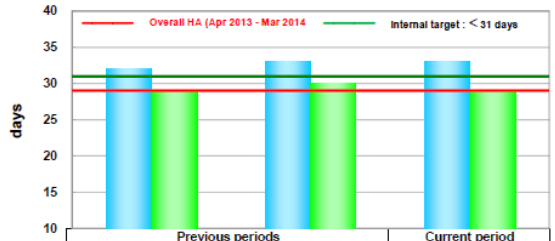
	Previous periods		Current period
	Apr 2012 - Mar 2013	Oct 2012 - Sep 2013	Apr 2013 - Mar 2014
NTEC	30.1	30.9	30.2
Overall HA	28.2	27.9	28.0

Remarks :
Not all data shown above are updated due to updated data is not available in data source (KPI website).

Quality Improvement as a result of Technology Advancement or Implementation of New Service Quality & Access Initiatives (cont'd)

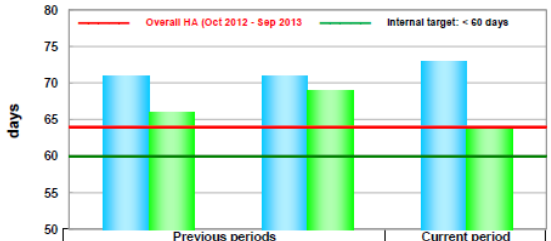
Disease specific quality indicators - Cancer

Waiting time (days) from decision to treat (DTT) to start to radiotherapy (RT) for the 90th percentile for cancer patients requiring radical RT



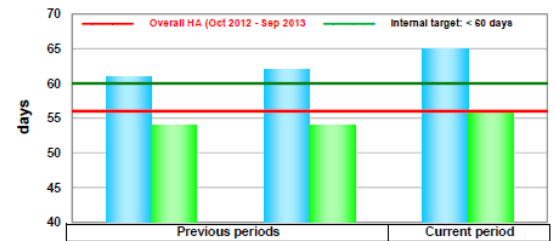
	Previous periods		Current period
	Apr 2012 - Mar 2013	Oct 2012 - Sep 2013	Apr 2013 - Mar 2014
NTEC	32	33	33
Overall HA	29	30	29

Waiting time (days) at the 90th percentile for patients with colorectal cancer receiving first definitive treatment after diagnosis



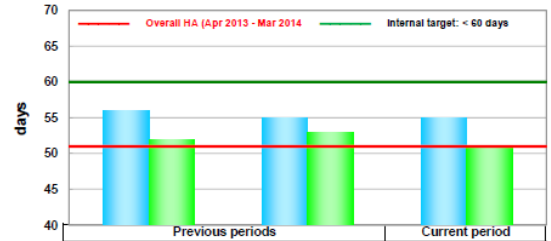
	Previous periods		Current period
	Oct 2011 - Sep 2012	Apr 2012 - Mar 2013	Oct 2012 - Sep 2013
NTEC	71	71	73
Overall HA	66	69	64

Waiting time (days) at the 90th percentile for patients with breast cancer receiving first definitive treatment after diagnosis



	Previous periods		Current period
	Oct 2011 - Sep 2012	Apr 2012 - Mar 2013	Oct 2012 - Sep 2013
NTEC	61	62	65
Overall HA	54	54	56

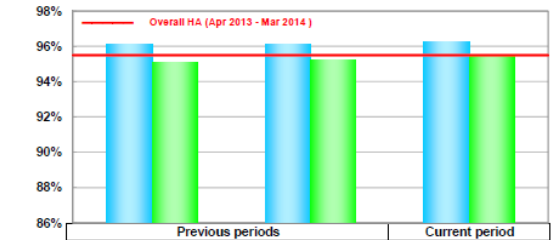
Waiting time (days) at the 90th percentile for patients with nasopharynx cancer receiving first definitive treatment after diagnosis



	Previous periods		Current period
	Apr 2012 - Mar 2013	Oct 2012 - Sep 2013	Apr 2013 - Mar 2014
NTEC	56	55	55
Overall HA	52	53	51

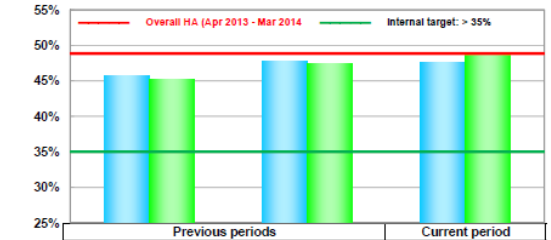
Disease specific quality indicators - DM

