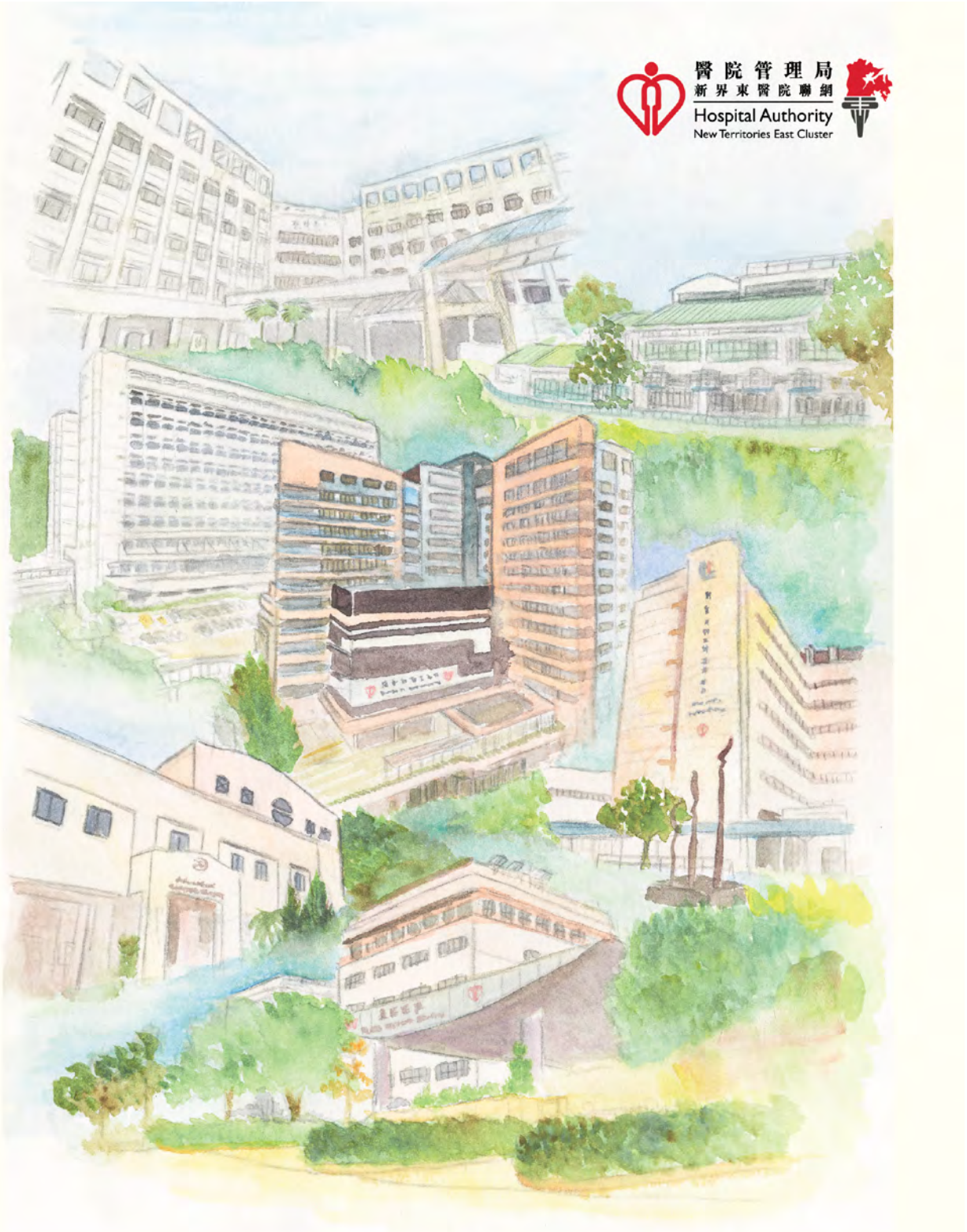

HOSPITAL AUTHORITY

NEW TERRITORIES EAST CLUSTER

CLUSTER REPORT 2014/15

Editorial Board:

This Cluster Report was published in October 2015.

From Front Left – *Ms Sue KOK, Ms Stephanie YEUNG, Dr C Y MAN, Ms Esther LAW and Ms Christine CHOI*

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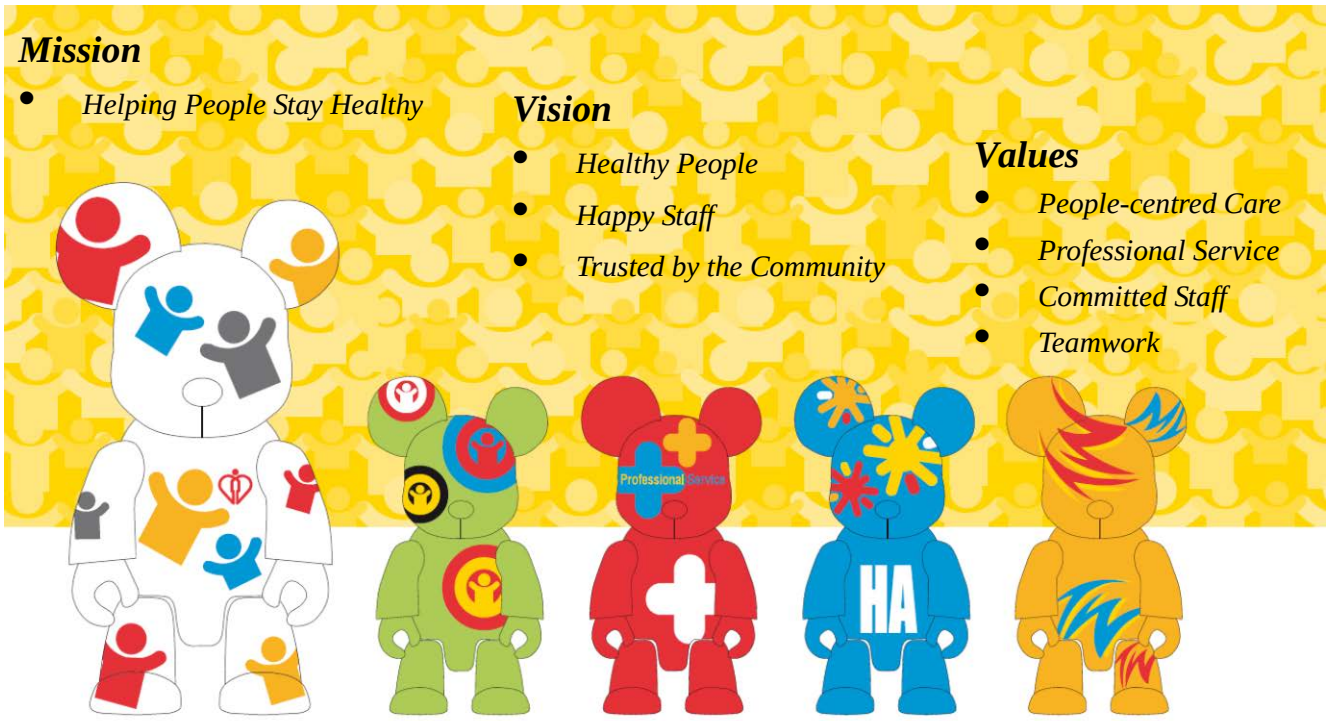
Vision, Mission and Values of Hospital Authority

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.



Message from the Cluster Chief Executive (CCE)
Dr C T HUNG
CCE, NTEC

2014/15 was another challenging and unforgettable year for PWH and NTEC. As you will discover in reading through the report, there were many notable events. The most important event of the year with far-reaching impact was the NTEC Clinical Service Plan (CSP). Work started in July 2014 and with the arrival of the external consultant, more than 300 staff members from various departments / hospitals took part in the interview and planning. It reached a climax at the One-day Seminar on 16th January when all the clinical work groups presented their findings and plans ahead. CE, Dean of CUHK, HGC Chairpersons, senior executives of NTEC and more than 500 cluster members attended the seminar. While the plan would only be finalized later this year, we are hopeful that it will address the infrastructural need and service gaps that we are facing in providing quality service to our patients. This will help us to plan for redevelopment projects in the acute hospitals in the three districts in NTEC including the PWH Phase II redevelopment as well as the subsequent annual plan biddings.

Apart from NTEC CSP, the IPMOE was successfully rolled out in PWH. While PWH is not the first to run IPMOE, PWH has achieved a few firsts, namely being the first hospital to run IPMOE using mobile devices, to run IPMOE in the ICU and OBS, and the first in HA to have Standing Order implemented. With the team's innovation, they were able to tackle many challenges including the vertical riser issues and completed the implementation way ahead of time. The IPMOE will be rolled out to AHNH and NDH in 2016/17.

Quality of care is critical to healthcare organizations. This year, AHNH and TPH underwent the first hospital accreditation exercise. The Organization Wide Survey took place in May 2014 and the hospital accreditation status was granted to both hospitals. PWH took the opportunity of celebrating the 30th Anniversary to enhance patient and community engagement and a Healthy Together Carnival was organized at the Shatin Park on 30th November 2014 which was well attended. To assist patients and visitors finding their way in a big hospital like PWH, a path-finding "app" called "PWH easyGo" was launched and it is now available in both IOS and Android versions. Over the year, NTEC got various awards as well, including the Web Accessibility Recognition Schemes in which the internet websites of PWH, AHNH, TPH and NDH and their mobile versions won the Gold Awards. PWH also won the 2015 Asia Pacific Hand Hygiene Excellence Award.

I have set up six Working Groups last year to look at Access Block and A&E Waiting Time, Inter-departmental Consultations, Inter-hospital Transfers, Discharge Management, WISER and Enhancing Accuracy of Clinical Data on Discharge. I am happy to report that these working groups are making good progress in their respective ends. On this and other achievements mentioned above, I would like to thank all colleagues wholeheartedly for achieving these good results. Vision, teamwork, people-centeredness, dedication and commitment have led us to these achievements. Thank you again to those involved in preparing for the Cluster Report which is very worthwhile as it allows us to review and share our success stories.

Message from the Dean of Faculty of Medicine, The Chinese University of Hong Kong
Professor CHAN Ka Leung
Dean, CUHK

I am most delighted to write this message for the NTEC annual report 2014/15. The report is not merely a record of activities of the work of the Cluster during the past year. Like an academic performance report, it serves an important role in steering the direction of learning and further improvements. The report has been driving enhancement of services in different fronts. Good management principle of transparency and accountability is reflected in reviewing achievements against identified targets. Reporting achievements in various functional areas of the Cluster as well as noting achievements of hospitals under its umbrella is instrumental to boosting staff morale and to facilitating the dissemination of good practices across the Cluster and management structure.

The Faculty of Medicine is truly grateful to all levels of staff within and outside of the Cluster whose support and cooperation are indispensable to the fulfilment of our goals of delivering excellent medical and healthcare education, research and services. Our symbiotic relationship has been fed and sustained by trust and friendship and above all, by our passion for continuous improvements in all domains for the benefit of patients.

Lastly, may I also take this opportunity to thank all staff who have worked extremely hard under a tight schedule to put together this significant document – thought-provoking and a real pleasure to read and to share amongst colleagues.

Messages from the Hospital Chief Executives (HCEs)
Dr Beatrice CHENG
HCE, AHNH/TPH

Alice Ho Miu Ling Nethersole Hospital & Tai Po Hospital

The year of 2014/15 landmarked our endeavors on several fronts, while we continued to expand both the depth and breadth of what AHNH and TPH could offer. At the clinical level, we enhanced the radiological services to meet the growing service demand and ensure timely diagnosis. To sustain and improve the quality of our services, we participated in the Hospital Accreditation Program and were awarded full accreditation for four years. Through enhanced teamwork among the specialties, we have contributed to the formulation of the Clinical Services Plan aiming for better synergy in the delivery of quality care across the cluster hospitals.

Fostering a holistic and user-friendly environment is crucial to offering positive patient experience on their individual journeys and supporting staff in the provision of high quality service. Hence, we have invested resources to upgrade and enhance our infrastructure to modernize our facilities for our patients. The successful implementation of all the planned initiatives would not have been possible without the guidance of our Hospital Governance Committees, the exemplary efforts of our staff, as well as the unwavering support from the Cluster and the community partners. By leveraging the collective efforts of our team of professionals, we are confident that we shall be able to spearhead the future development and achieve greater outcomes for patients and the community at large.

Messages from the Hospital Chief Executives (HCEs)
Dr K H LEE
HCE, BBH/SH

Bradbury Hospice & Shatin Hospital

During the last year since I have joined NTEC, I have participated in different areas of work in this cluster, such as coordinating the service development of mental health and diagnostic services, in addition to management of the Shatin Hospital and Bradbury Hospice. These two hospitals have positioned as centres for rehabilitation, geriatrics, psychiatric and palliative care, with an indispensable role of supporting and collaborating with PWH as fellow brothers and sisters.

SH has evolved from a convalescent/infirmary to a 'subacute' hospital, working closely with PWH. On service side, SH has already been providing rehabilitation in subacute setting. Through the renovation of Ward 6AB last year, the ward setting has been rearranged to facilitate the workflow of rehabilitation in subacute setting mode.

The setting up of the 'Comfort Room' is especially significant for BBH herself as a model Hospice. It further enhances the quality of End of Life service in Palliative Care. This allows patients and their families to spend their last moments of life under proper care of doctors and nurses.

In the coming year, one of the main foci of BBH and SH is to prepare for Hospital Accreditation. We believe that it is just one of the milestones in the journey of continuous improvement on Quality and Safety of patient services, as the concept has already been implanted in our daily services. I am confident that our colleagues can excel in this exercise.

Yet, we are still facing the challenges of limited manpower and resources. The colleagues from BBH and SH are elites of the field. I am proud of our colleagues on their professionalism, dedication and commitment. They are also often the subjects of headhunting by other hospitals and clusters. I believe that our colleagues will work with me together as a team to embrace the new challenges in the future. We are here to prepare ourselves in the coming years with our deeply ingrained motto of 'Person-centred care'.

Messages from the Hospital Chief Executives (HCEs)
Dr Herman LAU
HCE, SCH

Cheshire Home, Shatin

2014/15 was a bumper year for SCH. I express the above remark not because we had suddenly been inundated with extra resources; rather what we had achieved in the above year is the result of the dedication of our colleagues who are always ready to embrace changes. Their vision is luminous: to provide quality patient-centred service to our residents. During the past year, we had seen the completion of renovation of the facilities and replacement of the air-conditioning system in all the wards. The project had been going on for a few years and its completion signifies a new milestone for us - our residents can now be taken care of under a more comfortable environment and our staff members can discharge their duties more efficiently and effectively in the new ward setting. If not for the support of the Cluster management, this project could never be materialized.

It is my pleasure to let you know that our garden also has a new face, thanks to the generous donation of a charitable entity. Besides, our residents are provided with some horticultural delights with some plots being designated and tailor-made for their use. Our Occupational Therapists have launched a horticulture program to guide our residents for therapeutic purpose. With our colleagues being our valuable assets and partners in rendering caring service, we have also kick-started the staff safety survey to gauge their views and perception on safety. It is an on-going study and results obtained are used for reviewing the measures adopted and contemplating further action required.

In summary, I would say that all the accomplishments are attributable to the commitment and enthusiasm of my colleagues. I firmly believe that we shall spare no efforts to continue with our quality journey. I would like to express my heartfelt gratitude to the staff of SCH. We are a united team.

Messages from the Hospital Chief Executives (HCEs)
Dr C Y MAN
HCE, NDH

North District Hospital

While the gun shooting incident last year may still be remembered by the public, our staff were striving to maintain a high quality of care despite the grave challenges we were facing. Last year the manpower shortage was most severe in the Departments of Medicine, Surgery and Physiotherapy. At one time the Medical Department was short of almost 20% of doctors, while the manpower shortage and excessive workload in Surgery Department have made it an outlier in the result of Surgical Outcome and Monitoring Improvement Program (SOMIP) last year. What was more, we had the cross-border patients who not only added to the workload but also brought us "hidden" resistant bacteria which caused more than a few infection outbreaks and a more serious outcome of making those infections very difficult to treat. Credits must go to our colleagues who have tried very hard to maintain a good standard of care despite all such constraints. Indeed, it is the NDH culture to focus on Continuous Quality Improvement (CQI) - we have never stopped to find ways to improve the quality and safety in our service. This is evidenced by the numerous appreciations we received from our patients, relatives and the local community, which actually exceeded the year before.

On the quality and safety side, we saw a decrease in the fall incidents and an encouraging increase in the reporting of near-miss incidents. We also implemented a few major projects. These include the participation in the Cluster's Clinical Service Plan, implementation of the Clinical Information System in the Intensive Care Unit, and the barrier-free works. In addition, our first Endolap Operation Theatre was set up to allow both laparoscopic and endoscopic procedures to be performed at the same operation. We have also overcome a lot of obstacles to launch electronic handover system (eHandover) to facilitate frontline colleagues to provide timely and appropriate care to the ill patients during after-hours and shift changes.

On the community side, we initiated a number of public forums joined by the HCE and senior staff in the community arena. This bold initiative turned out to be a good platform in getting directly the views of the community on our service. We believe that such public forums will help improve the hospital image, and win trust and understanding from the public. Last but not least, I must mention the hugely successful Charity Walk which has raised money to purchase portable oxygen concentrators for use by patients requiring long- term oxygen. With this portable equipment they have a chance to go out of their homes to meet their friends and do their shopping. This did not only improve their social well-being but also their confidence in the self-care of their disease. With such a great team of dedicated staff, I am confident that our patients will continue to receive high quality of care.

Message from the Deputy Hospital Chief Executive (DHCE)
Prof Philip LI

Prince of Wales Hospital

Time flies and the celebration of PWH 30th Anniversary which started in April 2014 has now come to a memorable close in April, 2015.

In the past year, two major projects surround me, requiring a lot of work and focus from me as well as providing enjoyment for me. These are the PWH 30th Anniversary celebration and the preparation and process of constructing the NTEC Clinical Services Plan (CSP).

Without the need to recap all the Programs of the PWH 30th Anniversary celebrations, I think all of you will agree with me that these have aroused a lot of interests and sense of belongings of our staff to the Hospital and at the same time the involvement of the community of Shatin, NTE and Hong Kong that PWH is a hospital serving them well.

The CSP is still in process and it is the most complicated CSP of HA so far. I have the honor of chairing the Planning Team of the NTEC CSP and it was a very educational process for me while going through the multiple steps to pave the way for it to materialize. This will certainly help PWH in preparing to bid for the Phase II redevelopment as well as for other cluster hospitals in their planning.

The wonderful event in April 2015 with a group of renal transplant patients celebrating their new lives after receiving their donated kidneys seems such a good coincidence for marking the PWH 30th Anniversary finale, illustrating our PWH great team efforts in helping our patients with passion and empathy.

Once again, keep smiling to those around you – patients, relatives and colleagues in PWH. Smiling can be ‘infectious’ and is the only ‘infection’ that I like to spread in the Hospital

I. Overview of Cluster Performance

The NTE Cluster serves a population of 1.3 million. Similar to previous years, we have been facing growing service demand from local residents in the catchment area and the cross-border population as well. As at 31st March 2015, we were operating 4,427 in-patient beds including 3,575 general, 524 psychiatric and 328 infirmary beds. We provided 168,530 in-patient and 100,893 day-patient episodes in 2014/15, which represented an increase of 1.5% and 4.7% respectively when compared to last financial year. The total number of Accident and Emergency (A&E) attendances was 380,042, a 3.6% decrease. Our specialist out-patient (SOP) attendances increased by 2.0%, reaching a total of 1,121,515.

AED doctor at work

Primary care attendances reached 1,004,200, an increase of 0.3%. Psychiatric service provided 45,300 day attendances, 1.3% greater than 2013/14. To support our discharged patients, Community Nursing Service offered 123,677 home visits, a mild drop of 2.5%. Total attendances of outreach service for geriatric and psychiatric patients were 78,377 and 41,998 (1.4% and 17.2% more than last year), respectively.

Similar to other clusters in the Hospital Authority, we were facing increased service demand form both in-patient and out-patient services, particularly for SOP and A&E patients. For SOP services, despite the fact that we increased our new case output by 0.7%, waiting time for routine cases were long particularly in Orthopedics and Psychiatry owing to the escalating service demand and high turnover of experienced staff in the past few years.

On A&E service, we continued to struggle with the waiting time, particularly for triage III patients (urgent cases) in Prince of Wales Hospital. This was attributable to the increased number of triage II patients (emergency cases) and high turnover of experienced medical staff. On average, only 72.6% of the triage III patients could be seen within 30 minutes, falling short of the 90% target.

The AED waiting hall at the Prince of Wales Hospital

Despite all these pressure, NTEC strive 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 28.6% (HA: 29.6%). Our unplanned readmission rate was kept at a low level of 9.2% (HA: 10.4%). In terms of efficiency, the day surgery and same day surgery rate for selected procedures continued to improve and it reached 56.9 % (HA: 55.3%). With the support from the head office, we have successfully shortened the 90th percentile of routine case waiting time for Ophthalmology out-patient clinics from 70 weeks to 66 weeks. 90.9% of P1 patients received their cataract surgery within 2 months[1] while 99.7% of P2 patients received their surgery in 12 months[2]. The corresponding figures for overall HA were 91.7% and 96.1% respectively.

On cancer management, the 90th percentile waiting time for patients receiving radical radiotherapy from decision to treat was 32 days (HA: 28 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: 80 days, HA: 71 days; breast cancer-NTEC: 71 days, HA: 57 days; nasopharynx cancer- NTEC: 50 days, HA: 50 days)[3].

The percentage of SOPC, FMSC and GOPC diabetic patients under diabetic control (defined as HbA1c less than target of 7%) was 50%. it was comparable to the HA's overall of 50.9%.

For the patients with chronic renal diseases, we continued to support our hospital haemodialysis (HD) services. The percentage of patients with end stage renal failure receiving HD was 21.9% (HA: 23.8%)[4].

Oncology nurses preparing patients for day chemotherapy

[1] *Reporting period is Jan – Dec 2014*
[2] *Reporting period is Apr 2013 – Mar 2014*
[3] *Reporting period of colorectal and breast cancer is Oct 2013 – Sep 2014*
[4] *Reporting period is as at 31 Dec 2014.*

II. Cluster Governance & Organization

In the past year a two-pronged approach was adopted to continue to enhance the governance of the New Territories East Cluster and strengthen the organization framework to encompass and engage all stakeholders with a view to coping with the ever increasing service demand in a strategic manner. The resolution of the Cluster Operations Meeting in early April of 2014 ushered in the formation of six working groups to look into various areas impacting the efficiency and effectiveness of service delivery in the Cluster. The nomenclature of the above working groups is as follows:

1. Working Group on Reducing Access Block and Streamlining AED Workflow
2. Working Group on Reducing Inter-departmental Referrals / Consultations
3. WISER Task Force
4. Working Group on Discharge Management
5. Working Group on Enhancing Inter-hospital Transfers
6. Working Group on Enhancing Accuracy of Clinical Data on Discharge

The working groups are to report regularly to the Cluster Operations Meeting to share the progress achieved and the plan for further realization of the set target(s). The groups also exist alongside the clinical work groups to contribute to the formulation of the Clinical Services Plan for the Cluster with the same objective in mind while the former mostly cuts across the specialties to come up with possible remedies or improvement measures.

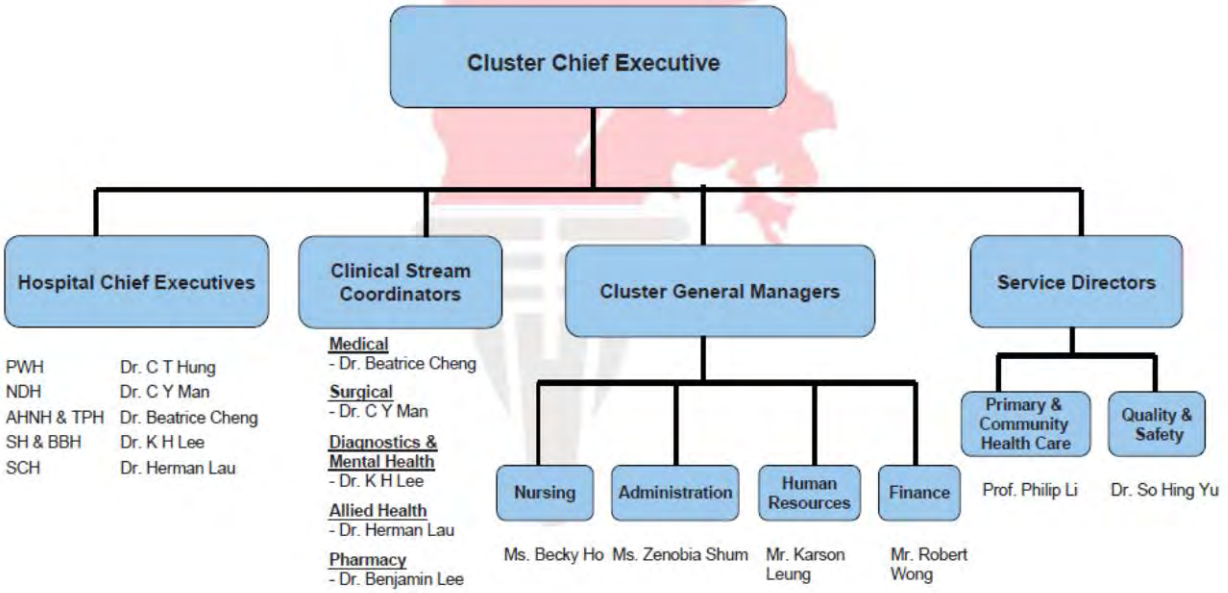
During the year NTEC had also availed itself of the opportunity to revamp its committee structure. There was restructuring for some committees such as re-designation of their nature and also deletion of three committees. Added to the above is the setting up of the Formal Liaison Committee between CUHK Faculty of Medicine & NTEC. NTEC management was of the view that the latter committee was imperative to foster closer cooperation and communication on service and teaching between the two entities to further collaboration. The above is the result of the annual review of Cluster committees and the efforts were extended to the hospital level.

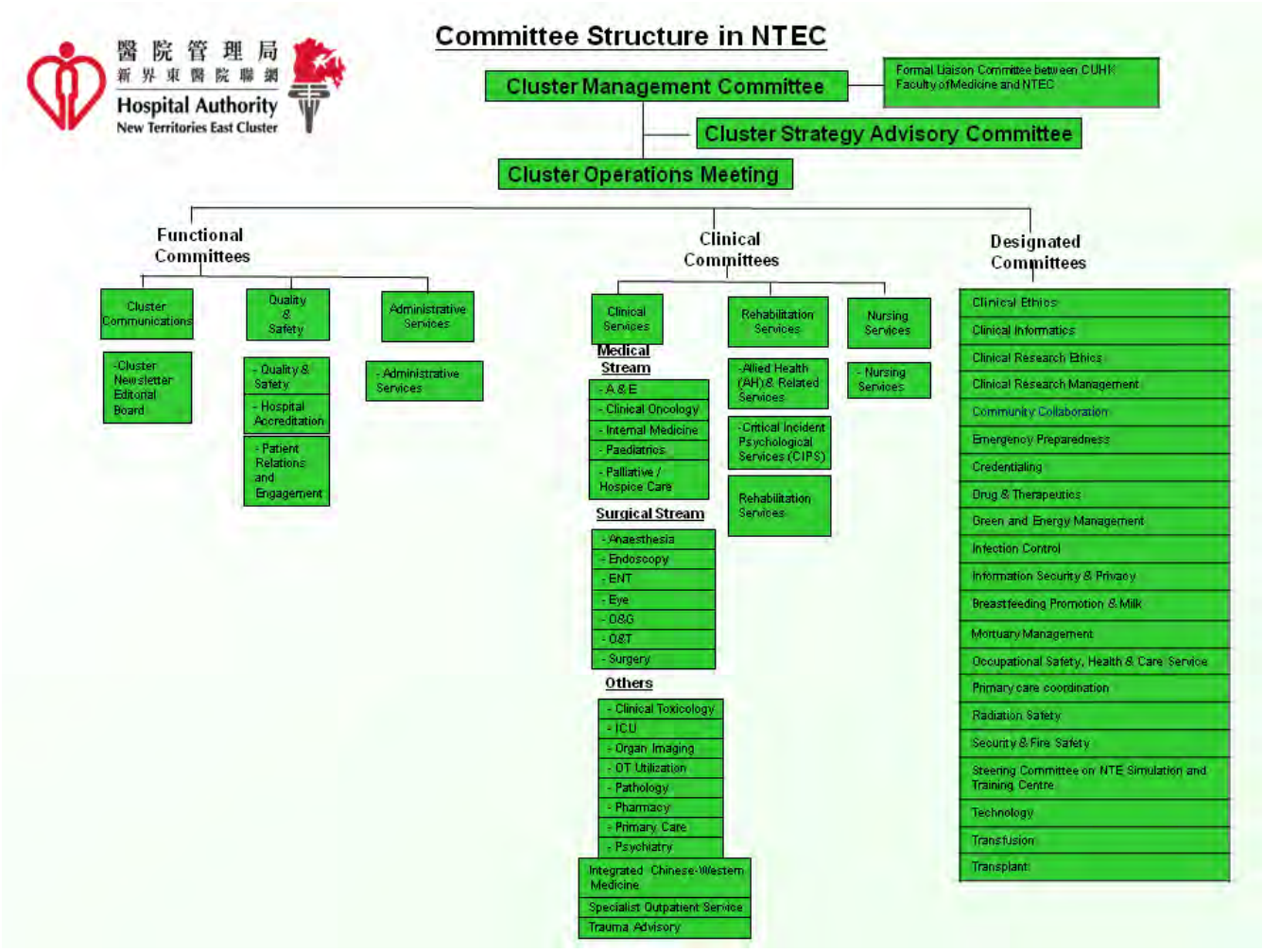
For enhanced governance, it is worth mentioning the active support of the Hospital Governing Committee in respective NTEC hospitals. In drawing up our strategic plan to chart our future course, we had been honored to have our HGC members participate in our annual Strategic Planning Workshop in 2014. We made our reports to them after discussion in the above forum and sought their valuable views on further refining our strategic plans. It was a valuable event epitomizing the culmination of partnership, accountability and collaboration. The discussion points paved the way for us to prioritize our service provision and bid the required resources in the Annual Planning Exercise.