% of DM patients followed up in SOPC with HbA1c checked in same 12-month period



	Previous periods		Current period
	Apr 2012 - Mar 2013	Oct 2012 - Sep 2013	Apr 2013 - Mar 2014
NTEC	96.1%	96.1%	96.3%
Overall HA	95.1%	95.2%	95.5%

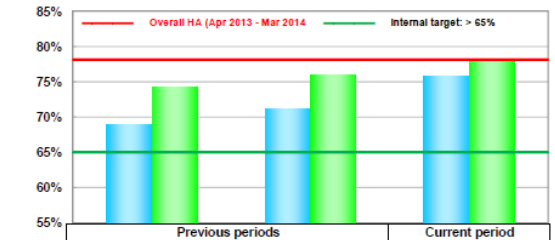
% of DM patients with HbA1c < 7%



	Previous periods		Current period
	Apr 2012 - Mar 2013	Oct 2012 - Sep 2013	Apr 2013 - Mar 2014
NTEC	45.8%	47.8%	47.7%
Overall HA	45.2%	47.4%	48.9%

Disease specific quality indicators - HT

% of HT patients treated in GOPC with BP < 140/90 mmHg



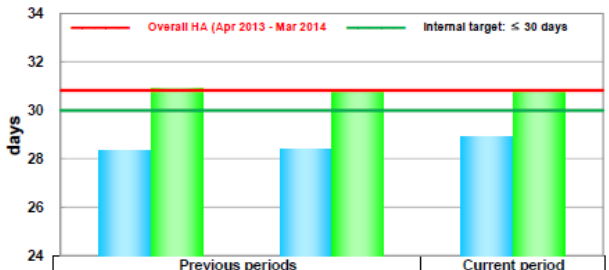
	Previous periods		Current period
	Apr 2012 - Mar 2013	Oct 2012 - Sep 2013	Apr 2013 - Mar 2014
NTEC	69.0%	71.1%	75.7%
Overall HA	74.4%	75.9%	78.1%

Remarks :
Not all data shown above are updated due to updated data is not available in data source (KPI website).

Quality Improvement as a result of Technology Advancement or Implementation of New Service Quality & Access Initiatives (cont'd)

Disease specific quality indicators - Mental Health

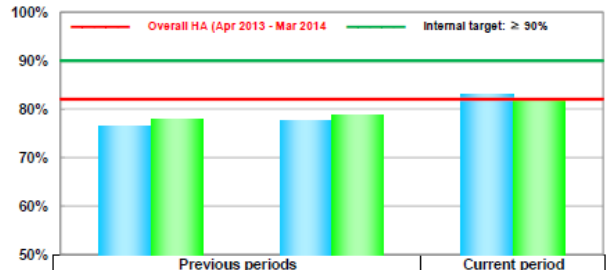
Average length of stay (LOS) of acute IP care (with LOS ≤ 90 days)



	Previous periods		Current period
	Apr 2012 - Mar 2013	Oct 2012 - Sep 2013	Apr 2013 - Mar 2014
NTEC	28.4	28.4	28.9
Overall HA	30.9	30.7	30.8

Disease specific quality indicators - Cardiac

% of AMI patients prescribed Statin at discharge



	Previous periods		Current period
	Apr 2012 - Mar 2013	Oct 2012 - Sep 2013	Apr 2013 - Mar 2014
NTEC	76.5%	77.7%	82.9%
Overall HA	78.1%	78.9%	82.0%

Remarks :
Not all data shown above are updated due to updated data is not available in data source (KPI website).

KPIs for Service Performance - Part C (Apr 2013 - Mar 2014) (Cont'd)

				Current period		Previous period	
				NTEC	Overall HA	NTEC	
				Apr 2013 - Mar 2014		Apr 2012 - Mar 2013	Variance
				A	B	C	D = (A - C) or (A - C) / C
Efficiency in the Use of Resources							
Bed management	K	*	**Bed Occupancy Rate (%) (IP Overall Mid-night)**				
			General - Acute & Convalescent (excl. PSY/MH/INF)	90.2%	87.2%	88.1%	2.0%pt
			Mentally Ill	70.7%	73.9%	66.8%	3.9%pt
			Infirmary	79.8%	87.0%	82.4%	-2.6%pt
		#	**Overall**	**86.7%**	**85.2%**	**84.8%**	**1.9%pt**
	K	*	**Average Length of Stay (days)**				
		#	General - Acute & Convalescent (excl. PSY/MH/INF)	6.3	5.8	6.0	4.2%
			Mentally Ill	30.5	59.8	33.5	-9.0%
			Infirmary	348.3	126.8	314.3	10.8%
			Overall	**7.4**	**7.4**	**7.2**	**2.9%**
Day surgery services	K	#	**Rate of day plus same day surgery for selected procedures**	**56.1%**	**54.7%**	**55.8%**	**0.3%pt**
				(Apr - Dec 2013)		(Apr - Dec 2012)	
Productivity	K	#	**Performance in total weighted episodes (WEs)** [Note]	**169,883**	**1,040,943**	**173,614**	**-2.1%**
	K	#	**Productivity growth index for non-acute inpatient services**	**-2.7%**	**-2.1%**	**3.8%**	**-6.5%pt**
	K	#	**Productivity growth index for ambulatory / community care services**	**1.2%**	**2.3%**	**2.8%**	**-1.5%pt**
				(Jan - Dec 2013)		(Jan - Dec 2012)	
	K	#	**No. of inpatient episodes per general bed**	**73.6**	**73.2**	**72.8**	**1.1%**

Note: WEs were compiled by the latest Cost Weight (CW) version 4.1.

Remarks: Not all data shown above are updated due to updated data is not available in data source (KPI website).

\# with graph presented
K KPI
Q QPI
* COR item

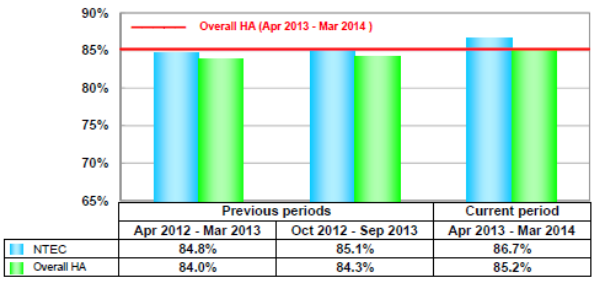
Blue > 5% above previous period

Green > 5% below previous period

Efficiency in the Use of Funding Resources (cont'd)

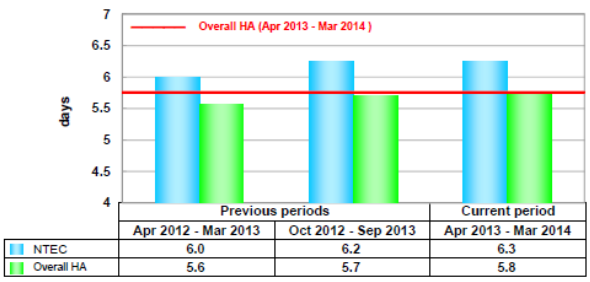
Bed management

Bed occupancy rate (%) (IP mid-night) - Overall



	Previous periods		Current period
	Apr 2012 - Mar 2013	Oct 2012 - Sep 2013	Apr 2013 - Mar 2014
NTEC	84.8%	85.1%	86.7%
Overall HA	84.0%	84.3%	85.2%

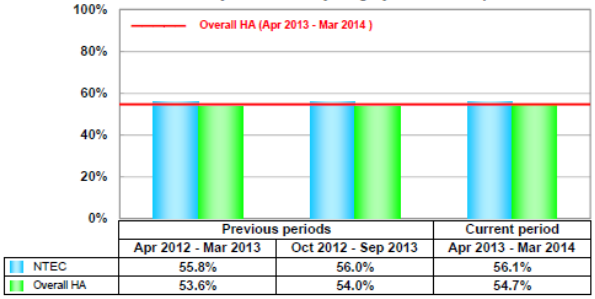
ALOS (days) - general (acute & Convalescent) (excl. PSY/MH/INF)



	Previous periods		Current period
	Apr 2012 - Mar 2013	Oct 2012 - Sep 2013	Apr 2013 - Mar 2014
NTEC	6.0	6.2	6.3
Overall HA	5.6	5.7	5.8

Day surgery services

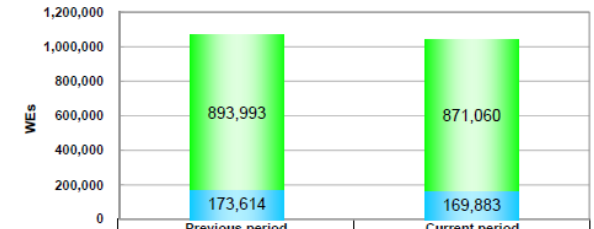
Rate of day and same day surgery for selected procedures



	Previous periods		Current period
	Apr 2012 - Mar 2013	Oct 2012 - Sep 2013	Apr 2013 - Mar 2014
NTEC	55.8%	56.0%	56.1%
Overall HA	53.6%	54.0%	54.7%