With HGC members being at the upper echelon of our organization structure, we treasure their views on the operation of the above committee. To this end we continued to gather their feedback in the previous year to see how the committee could fulfil its function. We had revised our questionnaire taking into account the opinions collected in the past and the recommendations of the corporate governance review commissioned by Hospital Authority Head Office. The response rate was very impressive with many hospitals attaining 100% return rate. The views collected served as the driving force for measures for more robust governance by our HGCs.

In summary, 2014/15 was a year with many new initiatives for NTEC as far as the organization structure and governance is concerned. What had happened was not haphazard but the results of the concerted efforts of our colleagues.

Organization Chart of New Territories East Cluster





Membership of the Hospital Governing Committees

Alice Ho Miu Ling Nethersole Hospital

Chairman	The Rt Rev Dr Thomas SOO, JP
Ex-officio members	Dr C T HUNG Dr Beatrice CHENG
Members	Dr Pamela LEUNG, JP Rev. Dr LI Ping-kwong, SBS Mr John K H LI, MH Mr Wilson Y S MOK Ms Michelle Y W CHOW Elder Dr WONG Fook-yee Mr Roger C W LEE Rev PO Kam-cheong Bishop Ben C W CHANG Mr Derek M F CHAN Mr Herman H C TSOI Mr Michael K C LAI, BBS, MH, JP Ms Peggy WONG Pik-kiu, MH, JP Ms KO Sui-fun Mr CHEUNG Wing-fai, MH Mr Richard L C FUNG
Secretary	Dr Calvin LEUNG

From Front Left – Ms LAU Sau-mai, Dr Calvin LEUNG, Ms Kwai Lin YEUNG, Dr Eddie YUEN, Mr CHEUNG Wing-fai, Dr Jimmy CHAN, Mr Richard FUNG, The Rt Rev Dr Thomas SOO, Dr Pamela LEUNG, Dr Beatrice CHENG, Mr Roger LEE, Ms Michelle CHOW, Dr C T HUNG, Mr John LI, Ms KO Sui-fun, Ms Becky CHAN, Mr Derek CHAN, Mr Wilson MOK

Bradbury Hospice

Chairman	Dr Joseph LEE Man-ho
Ex-officio members	Dr C T HUNG Dr K H LEE
Members	Dr Amy CHOW Yin-man Dr Hubert CHAN Chung-yee, JP Dr David KAN Dr Vincent TSE Kin-chuen Mr Paul WU Wai-keung Miss Mable Shadalla CHOW Sui-ming Mr SHUM Si-ki Mr Paul WU Wai-keung Prof Samantha PANG Mei-che
Secretary	Mr Jimmy TSUI

From Front Left: Ms Mable CHOW, Dr C T HUNG, Dr Joseph LEE, Dr Elsie HUI

From Back Left: Mr Fan KWAN, Dr Vincent TSE, Dr David KAN, Mr Paul WU, Mr SHUM Si-ki, Ms Zabrina LEE, Dr Maria CHUI, Dr Raymond LO, Mr Jimmy TSUI

Cheshire Home, Shatin

Chairman	Mrs. Linda WONG LEUNG Kit-wah
Ex-officio members	Dr C T HUNG Dr Herman LAU
Members	Dr Pamela M K LEUNG, JP Dr Edward LEUNG Man-fuk Prof Diana LEE Tze-fan Mrs. Shelley M CHOW Ms Janice MORTON Mr Alfred POON Sun-biu Mr Paul C N MAK Ms Janet LAI Keng-chok
Secretary	Ms Esther LAW

From Front Left – Dr Pamela M K LEUNG, JP, Dr C T HUNG, Mrs. Linda WONG LEUNG Kit-wah, Prof Diana LEE Tze-fan, Ms Janice MORTON

From Back Left – Mr Alfred POON Sun-biu, Mr Paul C N MAK, Ms Susanna S H CHAN, Mrs. Shelley M CHOW, Ms Janet LAI Keng-chok, Dr Herman LAU, Ms Esther LAW

North District Hospital

Chairman	Ms CHIANG Lai-yuen, JP
Ex-officio members	Dr C T HUNG, CCE Dr C Y MAN, HCE
Members	Mr DENG Kai-rong, MH Mr HUNG Siu-ling Mr LIU Sui-biu Mr MA Ching-nam, JP Ir PANG Chun-sing, George, MH Mr YIP Wing-tong, Charlie Mr YIU Kei-chung, Thomas, JP
Secretary	Ms Winnie CHENG

From Front Left - Ir PANG Chun-sing, George, MH, Dr C T HUNG, Ms CHIANG Lai-yuen, JP, Dr C Y MAN, Mr HUNG Siu-ling

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

Prince of Wales Hospital

Chairman	Ms Winnie NG
Ex-officio members	Dr C T HUNG
Members	Prof Francis K L CHAN, JP Prof Peter K W MOK Mr Philip WONG Chak-piu Dr WONG Kwai-lam
Co-Opted Members	Mr Larry KWOK Lam-kwong, BBS, JP Mr Peter LEE Kwok-wah Ms Maggie NG Miu-man Prof Richard YU Yue-hong, SBS
Secretary	Ms Zenobia SHUM

From Front Left: Dr C T HUNG, Prof Francis CHAN, Ms Winnie NG, Prof Richard YU, Mr Philip WONG

From Back Left: Mr Larry KWOK, Mr Peter LEE, Ms Maggie NG, Dr WONG Kwai Lam, Ir Prof Peter MOK

Shatin Hospital

Chairman	Mrs. Yvonne LAW SHING Mo-han, JP
Ex-officio member	Dr C T HUNG Dr K H LEE
Members	Prof LAM Tai-hing, BBS, JP Mr FONG Cheung-fat Prof Joanne CHUNG Wai-yee Mr CHIU Man-leong Mr LAU Kim-hung Dr Andy CHIU Tin-yan Mr Jeckle CHIU
Secretary	Mr Andrew LIU

From Front Left: Mr Andrew LIU, Dr K H LEE, Prof LAM Tai-hing, Mrs. Yvonne LAW, Prof Joanne CHUNG, Dr Maria CHUI

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

Tai Po Hospital

Chairman	Mr Patrick MA Ching-hang, BBS, JP
Ex-officio members	Dr C T HUNG Dr Beatrice CHENG
Members	Mr LEUNG Wo-ping, JP Mr MAN Chen-fai, BBS, MH Mr Arthur LI Ka-tat Dr YIP Ka-chee Dr Benny KWONG Kai-sing Mr Gregory LEUNG Wing-lup, SBS Ms Nancy KIT Kwong-chi, JP Ms Gigi PANG Che-kwan
Secretary	Dr Calvin LEUNG

From Left - Mr Andrew LIU, Mr Gregory LEUNG Wing-lup, SBS, Ms Gigi FUNG, Ms Bonnie LAM, Dr Beatrice CHENG, Ms Gigi PANG Che-kwan, Mr Arthur LI Ka-tat, Mr. Alan LO, Dr Benny KWONG Kai-sing, Dr C T HUNG, Mr Patrick MA Ching-hang, BBS, JP, Dr YIP Ka-chee, Mr LEUNG Wo-ping, JP, Dr Calvin LEUNG

Membership of the Cluster Management Committee

Chairman : CCE, NTEC / HCE, PWH - Dr C T HUNG

Members :

CUHK Representatives
Dean, Faculty of Medicine [Incumbent: Prof Francis K L CHAN]
Associate Dean (General Affairs) [Incumbent: Prof Tony CHUNG]
Associate Dean (Research) [Incumbent: Prof Dennis LO]
Director of Medical Education [Designate: Prof Paul LAI]

Hospital Representatives
HCE AHNH & TPH - Dr Beatrice CHENG
HCE SH & BBH - Dr K H LEE
HCE NDH - Dr C Y MAN
HCE SCH - Dr Herman LAU
SD(P & CHC), NTEC / Deputy HCE, PWH - Prof. Philip LI, Chief of Nephrology, PWH /Hon. Prof(Med), PWH
COS(M&G), SH - Dr Elsie HUI
COS (Psy), AHNH/NDH/TPH - Dr Dicky CHUNG
COS (Paed), PWH - Dr C K LI, C(CS) PWH
GM(N), AHNH & TPH - Ms Gigi FUNG
GM(N), NDH - Ms Sammei TAM

Cluster Administration
SD(Q&S) NTEC - Dr Hing Yu SO, Cons(ICU) PWH
CGM(F), NTEC - Mr Robert Thomas WONG
CGM(AS), NTEC - Ms Zenobia SHUM, GM(AS), PWH
CGM(N), NTEC - Ms Becky HO, GM(N), PWH
CGM(HR), NTEC - Mr Karson LEUNG

Secretary: CC (Sec&IM), NTEC - Ms Esther LAW, GM(AS), SCH

From Front Left: Prof Paul LAI, Prof Tony CHUNG, Dr K H LEE, Dr C Y MAN, Dr C T HUNG, Prof Francis K L CHAN, Dr Beatrice CHENG, Prof. Philip LI, Dr Herman LAU, Prof Dennis LO, Dr Dicky CHUNG

From Back Left: Ms Sammei TAM, Mr Karson LEUNG, Ms Becky HO, Dr C K LI, Dr Elsie HUI, Dr Hing Yu SO, Ms Zenobia SHUM, Mr Robert Thomas WONG, Ms Gigi FUNG, Ms Esther LAW

Membership of the Cluster Strategy Advisory Committee

Chairman:	CCE, NTEC / HCE, PWH - Dr C T HUNG
Members:	Chairman, HGC, AHNH - The Rt Rev Dr Thomas SOO, JP
	Chairman, HGC, BBH - Dr Joseph LEE Man-ho
	Chairlady, HGC, NDH - Ms CHIANG Lai-yuen, JP
	Chairman, HGC, PWH - Ms Winnie NG
	Chairlady, HGC, SH - Mrs. Yvonne LAW SHING Mo-han, JP
	Chairlady, HGC, SCH - Mrs. Linda WONG LEUNG Kit-wah
	Chairman, HGC, TPH - Mr Patrick MA Ching-hang, BBS,JP
In attendance:	HCE AHNH & TPH - Dr Beatrice CHENG
	HCE NDH - Dr C Y MAN
	HCE SCH - Dr Herman LAU
	HCE SH & BBH - Dr K H LEE
	SD(P&CHC), NTEC/DHCE, PWH - Prof Philip LI, /Chief of Nephrology, PWH / Hon Prof (Med), PWH
	CGM(F),NTEC - Mr Robert Thomas WONG
	CGM(AS), NTEC - Ms Zenobia SHUM
	CGM(N), NTEC - Ms Becky HO
	CGM(HR), NTEC - Mr Karson LEUNG
Secretary:	CC(Sec&IM), NTEC - Ms Esther LAW

From Front Left: Mrs. Linda WONG LEUNG Kit-wah, The Rt Rev Dr Thomas SOO, Ms Winnie NG, Dr C T HUNG, Ms CHIANG Lai-yuen, JP, Mrs. Yvonne LAW, Dr Joseph LEE Man-ho

From Back Left: Ms Esther LAW, Mr Robert Thomas WONG, Mr Karson LEUNG, Dr Herman LAU, Dr Beatrice CHENG, Prof Philip LI, Dr C Y MAN, Dr K H LEE, Ms Becky HO, Ms Zenobia SHUM

Membership of the Cluster Operation Meeting

Chairman :	CCE NTEC / HCE PWH - Dr C T HUNG
Members :	HCE AHNH & TPH - Dr Beatrice CHENG HCE NDH - Dr C Y MAN HCE SH & BBH – Dr K H LEE HCE SCH - Dr Herman LAU SD(P&CHC), NTEC/DHCE, PWH - Prof Philip LI, /Chief of Nephrology, PWH / Hon Prof (Med), PWH SD(Q&S) NTEC - Dr Hing Yu SO, Cons(ICU) PWH CGM(F) NTEC - Mr Robert Thomas WONG CGM(AS), NTEC / GM(AS), PWH - Ms Zenobia SHUM CGM(N), NTEC /GM(N), PWH - Ms Becky HO CGM(HR), NTEC - Mr Karson LEUNG CC(Comm), NTEC - Ms Stephanie YEUNG, SM(Comm/CR), PWH CSC(Pharm), NTEC - Dr Benjamin LEE, DM(PHAR), PWH
Invited Members:	Asst HCE, PWH - Dr Joseph CHUNG, Asso Cons(A&E), PWH, C(CS) PWH Asst HCE, NDH - Dr David SUN, Cons(NS), PWH Asst HCE AHNH/TPH - Dr Eddie YUEN, SM(Cluster Operations) NTEC, C(CS) AHNH/TPH, Asso Cons(A&E) AHNH
Secretary:	CC(Sec&IM), NTEC - Ms Esther LAW, CC(Sec&IM), NTEC / GM(AS), SCH

From Front Left: Prof Philip LI, Dr Beatrice CHENG, Dr C T HUNG, Dr C Y MAN, Dr K H LEE

From Back Left: Dr Benjamin LEE, Dr Joseph CHUNG, Dr Hing Yu SO, Ms Gigi FUNG, Ms Becky HO, Mr Robert Thomas WONG, Dr Herman LAU, Mr Karson LEUNG, Ms Zenobia SHUM, Ms Stephanie YEUNG, Ms Esther LAW

III. Key Achievements of Targets 2014/15

A. Allay Staff Shortage and High Turnover

1. Recruit 13 additional nurses to alleviate the nursing manpower shortfall in hospital wards

2. Recruit 7.5 additional allied health professionals to cope with increased workload and enhance support for patients requiring multi-disciplinary care and rehabilitation

3. Recruit 10 additional patient care assistants to share out simple clinical tasks and relieve the clerical workload of allied health professionals

B. Better Manage Growing Service Demand

4. 50 acute medical beds have been opened at Ward 10HK of PWH since September 2014.