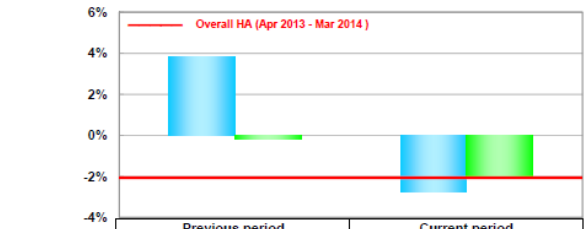
Productivity

Performance in total weighted episodes (WEs)



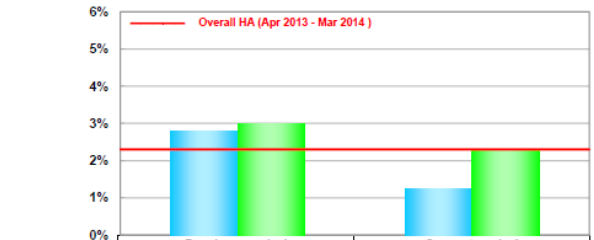
	Previous period	Current period
	Apr - Dec 2012	Apr - Dec 2013
NTEC	173,614	169,883
Sum of other clusters	893,993	871,060

Productivity growth index for non-acute inpatient services



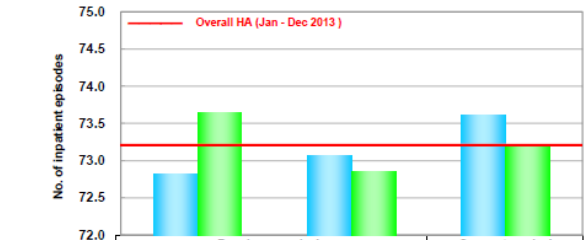
	Previous period	Current period
	Apr 2012 - Mar 2013	Apr 2013 - Mar 2014
NTEC	3.8%	-2.7%
Overall HA	-0.2%	-2.1%

Productivity growth index for ambulatory / community care services



	Previous period	Current period
	Apr 2012 - Mar 2013	Apr 2013 - Mar 2014
NTEC	2.8%	1.2%
Overall HA	3.0%	2.3%

No. of inpatient episodes per general bed



	Previous periods		Current period
	Jan - Dec 2012	Jul 2012 - Jun 2013	Jan - Dec 2013
NTEC	72.8	73.1	73.6
Overall HA	73.6	72.9	73.2

Note:
WEs were compiled by the latest Cost Weight (CW) version 4.1.
Remarks:
Not all data shown above are updated due to updated data is not available in data source (KPI website).

Service Statistics (up to Mar 2014) - New Territories East Cluster

	YTD (prior year) A	YTD (current year) B	YTD target (current year) C	Variance (from target) D =(B–C) or (B-C)/C	Variance (from prior year) E =(B–A) or (B-A)/A
No. of hospital beds (as at month end)					
Available	4,515	4,518	4,518	0	+ 3
In-use	4,200	4,243	N.A.	N.A.	+ 43
Inpatient services					
No. of IP discharges and deaths	167,670	166,053	164,540	+ 0.9%	- 1.0%
Bed occupancy rate(%) - noon	85%	86%	N.A.	N.A.	+ 1.2%pt
Bed occupancy rate(%) - midnight	85%	87%	83%	+ 3.7%pt	+ 1.9%pt
Average length of stay (days) for general inpatients	6.0	6.3	6.2	+ 0.8%	+ 4.2%
Day patient services					
No. of DP discharges & deaths	90,142	96,395	87,900	+ 9.7%	+ 6.9%
Accident & emergency services					
No. of attendances	409,584	394,272	393,600	+ 0.2%	- 3.7%
% of A&E patients within target waiting time					
- Triage I (critical cases – 0 minutes)	100%	100%	100%	0%pt	0%pt
- Triage II (emergency cases < 15 minutes)	96.1%	96.2%	95%	+ 1.2%pt	+ 0.1%pt
- Triage III (urgent cases < 30 minutes)	79.3%	70.8%	90%	- 19.2%pt	- 8.5%pt
Outpatient services					
No. of specialist outpatient attendances (clinical) *	1,065,505	1,099,137	1,037,500	+ 5.9%	+ 3.2%
Median waiting time of patients booking new cases (week)					
- First priority patients	< 1	< 1	2	2	< 1
- Second priority patients	4	4	8	4	< 1
No. of general outpatient attendances #	910,199	941,614	934,800	+ 0.7%	+ 3.5%
Rehabilitation & palliative care services					
No. of home visits by community nurses	126,217	126,911	127,800	- 0.7%	+ 0.5%
No. of allied health (outpatient) attendances	338,327	331,253	332,500	- 0.4%	- 2.1%
Geriatric services					
No. of geriatric outreach attendances	79,801	77,297	78,360	- 1.4%	- 3.1%
No. of visiting medical officer attendances	24,536	22,152	20,430	+ 8.4%	- 9.7%
Psychiatric services					
No. of psychiatric outreach attendances	31,394	35,844	34,810	+ 3.0%	+ 14.2%
No. of psychiatric day hospital attendances	45,647	44,725	41,040	+ 9.0%	- 2.0%
Quality Indicators					
Unplanned readmission rate (%) for general in-patients^	9.4%	9.4%	10.1%	- 0.7%pt	+ 0.03%pt

* include nurse clinic attendances (NURS) ; exclude FMSC attendances (FMSC)

{including: {GOPC:total attends by doctor + by nurse) + (IMHP:attnds by doctor + by nurse + by Allied health staff) + (attnds generated under Healthcare Reform Initiative (HRI) program))

^ The time lag for data available is 2 month.

Blue
- > 5% above target / prior year
- > 3% pt above target / prior year (for bed occupancy rate)
- > 3% pt above prior year (for A&E waiting time)
- > 1% pt above target / prior year (for unplanned readmission rate)

Green
- > 5% below target / prior year
- > 3% pt below target / prior year (for bed occupancy rate)
- > 3% pt below prior year (for A&E waiting time)
- > 1% pt below target / prior year (for unplanned readmission rate)

Brown
- Below COR target (for A&E waiting time)

C. Human Resources Report

1. Number of Full-time Equivalent (FTE) Staff (as at 31.3.2014)*

Institution	Medical	Nursing	Allied Health	Others	Total
AHN	146	551	178	711	1586
BBH	3	26	5	23	57
NDH	172	636	172	759	1739
NTE Cluster Office	2	5	2	489	498
PWH	539	1735	520	1892	4686
SCH	2	88	8	128	226
SH	43	313	70	396	822
TPH	42	347	62	483	934
Total	**949**	**3701**	**1017**	**4880**	**10548**

** Including Permanent, Contract and Temporary Staff*

Remarks : The above total may not exactly equal to summation of FTE of all staff groups due to rounding effect.

2. Attrition (Wastage) Rate (%) in NTEC in 2013/14 with Comparison to 2012/13 and Overall HA 2013/14 (Including resignation, retirement and completion of contract, excluding transfer and rehire without a break)

Staff Group	NTEC Attrition (Wastage) Rate (%) (Apr 12 to Mar 13)	NTEC Attrition (Wastage) Rate (%) (Apr 13 to Mar 14)	Overall HA Attrition (Wastage) Rate (%) (Apr 13 to Mar 14)
Medical	4.3%	3.7%	3.9%
Nursing	4.4%	3.9%	4.7%
Allied Health	3.7%	3.6%	3.4%
Mgt/Admin	10.7%	14.0%	5.6%
Supporting (care-related)	16.5%	13.1%	15.7%
Others	11.3%	11.2%	12.3%
Overall	8.5%	7.7%	8.6%

Including Interns & Excluding Temporary and Part-time Staff

D. Financial Report

The Cluster achieved a balanced budget. Significant events that occurred during the year are set out below:

Service Growth and Annual Plan
Patient activities increased by around 2% compared with last year, which was according to the plan. The Cluster implemented a number of new programs totaling approximately $220 million supporting the Hospital Authority (HA) Strategic Plan.

Patient Income
Public patient income (excluding self-financed items) increased in accordance with the plan by $6 million to reflect the increase in patient activities.

Pursuant to Government's direction, the HA revised the fees and charges to reflect current costs for non-eligible person and private patients with effect from 1st April 2013. The higher private patient fee was not received favorably with a reduction in private patient activities and private patient income by $6 million when compared with last year.

Expenditures
Manpower
Cluster's manpower increased from 9,830 to 10,250 full time equivalents during the year. Majority of the 4% increase was related to nursing and supporting staff. The Cluster recruited 51 doctors, 279 nurses, 75 allied health professionals and along with other new intake.

Drugs
Drugs expenditures increased by $61 million to reflect the increase in drug costs and patient activities. Another contributing factor was the increasing trend for patient opting to use self-financed drugs.

Consolidation of Charitable Foundation
HA adopted the Hong Kong Financial Reporting Standard 10 to consolidate the Charitable Foundation into its account. The impact to our cluster is the North District Hospital Charitable Foundation and the Prince of Wales Hospital Charitable Foundation has been reported under the Cluster's financial statement.