5. The Haematology Oncology ward (ward 3F) with 12 beds was opened on 22 September 2014. It provides proper isolation facility in order to reduce risk of infection and relieve access block and pressure in the current oncology wards.

Ward 3F was opened on 22 September 2014.

There are 12 beds with 6 single rooms equipped with positive-pressure isolation facilities for severely immunocompromised oncology patients.

6. Provided A&E services support sessions to handle Triage IV & V cases.

7. Added three Operating Theatre sessions per week (2 for Prince of Wales Hospital (PWH) and 1 for North District Hospital (NDH)) for colorectal cancer surgery.

   Added one Operating Theatre session per week in Alice Ho Miu Ling Nethersole Hospital (AHNH) for renal dialysis patients.

8. Provided 3,000 CT and 2,250 ultrasound examinations at AHNH by 1Q2015.

9. Increased the capacity of endoscopy services by providing total 25 additional endoscopy sessions for oesophago-gastro-duodenoscopy (OGD) and colonoscopy

10. Extended the service hours of Tai Po Hospital pharmacy to 7pm during weekdays with effect from 12 January 2015.

11. Increased the capacity of coronary artery surgery by providing 40 additional Coronary Artery Bypass Graft (CABG) surgeries

12. Capacity of renal replacement therapy for patients with end-stage renal disease has been enhanced by providing hospital haemodialysis, home haemodialysis and home automated peritoneal dialysis treatment to six more patients respectively. The targets have been fully achieved as at 31 March 2015.

13. Two medical beds have been designated in NDH with multi-disciplinary support for the care of patients on mechanical ventilation. The target has been achieved by 2Q 2014.

14. Breast and colorectal cancer service commenced in August 2014. Case management service to patients with complicated breast or colorectal cancer has been provided.



15. Recruited 12 case managers to provide services for patients with severe mental illness living in Tai Po district.

16. Enhanced mental health services by providing recovery oriented treatment Programs for patients in the psychiatric wards

17. Provided 250 additional new case consultations at AHNH to relieve the waiting time of patients.

18. Provided psychiatric consultation liaison service in the A&E department at NDH in October 2014.

C. Ensure Service Quality and Safety

19. Set up implementation team to support the launching of Inpatient Medication Order Entry (IPMOE) system in PWH by 3Q2014.

20. Enhanced the quality and safety of mediation use for paediatric patients. Paediatric clinical pharmacy services implemented in AHNH in 3Q14.


21. Ensured correct identification of anatomical pathology specimen by procurement of a barcode-based tracking and archiving system. The computer hardware was delivered in January 2015. The system has been put into trial in PWH, AHNH and NDH since February 2015.

22. Completed the installation of Matrix Assisted Laser Desorption Ionization Time of Flight (MALDI-TOF) Mass Spectrometry in January 2015. The equipment has been put into service since February 2015.

23. Rolled out the surgical instrument tracking system to AHNH in 1Q2015.

24. Phased out the reuse of selected class II moderate and moderate-high risk single use devices (SUD) according to clinical prioritization. The procurement process of the approved SUD was completed with NTEC having committed about 99.89% of the overall approved SUD budget.

25. Performed minimally invasive surgery in 70% of the hysterectomy surgeries for suitable gynaecological patients.

26. Improve tissue bank support for transplant service by increasing harvesting of around 100 amniotic membranes

D. Enhance Partnership with Patients and Community

27. Integrated Care and Community Support for Children with Special-care Needs. A database of children with special health care needs was formulated in 15/16 in order to provide better support & enhance communication with patients and carers. Support on schools on training in infection control & immunization program was provided.

E. Ensure Adequate Resources for Meeting Service Needs

28. Fully implemented auto-refill services for medical consumables, PPE, CSSD and linen items in the wards of AHNH, TPH, NDH & BBH.

29. Project works for ward in AHNH substantially completed and handed over to the user.
Project works for ward in NDH in progress and expected to be completed by 1Q15.

IV. Key Achievements of Cluster Functions 2014/15

A. Administrative Services

2014/15 marked another important year for NTEC Administrative Services. Re-organization of Cluster Administrative Services with appointment of a number of senior executives and reshuffling of the portfolios of a few Cluster Coordinators has been completed in 2014/15. In addition to keeping up with the service standard laid down by our predecessors, the new team has also embarked on a number of new initiatives to further enhance the support to clinical departments.

From Front Left – Ms Winnie CHENG, NDHADM GM(AS), Ms Esther LAW, SCHADM GM(AS) , Ms Zenobia SHUM, NTEC CGM(AS)/PWHADM GM(AS), Mr Hubert HUI, NTECADM CC(HPFM), Dr Calvin LEUNG, AHNHADM GM(AS)/TPHADM GM(AS) and Mr Andrew LIU, BBH/SHADM GM(AS)

The two most remarkable examples were the implementation of Enterprise Asset Management (EAM) project and the establishment of Cluster Clinical Documentation Office (CCDO).

Implementation of EAM

EAM will substitute existing Asset Management System and HA Information System (HAIS) by one unified system for all assets in HA. The EAM would be rolled out in two phases in NTEC. All preparatory work including class room training and user briefing had already been conducted to prepare for Phase 1, which was launched successfully on 28 April 2015. 27,531 IT hardware and software assets were covered in Phase 1 project.

Phase 2 project would cover 65,664 nos. of medical and other HA assets not included in Phase 1. The new system would bring about quality and safety improvements as well as cost savings in asset management. It enhances reliability through automatic preventative maintenance scheduling and analysis of asset performance including failures. In addition, there would be automated processes with suppliers and review on maintenance cost history for purchase of future asset.

Establishment of CCDO

CCDO has been established to conduct data analysis and to find out variant data, as well as to provide feedback and tailor-made analysis on Casemix data for different specialties. It will also conduct clinical documentation audits for data quality assurance and promote HA guidelines on reporting diagnosis and procedures to clinical departments.

It supports the work of the NTEC Working Group on Enhancing Accuracy of Clinical Data on Discharge. The Working Group comprises of members from clinical specialties and the Finance Department aiming at proposing and implementing measures to enhance the accuracy of clinical data on discharge, and to monitor and evaluate the effectiveness of these measures.

In the past year, this office has conducted training classes of the Casemix information to new interns, visited 24 clinical departments to promulgate the clinical documentation guidelines and set up task forces for departments including Medicine as well as Orthopaedics to review and explore improvement opportunity on service performance, clinical data accuracy and completeness.

Both the CCDO and EAM are initiated to enhance the support to our clinical counterparts in the provision of quality patient care services. Although the work of administrative services has increased in both volume and complexity over the past years, the Cluster Administrative Services Team would continue to strive for service excellence. We would work with full dedication and enthusiasm and we are all prepared to face any challenges ahead.

B. Communications

In the year 2014/15, the Section continued to facilitate community out-reaching and in-reaching to further the understanding between the hospitals and the community. On the outreaching front, NDH organized health promotion booths at the annual Flower-Bird-Insect-Fish Show held in December 2014. And in collaboration with the North District Council members, students from secondary schools were recruited to serve as volunteers in patient service to our mutual benefits. And AHNH continued with her 'hospital without wall' mission with active participation in the projects organized by the Tai Po Safe and Healthy City Steering and Working Committee.

One highlight of the outreaching efforts this year was the large-scale community health carnival organized on 30 November 2014 to celebrate PWH 30th anniversary. The carnival featured 23 game booths organized by different clinical departments, offering various kinds of spot health checks and health education games. More than 3000 members of the public have enjoyed the event. Other activities were also organized throughout the year to engage the stakeholder groups of staff and patients, including an anniversary feature talk on Shatin history and the distribution of anniversary mooncakes to patients. These activities were leveraged as engagement platforms with community leaders and media events to gain positive mentions for the hospital.

A young participant dons on mini OT gear at PWH Anniversary Health Carnival held on 30 November 2014

And apart from meeting community leaders in district council meetings, the cluster hospitals also regularly hosted visits and discussion sessions to go through various issues of interests to the community stakeholders, such as the service capacity pressure and the implementation timeline of GOC-PPPP.

Many press activities were also organized to raise public awareness on important issues such as cycling safety and home safety for children and to promote the good work of our healthcare colleagues, like the successful implementation of IPMOE.

In all, the year 2014 was a very fruitful year for the Communications and Community Relations function.

The Lady Pao Children's Cancer Centre (CCC) of PWH, winner of the HA 2014 Outstanding Team, is introduced to the press

Dr Leung Yuen Hung of AHNH/AED talks to RTHK Program host on Home Safety for Children

C. Finance

Governance

Following Cluster's Budgetary Control Framework, Cluster Finance has been concentrating its efforts on managing financial risks and maintaining strong systems of internal control.

In the fiscal of 2014/15, Finance managed approximately $8.1 billion budget and expenditures to support our cluster services. The cluster fully utilized the resources to achieve a balanced budget. Moreover, we monitored around 130 designated/centralized programs; amounts involved approximately $650 million. This was a joint effort with the clinical subject officers.

We continue to provide our budget control analyses, various ad hoc reports, regular financial update on both clinical and non-clinical operations in Cluster Operations Meetings, Hospital Management / Chief of Services Meetings, and to our 7 Hospital Governing Committees. We also report to the Head Office monthly on the cluster financial position and also present the cluster financial performance to the Chief Executive / Directors at quarterly held Cluster Management Meetings.

Also, we coordinate the stock take exercise on over $200 million inventory and conduct at least 30% sample count on drugs, consumables and others. Around the end of March, our external auditors, PricewaterhouseCoopers attended our annual stock count and were satisfied with the existence and cutoff.

People

A number of staff training programs were launched focusing on complicated issues with the aim of preparing our staff to enhance their management skills to handle complex issues. We have been appointed to select the outside consultant to review a number of corporate functions and activities, in addition to making recommendations to address the high turnover rate of professional accountant staff in Hospital Authority. We will be evaluating the consultant preliminary findings in August 2015.

Continuous staff development is the core element maintaining strong core competence. We strive to provide a supportive intellectual environment that inspires our staff to develop to their full potential. We encourage and support our staff to undertake training programs within Hospital Authority and/or from other professional organizations. For instance, our staff attended / completed the "Management 101 for New Leaders" training program (launched in 2012) offered by the Head Office. This integrated curriculum is specially designed to provide newly appointed leaders with the necessary skills and updated knowledge to perform their vital management roles. Furthermore, we motivate our clerical staff to develop their professional career by offering them deputizing opportunities as accounting officer. The staff faces the challenges moving from clerical grading to junior managerial level.

Last but not least, we delivered financial management course for the "One Staff One Plan" and "One Nurse One Plan". These programs attracted a number of healthcare professionals and administrative staff attendances which we believe can help to develop relevant financial awareness. We continuously asked for feedbacks from participants, aiming to tailor made better programs to meet their day-to-day operational needs.

In mid of 2014/15, we conducted four staff forums among cluster hospitals jointly with Cluster Procurement to address staff concerns on procure-to-pay issues. These sharing sessions are intended to advance procurement activities to be performed earlier in the year. The benefits include: effective utilization of the departmental budgets, enhancing the procurement plan, promoting a smoother and more efficient procurement process covering the Wards, Administration and Finance.

Office renovation

After 6 months, the Finance office renovation was completed. Our overcrowding situation was resolved by redesigning the open office concept since it allows easy communication, boosting up staff relations and maximizing use of space. We express our thanks to the Facility Management Department.

While our staff is delighted with the new office, we needed to sacrifice our meeting room due to space limitation. We are especially grateful to the Procurement Team and Human Resources for allowing us to use their meeting rooms during the year.

CCE with Cluster Finance staff at new office after renovation

Finance Forum

In March 2015, the Cluster hosted the 55th Finance Forum that was well attended and received by all the accountants in the Hospital Authority. The Forum mainly covers the sharing of local professional health care practice, advanced medical equipment and continuous quality improvement ideas. With full support from our NTEC clinical colleagues, we shared our Clinical Trial Centre, Inpatient Medication Order Entry System, TrueBeam Accelerator and Clinical Research Pharmacy. Our CCE shared a number of his experiences and philosophies to provide us with another framework to enhance our management competences. The Forum provided a variety of unique learning opportunities to our finance professionals to enrich their corporate knowledge.

Director (Finance) and CCE at the 55th Finance Forum

Director (Finance) with Cluster Finance accountants and interns after the Forum

Awards

In June 2014, we were awarded for a Merit at "NTEC Workplace Harmony Slogan" Competition. Our slogan is 「責任無分你我他、和諧工作誇啦啦」. We strive to work cohesively as a team and work towards achieving common interests and goals.

D. Human Resources

e-Leave

To streamline leave application/processing flow and to support green management and the corporate direction, NTEC implemented e-Leave: a web-based leave management system w.e.f. 1 December 2014. NTEC staff in medical, nursing, allied health and management /administration staff groups could apply for annual leave on-line. Leave approving officers could also approve leave applications from their subordinates on-line. The system enabled easy tracking of current and historical leave applications and also facilitated staff's viewing of useful leave information such as leave balances and leave- taking requirement, etc.

Staff Forums

CCE Forums were conducted in PWH (with simulcast to SH & SCH), NDH and AHNH to share latest plans, development and cluster information etc. with staff. Topics covered included: 2015/16 Annual Plan; WISER projects: We Innovate, Services Excel Regularly; Procurement procedures; Get prepared for winter surge; Influenza vaccination; Enhancing discharge management; Periodic review and hospital accreditation & Proper medical record handling.