New Territories East Cluster
Balance Sheet at 31 March 2014

	Note	2014 *HK$'000*	2013 *HK$'000*
Current Assets			
Inventories	2	202,258	189,789
Accounts receivable	3	41,042	33,482
Other receivables		7,407	9,313
Deposits and prepayments	4	23,942	7,349
Amount due from the Head Office		367,709	326,121
Cash and Bank	5	59,853	44,962
		702,211	**611,016**
Non-Current Assets			
Property, plant and equipment	6	693,201	650,726
Total Assets		**1,395,412**	**1,261,742**
Current Liabilities			
Creditors and accrued charges		630,866	565,288
Deposits received		33,371	27,755
		664,237	**593,043**
Non-Current Liabilities - Deferred income	7	37,974	17,973
Capital subventions and donations	8	693,201	650,726
Total Liabilities, Capital Subventions and Donations		**1,395,412**	**1,261,742**

New Territories East Cluster
Statement of Income and Expenditure for the year ended 31 March 2014

	Note	2014 *HK$'000*	2013 *HK$'000*
Income			
Recurrent Government subvention		6,858,771	6,461,312
Capital Government subvention		80,488	156,577
Hospital/clinic fees and charges		530,393	507,452
Transfers from:			
Designated donation fund	7	22,218	37,316
Capital subventions	8	94,999	96,237
Capital donations	8	15,185	10,314
Other income		64,672	62,578
		7,666,726	**7,331,786**
Expenditure			
Staff costs		(5,475,274)	(5,172,824)
Drugs		(810,420)	(748,737)
Medical supplies and equipment		(387,093)	(352,525)
Utilities charges		(197,581)	(183,602)
Repairs and maintenance		(265,104)	(262,925)
Building projects funded by the Government		(80,488)	(155,776)
Operating lease expenses - office premises and equipment		(2,407)	(2,521)
Depreciation and amortisation	6	(110,162)	(106,436)
Other operating expenses		(338,197)	(335,878)
		(7,666,726)	**(7,321,224)**
Surplus/(Deficit) for the year		-	**10,562**

New Territories East Cluster
Notes to the Financial Statements

1. Basis of preparation of financial statements

The Cluster's financial statements have been prepared in accordance with the Hospital Authority Financial and Accounting Manual as appropriate to public hospitals and clinics under the management and control of Hospital Authority.

The financial statements have been prepared under an accrual basis of accounting. These draft financial statements are subject to the Head Office's final adjustments which are expected no later than July 2014 . At this time management does not anticipate any material adjustments to the draft financial statements.

Surpluses or deficits for the year are transferred to the Head Office accounts in the year they arise and are consolidated at the Head Office. As a result, Reserves do not form part of the Cluster's financial accounts.

Last year results have been restated to reflect the adoption of the Hong Kong Financial Reporting Standard 10. This is related to the consolidation of the Charitable Foundation totalling $15.3 million.

2. Inventories

	31 March 2014 *HK$'000*	31 March 2013 *HK$'000*
Drugs	**160,460**	147,558
Medical consumables	**35,900**	35,685
General consumables	**5,898**	6,546
	202,258	189,789

3. Accounts receivable

	31 March 2014 *HK$'000*	31 March 2013 *HK$'000*
Bills receivable [note 3(a)]	**43,519**	34,288
Accrued income	**4,280**	5,134
	47,799	39,422
Less: Provision for doubtful debts [note 3(b)]	**6,757**	5,940
	41,042	33,482

(a) Aging analysis of bills receivable:

	31 March 2014 *HK$'000*	31 March 2013 *HK$'000*
Past due by:		
0-30 days	**16,698**	14,818
31-60 days	**6,563**	5,880
61-90 days	**6,634**	6,660
Over 90 days	**13,624**	6,930
	43,519	34,288

3. Accounts receivable (Continued)

(a) Aging analysis of bills receivable (Continued):

The policy in respect of patient billing is as follows:

(i) Patients attending outpatient and accident and emergency services are required to pay fees before services are performed.

(ii) Private patients and non-eligible persons are required to pay deposit on admission to hospital.

(iii) Interim bills are sent to patients during hospitalisation. Final bills are sent if the outstanding amounts have not been settled on discharge.

(iv) Administrative charge is imposed on late payments of medical fees and charges for medical services provided at 5% of the outstanding fees overdue for 60 days from issuance of the bills, subject to a maximum charge of HK$1,000 for each bill. An additional 10% of the outstanding fees are imposed if the bills remain outstanding 90 days from issuance of the bills, subject to a maximum additional charge of HK$10,000 for each bill.

(v) Legal action will be instituted for outstanding bills where appropriate. Patients who have financial difficulties may be considered for waiver of fees charged.