Staff Training

Various kinds of training were continuously provided to staff through the “One-staff-one-plan” program. A newly revamped course Better Patient Communication (BPC) was introduced into the program. Another new course Practical Medical Communication Skills (PMCS) workshop was developed for doctors in collaboration with Patient Relations Office and HAHO Training & Development team. Some Consultants and Associate Consultants took the role of co-trainers to conduct the PMCS courses for residents.

People workshop for RN was also revamped with the objective of enhancing caring attitude amongst staff. A DOM Retreat was conducted in collaboration with CND with the theme of 「創新思維，卓越管理 」. Orientation program courses for newly joined Interns and Nurses, which were uploaded to i-Learn (an online learning platform) in 2013, were updated in February 2015. A new "Continuous Learning" platform was also added to i-Learn to facilitate offering of on-line training program to serving staff.

Staff Engagement

A Supervisor Energizing Program (SEP) for frontline supervisors under administrative service was launched in January 2015. The program was designed based on findings and focus of a Staff Caring Survey. This half-year program aims to enhance the competence of frontline supervisors through various courses, namely: We are HA Family; Use of DiSC Personality Test workshop; Acting with Effective Supervision; Building Teamwork; Coaching Others; Developing Influence and Persuasion. Beside classroom training, learning visits to external organizations of different industries are organized to broaden participants' horizons and networking. To complete the program, participants are required to put into practice some skills acquired and work out improvement measure in their respective workplace.

Staff Recreation & Welfare

HA Dragon Boat Competition cum Fun Day was held on 28 June 2014 and NTEC team won the overall Cluster Championship, Mixed Race and Men Race Awards.

HA Dragon Boat Competition Cum Fun Day 2014



HA Ten-pin bowling competition was held on 18 January 2015 and NTEC team won a total of 7 awards including the overall cluster champion, group award, men's top 3 awards, total pins award and individual highest score awards.

HA Tenpin Bowling Competition on 18 Jan 2015

HA New Year Run was held on 1 March 2015 with over 700 PWH staff and their family participating in the race. NTE C won the HA highest donation award and the best costume award.

HA New Year Run on 1 March 2015

In HA's badminton competition, NTEC won the Ladies Double (Open) competition.

E. Information Technology

"Sustainable Development of Information Technology Services to Support Organization Communication, Operation and Growth"

(1) Implementation of the Inpatients Medication Order Entry System (IPMOE) with Large-scale Deployment of Mobile Devices Covering all Specialties in PWH

IPMOE was implemented in PWH with an aim of improving patients' medication safety through reengineered workflows in doctors' prescription, nurses' drug administration, pharmacy's drug dispensing in a risk-controlled web-based platform with the extensive use of mobile devices.

The launch-in began in medical ward 10A of PWH on 9 July 2014. As at end March 2015, all clinical specialties, including medical, surgical, Eye/ENT, private ward, Operating Theatres, inpatients procedures areas, Intensive Care Unit (ICU), Obstetrics & Gynecology and Orthopedics have implemented the system, signifying a giant step in the mission of improving medication safety. With that, PWH became the first hospital in HA running IPMOE in ICU and Obstetrics and to have piloted the use of Corporate Prescription Enquiry and Standing Order in the system.

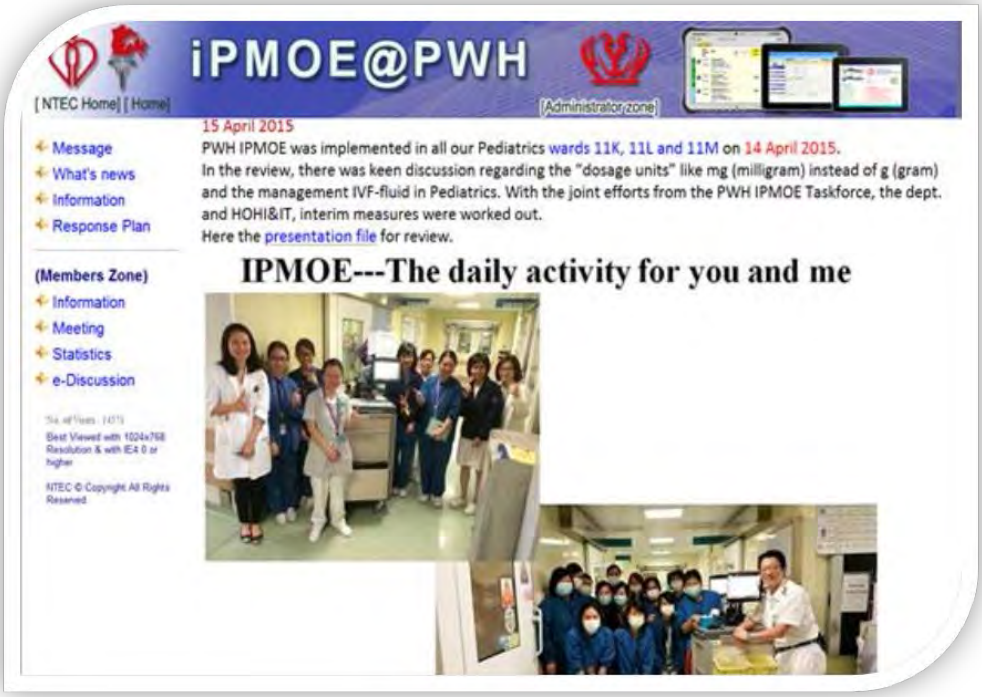
As the rollout continued, we noted that in order to facilitate the smooth implementation of IPMOE, it was critical to have stable HA Wi-Fi supporting mobile devices operation in the day-to-day drugs prescription and administration. Mobile devices have been deployed in wards on a large scale, including 404 sets of toughpads with Bluetooth scanners and printers and 205 sets of iPad Air with security and connectivity to PWH Clinical Management System (CMS) and Imaging mobile app (IVM). A wall charger cabinet (nicknamed "the Armoury") has been installed in each ward to house the iPads for physical security and battery charging.

"NTEC iPMOE" web portal was developed under PWH intranet to facilitate information retrieval and sharing. Reference materials were available via hyperlinks. A contingency plan was laid down and test-run by PWH IPMOE Taskforce and our Risk Management Team. A drill was conducted on 17 June 2014.

A solid foundation has been laid for the further rollout of IPMOE in other NTEC hospitals.

10 October 2014 was a great day when PWH IPMOE had been successfully implemented in all 12 M&T inpatient wards and the torch was passed on to 7A, the first surgical ward to launch IPMOE.

Dr Bonnie Kwan, Chairlady of PWH IPMOE Taskforce (right), Wilson Chiang and Fanny Lo, our nursing coordinators in PWH IPMOE, holding their key e-helpers (tough pad, handheld devices and iPad) performing their daily activity of drug administration and prescription.



"NTEC iPMOE" web portal was developed under PWH intranet to facilitate information retrieval and dissemination.

(2) Launch of the 1st PWH mobile app "PWH easyGo" to help visitors and patients find their routes

"**PWH** easyGo" is the first mobile app of PWH. It was developed to guide the visitors and patients to their hospital destinations with visual and textual guides. All one needs to do is to scan some QR codes.

Prince of Wales Hospital (PWH) comprises of six major buildings occupying a total floor area of over 160,000 square meters. Wards or clinical units are located in different buildings or corners. It is not surprising to see visitors in the hospital ground, looking lost and confused.

Through "PWH easyGo", patients and visitors can easily find their routes to wards, clinical units and public facilities. Posters with eye-catching QR Code are stuck at three major entrances of different buildings. Users can just scan QR Code or select the current location in the directory and then search for the destination. The system will display the relevant routes in text along with photos.

This app not only helps the visitors and patients find their routes when they are at PWH, but also enables them and their carers to plan their routes ahead at home.

Dr C T HUNG, Cluster Chief Executive is the brainchild of this mobile app. Patient and volunteer give the app a thumb up! The core team members include our volunteer helpers, Fanny Fong of HRC, Janice Wang of PRO, Pauline CHAN, John WONG of Admin, Stephanie YEUNG of Comm&CR and Christine CHOI of IT

Download "PWH easyGo" to experience how easy it is to find your way in the hospital.

(3) New Territories East Cluster (NTEC) snapped up 9 Awards in Web Accessibility Recognition Scheme (WAC) 2015organised by the Government Chief Information Officer (OGCIO) of the HKSAR

Wonderful news came in on 17 April 2015 – the team comprising colleagues from the hospital administration, Communications and Community Relations and Information Technology Section of PWH, AHNH, TPH and NDH received 9 awards in HKSAR OCGIO Web Accessibility Recognition Scheme 2015. The hard efforts have reaped plentiful returns

The awards are:

- **"Triple Gold" for PWH Internet web (PWH Internet One Click).**
- **"PWH easyGo" is the first HA mobile app winning the "Gold Award" in the mobile stream.**
- "Gold Award" for PWH Internet mobile version (PWH Internet One Touch)
- "Gold Award" for AHNH Internet web (AHNH Internet One Click)
- "Gold Award" for AHNH Internet mobile version (AHNH Internet One Touch)
- "Gold Award" for TPH Internet web (TPH Internet One Click)
- "Gold Award" for TPH Internet mobile version (TPH Internet One Touch)
- "Gold Award" for NDH Internet web (NDH Internet One Click)
- "Gold Award" for NDH Internet mobile version (NDH Internet One Touch)

These awards have recognized our cluster's efforts in adopting effective website and app designs to facilitate access to online contents and services by persons with disabilities.

Mr Andy CHEUNG, Harry WONG, Dr C T HUNG, Ms Christine CHOI, Ms Fanny YIP and Mr Raymond CHAN receiving awards from OCGIO, HKSAR for the Gold Awards of web accessibility in the PWH smartphone app - "PWH easyGo", "AHNH, NDH and PWH internet webs" and their mobile versions.

Ms Zenobia SHUM, CGM(AS), Ms Christine CHOI of Information Technology, Ms Stephanie YEUNG of Communications and Community Relations, Ms Jenny HO of NDH and Ms Ho Yan LEUNG of AHNH represent PWH, AHNH, TPH and NDH to receive the awards in the Central Government Offices at Tamar

F. Quality and Safety

Five new policies / protocols / guidelines were promulgated, covering “Informed Consent”, “Safe Use of Allopurinol”, “Safe Use of Cyclic Oral Chemotherapy” and “Calibration of Patient Weigh Scales”. We also reviewed and updated nine existing policies/protocols/guidelines.

NTEC Quality & Safety Forum 2014 was held on 11 November 2014 in PWH and the theme was “Clinical Handover”. The concept of ‘from person to person and from problem to plan’ was highlighted. The micro-cinema “The Handover Game - Catching Fire” was premiered and seven NTEC CQI projects on handover were presented. Handover game booth was run during lunch reception. Ther total attendance was 311.

Our Medication Safety Student Ambassador Program continued for the second year. Feedback from participating undergraduates from the nursing, medical and pharmacy schools of CUHK was very good.

In 2014-15, 10 workshops on incident management and team communication were held with 352 staff trained. These workshops have been running since 2012, with a total number of 32 workshops held and 1113 staff trained. According to the post workshop staff evaluation, the workshop objectives were achieved and the workshops were perceived to be useful.

The Crew Resource Management (CRM) Planning Taskforce was formed in April 2014 to promote teamwork and safety in healthcare settings. We started our first course in June 2014 and offered 1-day inter-professional training and experiential learning via simulation to all clinical staff. 10 classes were held since then attracting a total of 133 attendants (24 doctors and109 nurses). 90% of the participants agreed that our training was well organized and practical. Two Train-the–trainer workshops were held and they provided the cluster with 28 potential instructors.

Incident Management

In 2014-15, the Subcommittee of Resuscitation and the Subcommittee for Suicide Prevention were established under Q&S to enhance effectiveness of improvement in these high risk areas.

The NTEC Q&S team organized a review session on incident management on 2 March 2015. 17 Q&S staff (SD, Deputy SD, Hospital Q&S Coordinators, PSO and QOs) went through simulated scenarios of incidents to testify the function of proposed Incident Management Manual from HAHO in incident management and RCA investigation. Opinions were collected in the discussion and salient points were summarized for reference of HAHO.

Hospital Accreditation

AHNH/TPH gained full accreditation status in May 2014 and were honored with Extensive Achievement (EA) in Criteria 1.5.7 on 'Nutritional Needs', the first among all HA hospitals. Resources had been secured to support SH/BBH and SCH to join the Phase III of Hospital Accreditation. Follow-up of recommendations from the OWS and preparation for the Periodic Review of PWH and NDH are ongoing.

WISER Program

The WISER (We Innovate, Excel Services Regularly) taskforce was formed in July 2014 to facilitate the implementation of WISER initiatives with the aim of fostering a culture of openness and innovation through continuous quality improvement. The first NTEC Lean Leader Course was conducted from November 2014 to March 2015 with 15 groups of 60 participants from all cluster hospitals completing the training. 15 lean projects were presented in the WISER Forum on 12 March 2015. 195 colleagues witnessed their achievements.

V. Key Achievements of Hospitals 2014/15

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

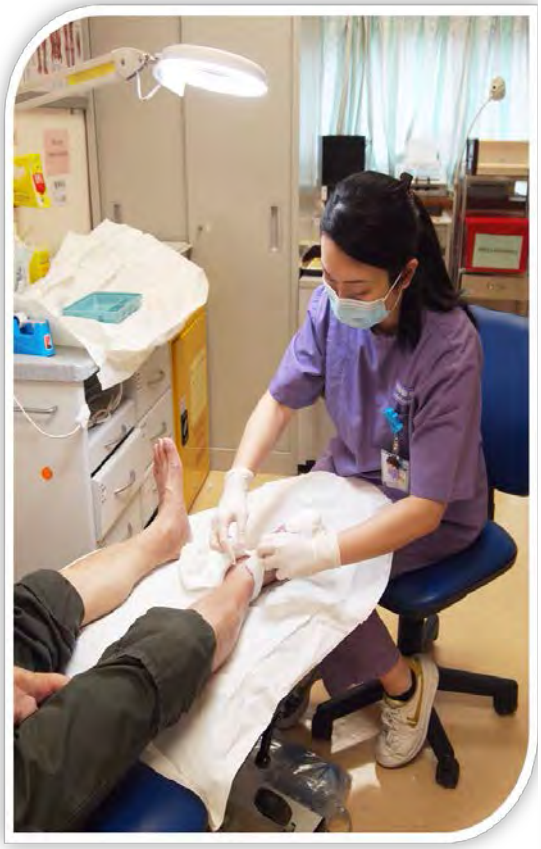
1. Organization Wide Survey by the Australian Council on Healthcare Standards

With the dedication and concerted efforts of staff members, Alice Ho Miu Ling Nethersole Hospital (AHNH) and Tai Po Hospital (TPH) completed the Organization Wide Survey (OWS) for the Hospital Accreditation Program in May 2014, and attained full accreditation for four years bestowed upon by the Australian Council on Healthcare Standards. Among the wide spectrum of initiatives to improve service quality and sustain patient safety, endeavor on nutritional care and management was particularly impressive to the surveying team. The Integrated Management System, piloted by AHNH and TPH in the Cluster to map out the patient meal journey, enables stringent quality control on food services and demonstrates the close collaboration across various departments, including laboratory, infection control, catering, dietetic and nursing teams. Since the robust governance structure and effective policy on nutritional care are in place, AHNH and TPH have been awarded with Extensive Achievement (EA) on this criterion. Experience of the Hospital Accreditation Program showed that the organization-wide exercise contributed significantly to identifying service gaps for quality improvement, fostering patient safety culture and strengthening communication and support to frontline staff.

Summation Conference on the last day of the OWS (23 May 2014)

2. Revamp of Electro Medical Diagnostic Unit for Better Space Utilization

The physical setting of the Electro Medical Diagnostic Unit (EMDU) was primarily designed for in-patient services when it was established. To review the functional requirements of the clinical activities and achieve appropriate spatial arrangement for services centered on convenience of patients and staff, the hospital renovated the infrastructure of the EMDU. The EMDU, Audiology Centre and Podiatry Clinic, opened in the 2nd quarter of 2014 after completion of its revamp, continued their existing repertoire of services including cardiac, neurological and respiratory examinations, as well as renal biopsy for patients from AHNH, paediatric patients referred from North District Hospital (NDH) and consultation cases from TPH and Family Medicine Clinics. The major additions were the enhancement of audiology services with 3 audiometric examination rooms and the inclusion of Podiatry Clinic. The new and welcoming setting has enabled services to better manage growing demand and deliver high quality and safe services.



The podiatry consultation room

Three Audiology Clinics were set up

Transcranial Doppler (TCD) examination performed at the EMDU

3. Ear, Nose and Throat Clinic Embarked on the Renovation Project

With the relocation of the Audiology Clinic to the EMDU, the Ear, Nose and Throat (ENT) Clinic commenced its renovation project to facilitate appropriate space provision for delivery of quality ambulatory services, with emphasis on the needs of patients and the occupational safety of staff. Having completed the revamp in early February of 2015, the ENT Clinic can accommodate six consultation rooms with adequate and flexible space and that enables the zoning of the endoscope decontamination area. Better segregation during the sterilization procedures and the installation of unidirectional airflow system for high level disinfection of instruments reduce disinfectant exposures, thus safeguarding the safety and health of staff members. Besides, the waiting area was centralized and an additional Queue Display Management System was installed at the entrance of ENT Clinic, providing flexibility for patients and at the same time facilitating effective patient flow management.

One of the major improvements included the segregation of the dirty, decontamination and clean zones to practise up to standard disinfection.

Consultation rooms became more spacious after the renovation

4. Enhanced Service Capacity to Meet the Demand in Diagnostics and Imaging Services

To facilitate timely and effective clinical treatment, AHNH enhanced the capacity of Radiology. In particular, with additional manpower, 3,000 additional elective Computerized Tomography (CT) and 2,250 elective ultrasound (USG) examinations were provided at AHNH. Additional Radiographer and Supporting Staff were also recruited to support radiological services in Operating Theatres. The achievement was truly remarkable, having the throughput increased by 42.6% in CT (from 10,543 baseline attendance to 15,037 attendance), and 164.9% in USG (from 1,591 baseline attendance to 4,215 attendance). Besides, active preparation was underway for the installation of the Magnetic Resonance Imaging (MRI) machine to augment the accessibility and scope of service.

Provision of additional manpower support for radiological services to meet the operational needs

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

1. Comfort Room

Bradbury Hospice was built with an aim to maintain and improve the quality of life of patients with advanced incurable diseases and also to take care of the needs of their family members. The comfort room was set up for the patients at the last phase of their life journey. The project was launched to alleviate the hardship during the above difficult period for the patients and their family members.

The room was named "寧心閣" to reflect the desire to achieve peace of mind for the patient as well as for those accompanying him/her at the point of death. The room has an open view, spacious and with homelike decoration to minimize the perception of staying in a hospital. Patients, their family members and friends staying in the room can enjoy a high sense of privacy to bid precious farewell with one another. Religious or cultural rituals can also be performed there without other patients being affected.

Positive feedback from users was received. Users were grateful for having been provided with the above room as it created valuable opportunities for the patients to reminiscence their life experiences once again and provided a venue and the chances for the loved ones to express their emotions and embrace each other freely to say goodbye. Users appreciated the hospital for having taken a great leap in offering such person-centred care to all those involved. It echoes the maxim in hospice care "one cannot add days to life but one can add life to days".

2. New Outlook and a New Way to Care

A pair of medical wards was renovated in order to meet the grave demand for beds as well as the need for setting up an elderly friendly environment. Through streamlining the existing care processes and space utilization, the newly renovated paired wards can make room to accommodate additional 10 beds when needed. Amazingly, the spaces between each bed was much roomy than before even with the addition of beds.

Besides, elderly friendly elements, for example, color tone, use of natural lighting and special lamps, installation of shock absorbent floor mat, etc. were incorporated in the ward design. A patient activity area was also set up to let patients and their carers or friends gather and spend their precious moments together. It could enhance the quality of life of the patients, especially for those under the end of life care. Furthermore, various safety measures were also installed to reduce the environmental risks, namely zero crossbeam at patient toilets and washrooms as well as hidden door closers.

Apart from creating a safer place for patients, the project also enhanced the working environment for staff . Location of the nurses' stations, which were placed at the centre of the ward, can increase patient surveillance and reduce the walking distance of the healthcare workers for their daily routines.

The opening ceremony was held on 15 December 2014 with the participation of Hospital Governing Committee members, Cluster Chief Executive and other Cluster executives.

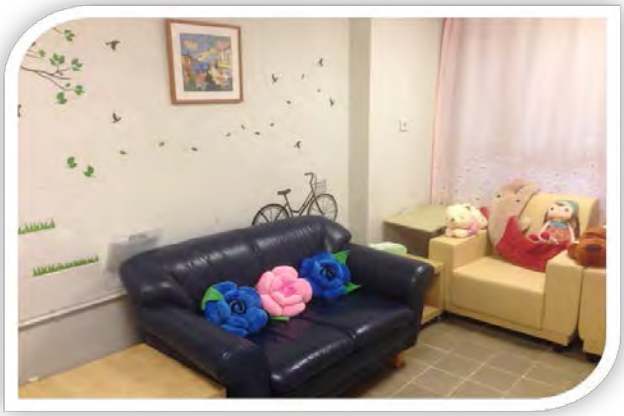
3. Comfort Plan for Psychiatric Patients

Comfort Plan is a strength-based approach program to promote hope, self-management and recovery for psychiatric patients. The plan has three core elements: providing a framework for management of emotional distress by adopting self-management strategies; guided communication between nurses and patients and a tranquil environment to ameliorate emotional distress. The comfort plan aims at minimizing the use of seclusion and restraint on patients with agitation.

Standardized comfort plan was piloted and finalized in 2014. Successful implementation of Comfort Plan requires staff training and engagement activities, minor works to provide a comfortable and pleasing environment to the patients when necessary and risk management measures, such as installation of plastic plates on the windows, filling the gap between the pipe and the wall etc., for the prevention of self-mutilation of patients when using the room. Therapeutic elements have been incorporated in the rooms, such as wall paper of natural scenery, comfortable furniture, relaxation music, books and emotion soothing soft toys and aroma.

Feedback from users showed that the average distress level dropped from 2.5 to 1.6 among the 7 responders. On the other hand, there was a downward trend in restraint rate at the admission wards.

To conclude, we have noted that this project has introduced a new structured nursing intervention and alternative for self-management of emotion for patients with agitation.



Hospital Authority
Shatin Hospital

治情自勝計劃

Hospital No.: _____ I.D.: _____
Name: _____
Sex: ____ Age: ____ Chinese Name: _____
Ward: _____ Bed: _____ Dept: _____

為了協助治療團隊了解如何支援你的情緒，根據你以往的經驗，下列那個方法可能幫助改善情況?

1. 舒發情緒	(請☑在有用的方法旁)	3. 發洩情緒	(請☑在有用的方法旁)
寫日記		打枕頭	
深呼吸減壓		用枕頭遮口大叫	
聽音樂			
閱讀報紙/書本		4. 平靜心情	
唱歌		捲在毛毯內	
跟職員聊天		在自己房內休息	
跟其他病人聊天		在心悠軒內休息	
做運動		冥想	
		放鬆運動	
2. 分散注意力		正念呼吸	
看電視		藥物治療	
在大堂踱步			
吃東西			
其他:			

當你不高興時，有甚麼事情/時間會令你感到更煩躁，請在右方打勾☑。請列出例子。如有需要請詳述。

被觸摸		被隔離	
被指責		任何噪音	
一日內的某個時間 (請註明)		一年內的某個日子 (請註明)	
被救導, 如: 你要冷靜啲		不被控制 (請解釋)	
其他:			

病人簽署 護士簽署 日期

病人姓名 護士姓名 職銜

V1(DEC13)

治情自勝計劃

C. Cheshire Home, Shatin (SCH)

1. Significant Improvement in the Teamwork and Safety Attitude Among Staff

Patient and staff safety is always our major concern. There are many activities to draw staff's attention for improving safety culture, reinforcing staff awareness of hospital safety and reducing injury on duty (IOD) rate in SCH, such as Hospital Chief Executive (HCE) rounds, safety forums, occupational safety and health rounds, quality improvement programs and educational talks to staff, etc. However, how colleagues perceive their daily practice in term of hospital safety is yet to be determined. We therefore embarked on a project attempting to quantify the staff safety attitudes, identify potential risks and take appropriate actions in response to unsatisfactory items based on staff's collective perception of their working areas. It was also planned that the hospital safety index like adverse event reporting and IOD sick leave days be compared. We adopted a validated tool entitled the Chinese version of Safety Attitude Questionnaire (SAQ-C), which measures the staff perception of safety to initiate necessary interventions to improve safety attitudes and to evaluate the effectiveness of safety improvement measures. The baseline data were collected in the first survey conducted in early 2014 before implementation of the safety promotion activities including an effective and bi-directional communication channel, game booth for safety culture promotion and regular publication of safety newsletters to enhance safety knowledge. The second follow-up survey was completed in April 2015 with the results demonstrating significant improvement in the teamwork and safety attitude amongst staff, which could be proved by a drop in the number of reported cases of IOD and medical incidents.

To achieve a sustainable improvement of safety culture in the hospital, SCH would continue to conduct the safety promotion strategies with regular annual survey on staff safety attitudes for reinforcement and evaluation of the safety culture in the hospital. Tailored-made improvement programs will also be introduced according to the results in various safety domains of the survey.

2. Enhancement Program on Sponteanous Bone Fracture Prevention in A Long Term Care Setting of SCH

Background

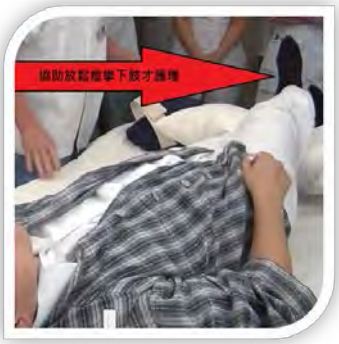
Characteristics of infirmary residents in long-term facility are non-weight bearing, bedridden and having various degrees of contracture and spasticity. They are at risk of spontaneous bone fracture, which is defined as long bone fracture in bedridden elderly without any apparent external force during daily care activities (Takamoto et al, 2005). A subtle external force such as changing the diaper or positioning in bed might make the bone reach its fracture threshold (Takamoto et al, 2005).

The traditional training on basic care activities does not involve specific skill on prevention of spontaneous bone fracture. Recognizing that there may be a gap in the above area, our nursing team developed a structured training program "Prevention of Spontaneous Bone Fracture for Nurses and Clinical Supporting Staff " two years ago. The content of the program was further enhanced in 2014. Simulation approach with video shooting and new skills were introduced in the training. The common wrong skills were captured in the simulation training. A poster of "DO and DON'T Practice" was designed as educational materials for staff reference.

At the outset, we defined the objectives clearly, which are to introduce new skills to handle spasticity residents during daily care procedures, to develop "DO and DON'T" education materials for staff reference, to refresh frontline staff on the knowlege of spontaneous bone fracture and to reinforce safety skills of positioning and diaper change for high risk residents.

A total of 26 nurses and supporting staff completed the enhancement program and the average compliance rate after intervention increased to 90% in the bone fracture prevention audit.

It is a starting point for our patient safety journey on prevention of bone fracture. We shall further refine the program and continue to launch it in our hospital in order to increase staff awareness of the issue and to strengthen their skills on handling residents at risk.



3. Horticulture Therapy Program

Therapeutic horticulture is the use of gardening and plant-based activities as a form of training activities to help achieve treatment and rehabilitation goals. Its benefits include improving physical and psychosocial health outcomes. Horticulture activities include weight bearing motion that involves most muscle groups. It improves muscle co-ordination and the training of unused muscles. Moreover, clients may experience a sense of achievement, satisfaction and pleasure. Seeing greenery and being in nature reduce stress and pain and improve attention capacity and mood.

Horticulture Area

Knowing the need of SCH's clients, the hospital administration and the Occupational Therapy Department (OT) launched a continuous improvement program for the horticulture therapy program for our residents. It included residents' forums, surveys and the formation of a small working group. The program had two main focuses. We needed a well-designed garden that is both stimulating and relaxing. We had to enhance the infrastructure and facilities to allow wheelchair access for horticultural activities. After months of hard work including discussion, design work, procurement and construction, a beautiful horticulture area was built inside the garden with wheelchair accessible planting casts and raised planters. Suitable residents were engaged in the horticultural activities under the Occupational Therapist's guide and instruction in groups or on their own. After enrolling in the horticulture therapy program for a period of time, the residents became less isolated and depressed and behaved more positively because of the daily amazing horticultural endeavors.