(b) Movements in the provision for doubtful debts are as follows:

	2014 *HK$'000*	2013 *HK$'000*
At beginning of year	5,940	4,504
Provision for impairment of receivables	4,737	5,751
Uncollectible amounts written off	(3,920)	(4,315)
At end of year	6,757	5,940

The maximum exposure to credit risk at the reporting date is the fair value of receivable mentioned above. The Cluster does not hold any collateral as security.

4. Deposits and prepayments

	31 March 2014 *HK$'000*	31 March 2013 *HK$'000*
Utility and other deposits	**284**	284
Prepayments to Government departments	**5,087**	3,746
Maintenance contracts and other prepayments	**18,571**	3,319
	23,942	7,349

The above balances do not contain impaired assets. The maximum exposure to credit risk at the reporting date is the fair value of the assets mentioned above. The Group does not hold any collateral as security.

5. Cash and Bank

	31 March 2014 HK$'000	31 March 2013 HK$'000
Cash at bank and in hand	**37,405**	18,342
Bank deposits with maturity within three months	**22,447**	22,355
	59,853	44,962

Cash is deposited to the bank in accordance with the Head Office's Treasury guideline on Bank Accounts and Fund Management

6. Property, plant and equipment

1 April 2013 - 31 March 2014

	Building and improvements HK$'000	Furniture, fixtures and equipment HK$'000	Motor vehicles HK$'000	Computer equipment HK$'000	Computer Software & Systems HK$'000	Total HK$'000
Cost						
At 1 April 2013	206,212	1,349,726	27,160	8,602	4,327	**1,596,027**
Additions	-	148,077	4,582	-	-	**152,658**
Disposals	-	(75,327)	(400)	-	-	**(75,727)**
At 31 March 2014	206,212	1,422,476	31,342	8,602	4,327	**1,672,959**
Accumulated depreciation and amortiztaion						
At 1 April 2013	67,935	849,636	18,133	8,390	1,207	**945,301**
Charge for the year	4,124	99,203	3,602	113	3,120	**110,162**
Disposals	-	(75,305)	(400)	-	-	**(75,705)**
At 31 March 2014	72,059	873,534	21,335	8,503	4,327	**979,758**
Net book value						
At 31 March 2014	134,152	548,942	10,008	99	-	**693,201**

1 April 2012 - 31 March 2013

	Building and improvements HK$'000	Furniture, fixtures and equipment HK$'000	Motor vehicles HK$'000	Computer equipment HK$'000	Computer Software & Systems HK$'000	Total HK$'000
Cost						
At 1 April 2012	206,212	1,278,280	20,259	10,738	614	**1,516,103**
Additions	-	144,245	8,162	-	3,744	**156,151**
Disposals	-	(72,799)	(1,261)	(2,136)	(31)	**(76,227)**
At 31 March 2013	206,212	1,349,726	27,160	8,602	4,327	**1,596,027**
Accumulated depreciation and amortiztaion						
At 1 April 2012	63,811	823,652	16,544	10,357	614	**914,978**
Charge for the year	4,124	98,669	2,850	169	624	**106,436**
Disposals	-	(72,685)	(1,261)	(2,136)	(31)	**(76,113)**
At 31 March 2013	67,935	849,636	18,133	8,390	1,207	**945,301**
Net book value						
At 31 March 2013	138,277	500,090	9,027	212	3,120	**650,726**

6. Property, plant and equipment (Continued)

(a) Capitalisation of property, plant and equipment

(i) The following types of assets which give rise to economic benefits have been capitalised:

Building projects costing HK$250,000 or more; and

All other assets costing HK$100,000 or more on an individual basis.

The accounting policy for depreciation of property, plant and equipment is set out in note 6(b).

(ii) Expenditure on furniture, fixtures, equipment, motor vehicles and computer hardware is capitalised (subject to the minimum expenditure limits set out in note 6(a)(i) above) and the corresponding amounts are credited to the capital subventions and capital donations accounts for capital expenditure funded by the Government and donations respectively.

(b) Depreciation

Property, plant and equipment are stated at cost less accumulated depreciation. Additions represent new or replacement of specific components of an asset. An asset's carrying value is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

The historical cost of assets acquired and the value of donated assets are depreciated using the straight-line method over the expected useful lives of the assets as follows:

Buildings	20-50 years
Furniture, fixtures and equipment	3-10 years
Motor vehicles	5-7 years
Computer equipment	3-6 years

The useful lives of assets are reviewed and adjusted, if appropriate, at each balance sheet date.

The gain or loss arising from disposal or retirement of an asset is determined as the difference between the sales proceeds and the carrying amount of the asset and is recognised in the statement of income and expenditure.