The program is one of the boosters in relation to our aspiration of SCH to become a caring hospital. It also showed our team efforts on rendering better quality patient care to our residents.

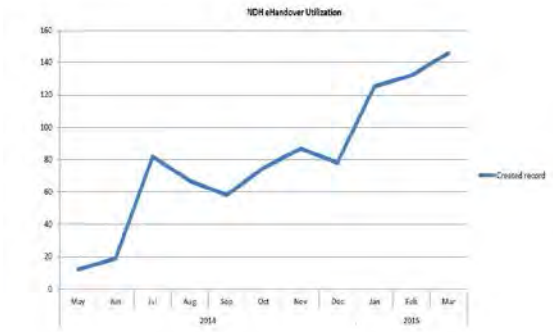
Raised planter

Group horticulture area

D. North District Hospital (NDH)

1. Implementation of eHandover

The backbone of modern healthcare is the delivery of service by a multidisciplinary team of professionals with different expertise. Within a department, parent teams and on-call teams of colleagues work together to render round-the-clock care during office and out-of-office hours. Effective communication not only facilitates continuity of patient care but also empowers the incoming team to anticipate risks that may arise in deteriorating patients.



Traditionally, surgeons would document high risk patients' details in a registry kept in their department office after verbal handover. To improve access to such information by colleagues working in clinical wards, NDH surgeons designed their own electronic handover system through the use of pre-existing software such as Excel and Cluster's IT platform (iHospital). This system not only provides access to all surgical ward nurses but also facilitates input by surgeons wherever they are. This is particularly useful when doctors are handing over patients' details over the phone and may not be physically present in ward areas.

With time, however, the limitations of a self-created electronic system were soon recognized. Apart from the risks of unintended deletion of handover contents, modification of electronic contents could not be tracked and monitored. The need for a corporate system with proper IT tracking led NDH to make a request to HAHO for use of the Clinical Management System (CMS) eHandover system. With the support of HA Quality and Safety Division, approval of NTEC and NDH IT committees and facilitation by HAHO IT team, eHandover was finally implemented in May 2014 at NDH.

Along with the major hospitals of other Clusters, NDH is actively working with HAHO IT to refine and improve upon the corporate system. Nevertheless, ongoing audits reveal that monthly eHandover records created by NDH doctors have risen from 80 in 2014 to greater than 130 in March 2015. As a champion in promoting the practice of doctors' clinical handover, NDH has been invited by HA to assist in the planning of a commissioned training program on clinical handover for all HA hospitals in June 2015.

Within a period of less than three years, NDH colleagues have shared and tried out different clinical handover approaches. Seeds of readiness for an electronic handover system were planted long before access to the corporate electronic system was granted. As new and better ways are being explored and tried, the entrepreneurial spirit of NDH will undoubtedly bring patient care to greater heights!

2. Engaging the Community through Public Forums

Consumer participation in healthcare has the ultimate goal of improving outcomes by listening to and meeting the needs of the community. During this year, NDH stepped up its effort to enhance consumer participation and community engagement through a series of public health talks and hospital service forums.

With the continuing support from various community stakeholders, NDH Community Relations Committee which was established in 2013 continued its effort to organize activities for different age groups of the community.

Health Talks on health tips covering the topics such as Stroke, Flu, Nutrition and Breast cancer, etc. provided by our professional colleagues had proved to be immensely popular among the community, attracting over 250 participants on every occasion. Interactive approach used by the speakers enhanced audience participation and led to a warm atmosphere. This kind of platform not only provided an opportunity for the attendees to acquire useful health information, but it was also a chance for them to voice out opinions and suggestions towards our hospital service.

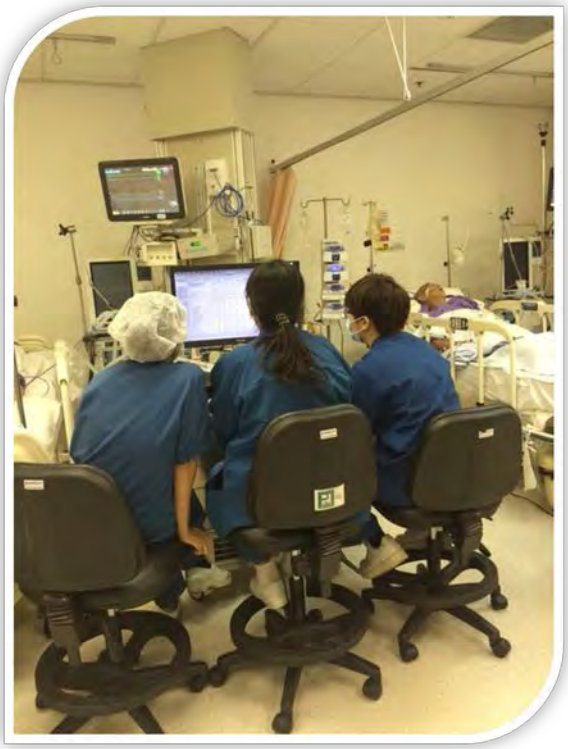
Hospital service forums were held right after the Health Talks in which hospital senior management including HCE was engaged to answer enquiries from the audience directly. This way of sincere communication is a great step towards establishing mutual trust between the hospital and the participants. This element can also reflect the uniqueness of NDH – tied up closely with our community. On the other hand, to evaluate feedback received during the forums has been an effective way for NDH to improve hospital service. This arrangement has been receiving a lot of positive comments from our stakeholders. Positive image of the hospital was successfully promoted.

The involvement of community is an important aspect of consumer participation in the planning of our health service. NDH treasures the participation and support of the community as well as the enthusiasm of our colleagues towards public education.

3. Implementation of Clinical Information System (CIS) in Intensive Care Unit, the North District Hospital

The Intensive Care Unit of North District Hospital commenced the installation of the Clinical Information System (CIS) in 2013-14 with implementation since May 2014. The automated data captured and multidisciplinary documentation from the CIS could improve workflow, efficiency as well as accuracy through reduction in transcription and arithmetic errors. In order to pave the way for staff to enhance this great "Change" and ensure safe and smooth implementation, a participative approach with staff engagement and closed communication with various stakeholders was maintained starting from project planning, staff training and implementation.

The CIS has been implemented smoothly with no major problems encountered. But in the way forward, we still have room for modification and enhancement for the system, so as to accomplish a safe and high quality working environment. More tailor-made tools such as care bundles and quality indicator statistics will be developed to improve patient care management and facilitate healthcare research. Besides, users' evaluation will be collected with satisfaction level gauged in the second quarter of 2015.



E. Prince of Wales Hospital (PWH)

1. Prince of Wales Hospital Celebrated the 30th Anniversary

The Prince of Wales Hospital officially commenced service on 30 April 1984. Within a short period of 30 years, it has cured and taken care of a countless number of the sick and the weak, nurtured generations of doctors and nurses and pioneered many medical breakthroughs which put Hong Kong on the map of worldwide health care community.

'TOGETHER, we build a healthy community' was chosen as our anniversary celebration theme. Dr C T HUNG, our Cluster Chief Executive and Prof Philip LI, our Chairman of the PWH 30th Anniversary Celebration both treasured the opportunity of the Celebration to foster a greater community partnership and to nurture the team spirit amongst PWH colleagues.

The program began with a group photo call on 16 April 2014. It was followed by a gala dinner on 28 April 2015, when community leaders and over 3,000 members of staff, old and new came together to remember the old time and celebrate friendship.

On the Anniversary Day, a newspaper supplement was published to let the Hong Kong community understand our work and achievements.

On the Mid–Autumn Festival Day, Ms Winnie NG, the HGC Chairman together with the members of the hospital management and volunteers rolled up their sleeves to prepare healthy mooncakes with the anniversary motif and distributed them to all patients.

In October, the renowned local historian, Prof Joseph TING, was invited to deliver an anniversary talk on the history of Shatin, giving us a fresh perspective and understanding of our community.

The Hospital was provisionally named the Shatin Teaching Hospital & Polyclinic at the construction stage

The renowned historian Prof Joseph Ting gave an interesting talk on the history of Shatin

The appearance of celebrities at the Anniversary Health Carnival added to the excitement of the crowd

On 30 November 2014, over 300 colleagues from 23 clinical specialties organized a community health carnival at the Shatin Park. The 3,000 members of the public who turned up for the event witnessed our professionalism and patient-centred spirit first-hand. A health exhibition continued up to the end of February 2015.

The celebration mood received a huge boost in March, when news got out that six PWH patients had successfully received new kidneys donated from three patients. The story of love, courage and hope is perhaps the best reminder to all of us of the value and mission of our work as we celebrated the 30th year milestone.

2. Prince of Wales Hospital Launched "In-patient Medication Order Entry" (IPMOE) by Phases from July 2014

IPMOE is a Hospital Authority (HA)-initiated project for prescription, dispensing and administration of medications. By providing a close loop system, automatically checking for allergies and drug interactions, it aims to streamline workflow for doctors, nurses and pharmacists, and reduce medication errors.

Prince of Wales Hospital (PWH) is the third HA hospital to roll out IPMOE. Apart from adopting the generic software system, PWH piloted the use of mobile devices, allowing doctors to review and modify prescriptions at patients' bedside. Cabinets were sourced, providing secure storage and allowing electricity charging of devices when not in use.

During the preparatory phase, IPMOE implementation team worked closely with Quality and Safety Department. Apart from proactively examining each step of the drug prescription, dispensing and administration process, we walked through the patients' journey in hospital, studying each potential risk and the methods to minimize the risks. Contingency plans for both scheduled and unscheduled downtime were designed, and frontline staff participated in a drill "Mission Giraffe" to ensure they were familiar with both the routine and downtime procedures.

Risk assessment highlighted that transfers between IPMOE and non-IPMOE areas pose major risks. Against the above background, there was the decision for PWH to be the first hospital to roll out IPMOE in ALL in-patient wards, and "IPMOE-enable" all areas providing service to in-patients (e.g. Endoscopy, Radiology, Operating Theatre).

Other milestones:

- the first hospital having IPMOE in all Obstetrics wards, including the labour ward
- the first to pilot Standing Order in IPMOE in Obstetrics wards
- the first Intensive Care Unit using IPMOE, and the first to use CMS CITRIX connection in CIS workstations located in the medical network
- the first Oncology Ward in IPMOE implementation

The rollout of IPMOE is not a totally flawless process. To avoid sister hospitals within NTEC (AHNH, NDH) repeating our mistakes, we have pioneered the Cluster approach and pass our experience to them.

Members of the NTEC IPMOE Taskforce

"Big Bang" for IPMOE Rollout in all 7 Obstetric Wards

3. Prince of Wales Hospital Exceled in Hand Hygiene

Good hand hygiene practice of health care workers is the most important and economical measure to prevent hospital acquired infections. However its compliance is always low. The Infection Control Team (ICT) of PWH has implemented the Hand Hygiene Program since 2004 with the aim to improve compliance.

Back to the year of 2004, ICT started to install bottles of alcohol handrub at the entrance of each ward and at the end of each patient bed. This facilitated the process of hand hygiene without the need to go to the hand washing basins. Training sessions were conducted for newly joined and in-service staff and regular promotional activities such as game booth, hand hygiene ceremony and ward rounds were organized. To raise colleagues' awareness, ICT designed regularly changed posters and screen savers.

Presentation of Asia Pacific Hand Hygiene Excellence Award in 7th International Congress of the Asia Pacific Society of Infection Control (APSIC), at Taipei on 26 Mar 2015

Site visit and assessment by expert panel for the finalist of Hand Hygiene Excellence Award from APSIC on 7 January 2015

The hand hygiene compliance rate was monitored according to the World Health Organization (WHO) protocol quarterly. Results were discussed in the Infection Control Committee and sent to department heads, Department Operation Managers (DOMs) and Ward Managers (WMs) for follow-up. Hand hygiene compliance rate rose from 37% in 2007 to 89% in 2013. Significant improvement was observed for all ranks of staff and for the five moments of hand hygiene.

At the same time nosocomial infections due to Methicillin resistant Staphylococcus aureus decreased from 0.43 / 1,000 patient bed days in 2007 to 0.21 / 1,000 patient bed days in 2013 and the rate was significantly lower than that of other acute hospitals. Surgical site infection rate of the Department of Surgery also dropped from 10.8% in 2005 to 2.5% in 2013. ICT demonstrates that with the continuous effort to improve hand hygiene compliance, healthcare associated infections can be significantly reduced.

The hard work of ICT of PWH has finally been recognized and we are delighted and honored to be the winner of the 2014 Asia Pacific Hand Hygiene Excellence Award presented by the Asia Pacific Society of Infection Control in collaboration with the Hospital University of Geneva.

VI. Appendices

A. Key Achievements of Cluster Committees

B. Statistical Reports & Key Performance Indicators

C. Complaints / Feedback / Requests for Assistance & Appreciation

D. Human Resources Report

E. Financial Report

F. Staff E-polling Results on Top Ten Events of NTEC in 2014

A. Key Achievements of Cluster Committees

1. ***Cluster Management Committee***

i. Revamped the Cluster committee structure with the deletion of three committees, addition of one committee and rationalization of the advisory committees to be under respective streams in the committee structure.

ii. Created the Formal Liaison Committee between CUHK Faculty of Medicine and NTEC to enhance communication and collaboration.

2. ***Cluster Strategy Advisory Committee***

i. Involved HGC members in the strategic planning process of NTEC through inviting them to participate in the Strategic Planning Workshop.

3. ***Cluster Operations Meeting***

i. Formed the following six new working groups with regular reporting system to look into various areas with impact on efficiency and effectiveness in service delivery
   - WG on Reducing Access Block and Streamlining AED Workflow
   - WG on Reducing Inter-departmental Referrals / Consultations
   - WISER Task Force
   - WG on Discharge Management
   - WG on Enhancing Inter-hospital Transfers
   - WG on Enhancing Accuracy of Clinical Data on Discharge

ii. Invited the participation of HGC members in the Cluster Strategic Planning Workshop 2014/15.

iii. Put up successful bids for the 2015/16 annual plans.