Capital expenditure in progress is not depreciated until the asset is placed into commission.

(c) Amortization

Computer software and systems including related development costs costing HK$250,000 or more each, which give rise to economic benefits are capitalised as intangible assets. Intangible assets are stated at cost less accumulated amortisation and are amortised on a straight line basis over the estimated useful lives of 1 to 3 years.

7. Deferred income

	Designated donation fund *HK$'000*
At 1 April 2012	**23,879**
Additions during the year	**31,410**
Utilisation during the year	**(37,316)**
At 31 March 2013	**17,973**
Additions during the year	**42,219**
Utilisation during the year	**(22,218)**
At 31 March 2014	**37,974**

The movement in deferred income represents the opening balance of donation funds available for use plus donations received less donations used during the year.

8. Capital subventions and donations

	Capital subventions *HK$'000*	Capital donations *HK$'000*	Total *HK$'000*
At 1 April 2012	442,701	156,998	**599,699**
Additions during the year	116,579	40,999	**157,578**
Transfers to consolidated statement of income and expenditure	(96,237)	(10,314)	**(106,551)**
At 31 March 2013	463,043	187,683	**650,726**
Additions during the year	143,258	9,401	**152,659**
Transfers to consolidated statement of income and expenditure	(94,999)	(15,185)	**(110,184)**
At 31 March 2014	511,302	181,899	**693,201**

The movement in capital subventions and donations represents the opening balance of the capital assets plus capital funding received and less the annual depreciation charge for the year.

Donations from the Hong Kong Jockey Club Charities Trust

During the financial year ended 31 March 2014, the Hong Kong Jockey Club Charities Trust made donations totalling HK$13,957,000 (2013: HK$1,782,000) to the following institutions:

	2014 HK$'000	2013 HK$'000
Alice Ho Miu Ling Nethersole Hospital	1,278	-
Bradbury House	351	-
Cheshire Home Shatin	354	-
North District Hospital	1,304	-
Prince of Wales Hospital	4,159	-
Shatin Hospital	5,779	1,782
Tai Po Hospital	732	-
	13,957	1,782

E. Staff E-polling Results on Top Ten Events of NTEC in 2013

E-VOTING OF 2013 NTEC TOP 10 EVENTS **新界東醫院聯網二零一三年十大事件網上投票**		
1	新界東醫院聯網總監馮康醫生榮休，由熊志添醫生接任。 Dr. Fung Hong, NTEC Cluster Chief Executive retired and was succeeded by Dr. Hung Chi-tim.	243
2	服務容量不足，各主要專科面臨龐大需求壓力，急症內科病房住用率曾高達百分之130。 With inadequate service capacity, major specialties faced great demand pressure. The occupancy rate of acute medical wards reached 130%.	240
3	醫管局統一支援服務員工規定工作時數。 Alignment of conditioned hours of HA supporting grade employees.	233
4	威爾斯親王醫院及北區醫院成功通過 ACHS 認證評核。 PWH and NDH successfully passed the ACHS accreditation.	232
5	2013 年 12 月 2 日公布香港出現首宗人類感染 H7N9 禽流感個案，流感大流行應變級別提升至「嚴重」。 Hong Kong first case of H7N9 virus was announced on 2.12.2013. The Serious Response Level under the Government's Preparedness Plan for Influenza Pandemic was activated.	214
6	梁智仁教授接替胡定旭成為醫管局主席。 Professor John LEONG succeeded Anthony WU as HA Chairman.	198
7	所有公立醫院進行「抗萬古霉素腸道鏈球菌重點篩查」，以防控病菌在醫院間蔓延。 Targeted screening for Vancomycin Resistant Enterococci carriers was implemented in all public hospitals to control inter-hospital spread of VRE.	191
8	新界東醫院聯網參與「專科門診跨聯網轉介安排」，將婦科及眼科例行個案轉介至其他聯網，縮短新症病人輪候時間。 NTEC has joined the cross cluster referral arrangement under which gynaecology and eye specialist outpatient clinics refer routine cases to other clusters to reduce waiting time for new patients.	158
9	威爾斯親王醫院引入公立醫院首部 TrueBeam 速光放射治療系統，為癌症病人提供更快速精準治療。 The TrueBeam linear accelerator system commenced service at PWH. The system is the first of its kind in public hospitals and will benefit cancer patients with faster and more precise treatment.	140
10	非符合資格人士及私家病人服務收費上調。 Increase in fees and charges for non-eligible persons and private patients.	128

醫院管理局
新界東醫院聯網
Hospital Authority
New Territories East Cluster