4. ***Functional Committees***

a. ***Administrative Services Committee***

i. Extended the auto-refill services for medical consumables, personal protective equipment items, central sterile supply items and linen items to AHNH, TPH, NDH, BBH and General Out-patient clinics (GOPC) in Tai Po and North District under the Phase II enhancement program and that resulted in the full implementation of the program to all hospitals and GOPCs in NTEC in 2014/15.

ii. Launched a series of environmental protection initiatives such as green ceremony, up-cycling made easy workshop, organic farming and shared economy with good response from staff.
iii. The NTEC Transport Services maintained low injury on duty (IOD) rate at 1.9% for 2014/15 and achieved zero IOD cases related to manual handling operation from September 2012 onwards.

b. ***Cluster Communications Committee***

i. Regularly reviewed the content of the internet and intranet homepage (such as iChat, iCircle) and proposed new content suggestions to keep up with the needs of staff and the public, such as Talk to CCE and 員工支援.
ii. Continued to publish the annual Cluster Report as the official record of the performance and achievements of hospitals and Cluster functions.
iii. Internet websites of PWH, AHNH, TPH and NDH won consecutive gold awards under the Web Accessibility Recognition Scheme jointly organized by the Government Chief Information Officer and the Equal Opportunities Commission. PWH easyGo also won HA's first gold award in the mobile app stream under the same scheme.

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

i. Net East interviewed and introduced a variety of personnel in NTEC to staff in the Cluster.
ii. Provided a wide coverage of staff activities in all the 7 hospitals in the Cluster for staff engagement and cohesiveness.
iii. Provided information on individual hospitals of NTEC and health tips for staff such as tips on weight management, healthy diet, protecting hearing and selecting protective shoes.

d. ***Hospital Accreditation Steering Committee***

i. AHNH and TPH attained full accreditation awarded by the Australian Council on Healthcare Standards (ACHS) in May 2014.
ii. AHNH and TPH scored Extensive Achievement (EA) in Criterion 1.5.7 on 'Nutritional Needs' for the first time among all HA hospitals.
iii. Secured resources to support SH/BBH and SCH to join the Phase III exercise of hospital accreditation.

e. ***Patient Relations and Engagement Committee***

i. Conducted a series of educational programs on effective communication with patients and conflict resolutions. Organized 3 Practical Medical Communication Skills Workshops for Resident Trainees / Resident Specialists. Invited senior doctors and professors to share their experience and smart communication tips. 61 staff attended the workshops and 94% thought that the course content was practical for use in the workplace. Conducted 10 workshops on Effective Communication Skills for Handling Complaints for Frontline Clerical Staff. 290 staff attended the workshops and 90% of them agreed that they had better insight on customer service and the importance of communication skills. Produced 3 series of Smart Tongue and a multi-media training program. Illustrated with examples of effective communication with reference to complaint cases. Recorded over 1,000 hitcounts for each series on average.
ii. Conducted the Annual Patient Relations & Engagement Forum themed "Respect and Care（尊重與關愛）" in June 2014 to explore ways to enhance the mutual respect between healthcare providers and patients. 324 participants, including 110 patients and volunteers, attended the Forum. Feedback from audience was found to be positive and encouraging.

iii. Conducted 8 patient focus groups in NTEC hospitals to collect feedback on hospital services. Forwarded the suggested improvement / remedial measures to departments concerned for consideration and implementation. Formulated the guideline on handling of difficult discharge case and shared it among NTEC hospitals.

f. ***Quality & Safety Committee***

i. AHNH and TPH attained full accreditation awarded by the Australian Council on Healthcare Standards (ACHS) in May 2014.
ii. The 1st WISER education program trained up Lean Leaders from November 2014. Graduates presented 15 team projects for services improvement on 13 March 2015 at the NTEC WISER Forum.
iii. Promoted quality element, all-level staff engagement and established linkage with annual plan in risk registry through workshops and hospital committees.

5. ***Clinical Committees***

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

i. Added 8 Emergency Medicine beds in AHNH during August 2014 - March 2015.
ii. Provided 520 AED support sessions to handle Triage IV & V cases in AHNH, NDH and PWH.

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

i. Organized two courses on "Six Sigma Green Belt Training" in 2014/15 with the participation of 23 Allied Health staff with 20 of them passing the Green Belt examination.
ii. Allocated additional training places to various Allied Health disciplines to enhance the training of allied health professionals.
iii. Implemented measures to attract and retain manpower.

c. ***Anaesthesia Service Committee***

i. Implemented nurse-led discharge program in the OT recovery room of all NTEC Hospitals to enhance efficiency and timely discharge of patients to wards
ii. Implemented the guideline for emergency operation in PWH to ensure that dire emergency cases receive the highest priority for operation and emergency resources are used effectively and appropriately
iii. Implemented the Surgical Instrument Tracking System in all NTEC Hospitals to facilitate tracking and tracing of instrument and integration of information of instruments used in operation into patients' documentation to enhance risk management.

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

i. Opened the 12-bed inpatient hematological oncology ward with isolation facilities on 22 September 2014.
ii. Enhanced the quality of cancer service by recruiting the APNs (CCM (Breast) & (CCM (Colorectal)) in July 2014 to provide case management service to patients with complex breast or colorectal cancer.

e. ***Critical Incident Psychological Service (CIPS) Committee***

i. Set up the NTEC CIPS Centre at PWH.
ii. Set up the NTEC Staff Clinic (Psychological Services) at PWH.

f. ***Clinical Toxicology Services Committee***

i. Poison Treatment Centre (PTC), PWH organized the following conference in 2014/15:

- Central Commissioned Training on Toxicology (HA Toxicology Service Scientific Conference) on 7 November 2014. The main theme was "Management of Poisoning – A Multidisciplinary Approach". 230 participants attended the Conference, including 94 doctors, 62 nurses, 59 allied health and 15 other staff.

ii. Toxico-intelligence Service

- PTC published two monographs on Cadmium and Management of Patients with Rivaroxaban Overdose and treatment guidelines for any significant poisoning threats.

g. ***Department of Imaging at Interventional Radiology Service Committee***

i. Installed an additional MR Scanner in PWH.

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

i. Expanded the ENT and Audiology Clinics in AHNH with enhancement of facilities.
ii. Implemented Special Honorarium Scheme (SHS) program as an interim measure from February to May 2015 to shorten Special Out-patient waiting time for routine new cases in NTEC with participation of medical staff from other Clusters.

i. ***Endoscopy Service Committee***

i. Provided additional endoscopy sessions in NDH, AHNH & PWH (total target : 25 sessions) from October 2014.

j. ***Hospice and Palliative Care Committee***

i. Piloted the implementation in phases of Palliative Care Clinic in AHNH.
ii. Rolled out the collaboration program with NDH Community Geriatric Assessment Team (CGAT) for direct admission of palliative care patients from old aged homes.
iii. Successfully held the Cluster Forum on the Care of the Dying in 2014 as the training for the promotion of care for the dying.

k. ***Integrated Chinese-Western Medicine***

i. Carried out preparatory work for the implementation of the pilot ICWM project in NTEC.

l. ***Intensive Care Services Committee***

i. AHNH ICU obtained the formal recognition as an accredited training site for intensive care training
ii. Successfully implemented the Clinical Information System in NDH and AHNH ICU to enhance efficiency and quality of patient documentation.

m. ***Internal Medicine Committee***

i. Provided service to 6 additional home Automated Peritoneal Dialysis (APD) patients, 6 hospital haemodialysis patients, and 6 home haemodialysis patients in NTEC.
ii. Opened 50 acute medical beds at Ward 10HK of PWH on 1 September 2014 and designated two medical beds in NDH with multidisciplinary support for the care of patients on mechanical ventilation.

n. ***Nursing Services Committee***

i. Significantly improved nursing performance on patient fall, pressure ulcer and patient restraint.
ii. Significantly improved quality on nursing care through basic nursing care survey and Quality of Care Project (QOCP).
iii. Strengthened the infrastructure for nursing development especially on nursing research and evidence- based practice and nursing informatics.

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

i. Shortened the long waiting list of GYN SOPC from 125 weeks to 99 weeks after revision of workflow and collaboration work with other hospitals.
ii. Reduced the number of needle stick injuries in 2014/15 by 33% as compared with the figure of the previous year through extra efforts including the use of blunt needles and repeated staff education.
iii. Conducted the annual review of Exclusive breastfeeding (EBF) and early skin-to-skin contact (SSC) in March 2015 with the results showing that PWH ranked very high among the 8 hospitals providing obstetric services. PWH reached 45.49% in comparison with the average of 36.18% in EBF and 56.91% compared with the average of 40.72% in SSC respectively.

p. ***Ophthalmology Service Committee***

i. Completion of most of the renovation works at Eye Clinic in AHNH.
ii. Full application of medication administration record for all out patients including new and old cases.
iii. Implementation of SHS program to meet AP targets on performing additional cataract and VR surgeries.

q. ***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. Developed a reporting mechanism for access block to orthopaedic rehabilitation.
iii. Promulgated the orthopaedic overflow guideline.

r. ***Paediatric Services Committee***

i. Launched the pilot project of Integrated Care and Community Support for Children with Special-care Needs:
   - Recruited the APN on 10 November 2014. Formed the Working Group for "Integrated Care and Community Support for Children with Special Health Care Needs". Sent the "Updated medical information of children" of 4 special schools of 66 cases in NTEC to the Education Bureau before mid-February 2015. Paid 4 visits to special school will formulate a database of children with special health care needs formulated in 15/16 in order to provide better support & enhance communication with patients and carers. On-going support such as providing training in infection control & immunization program to schools is necessary.

s. ***Pathology Services Committee***

i. Established a territory wide, pregnancy - specific thyroid function test.
ii. Ensured correct identification of anatomical pathology specimens by implementing a corporate-wide barcode-based tracking and archiving system in PWH, AHNH and NDH with anatomical laboratories.
iii. Introduced the new technology of MALDI-TOF Mass Spectrometry in PWH to speed up microbiological identification for timely diagnosis and treatment.

t. ***Pharmacy Service Committee***

i. Implemented In-patient Medication Order Entry (IPMOE) to ensure medication safety through enhancing clinical risk management and modernized system.
ii. Established Clinical Research Pharmacy to centrally coordinate management of all clinical drug studies including provision of a controlled-environment and well-secured premise for storage of study drugs.
iii. Implemented the clinical pharmacist service for paediatrics (including paediatric oncology) to enhance medication and patient safety.

u. ***Primary Care Services Committee***

i. Implemented end-of-life care service to improve quality of life of terminally ill old aged home residents and developed admission pathway for patients to bypass the Accident & Emergency Department (A&E) of acute hospitals.
ii. Implemented the Geriatric at Front Door program and geriatric consultation service in the A&E of three acute hospitals to alleviate access block and ensure safe discharge of patients with the support of the Community Outreach Service Team (COST).
iii. Enhanced program support for the quality improvement with better management of diabetic and hypertension patients.

v. ***Psychiatric Service Committee***

i. Implemented Personalised Care Program in Tai Po.
ii. Completed the renovation of Extension Wing of Li Ka Shing Psychiatric Specialist Outpatient Clinic.
iii. Kicked off the planning of an acute psychiatric unit in PWH.

x. ***Rehabilitation Services Advisory Committee***

i. Joined the collaboration between geriatricians and orthopedics in AHNH/TPH.
ii. Enhanced the quality and safety in dysphagia and feeding management.

y. ***Specialist Outpatient Service***

i. Aligned the practice of SOPCs according to “Good Practice in Administration Procedures for Medical Treatment in SOPC” issued by HAHO.
ii. Conducted patient survey on opinions in cross-cluster referral.

z. ***Surgical Service Committee***

i. The surgical day ward commenced service from July 2014.
ii. Added 4 High Dependency Unit beds for general surgery in PWH from October 2014.

aa. ***Trauma Advisory Committee***

i. Led research programs on traumatic brain injury, long-term post trauma quality of life, return

to work and health outcomes.

ii. Launched the injury prevention program on bicycle related injuries.

iii. Revised 2 new multi-departmental trauma guidelines - Guideline on Paediatric Trauma Call Activation and Guideline on Pelvic Fractures.

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

i. Added 2 extra OT sessions in PWH and 1 session in NDH to shorten the waiting time for colorectal cancer surgery.

ii. Added 2 extra OT sessions in PWH to increase the capacity for coronary artery surgery.

6. ***Designated Committees***

a. Breastfeeding Promotion & Milk Committee

i. PWH received the award of the "Certificate of Intent" from the Baby Friendly Hospital Initiative Hong Kong Association in 4Q 2014.

ii. Organized a Baby Friendly Hospital visit to Singapore for the different disciplines of PWH in 1Q 2015.

iii. Strengthened governance by establishing the PWH Baby Friendly Hospital Steering Committee.

b. Clinical Ethics Committee

i. Held the Do Not Attempt Cardiac Pulmonary Resuscitative (DNACPR) Forum for clinical staff in 2014.

ii. Conducted the first Grand Round for clinical staff and medical students in March 2015.

c. Clinical Informatics Committee

i. Prince of Wales Hospital rolled out the Inpatient Medication Order Entry (IPMOE) since July 2014. Introduced mobile devices to allow doctors to review, enter and modify drugs at patients' bedside. Performed risk assessment to identify major risk on transfers between IPMOE and non-IPMOE areas and NTEC administration decided IPMOE was to be implemented in all in-patient wards and all areas providing support to in-patient services (e.g. Endoscopy or X-ray). PWH was hence the first hospital to have IPMOE in Obstetrics wards and Intensive Care Unit since Mar 2015.

ii. Completed the revamp of CMS (Clinical Management System) version 3 with remarkable progress covering the completion in existing modules like Patients Administration function, reminders, immunization modules, letters, booking and all clinical functions. The finishing step would be earmarked by a change of web logon in CMS. SH, SCH, BBH, TPH and NDH will have this change completed by Mar 2015.

iii. Started the OT (Operation Theatre) Filmless feasibility study in 2014 in which Osirix software would be explored to replace conventional PACS software to preview OT imaging. This study would be extended from PWH to AHNH and NDH in NTEC to other clusters in the coming 3 years.

d. ***Clinical Research Ethics Committee***

i. Convened the Clinical Research Ethics Committee (CREC) Phase 1 Panel for all studies in Phase 1 Clinical Trial Centre in May 2014. Implemented a new Standard Operating Procedure (SOP) in April 2014 to ensure high quality of clinical research management.

ii. Launched an electronic system to facilitate the review of documents by CREC members and this significantly reduced the number of hard copy of application forms and study documents from 10 sets to one set.

iii. Implemented an electronic system for CREC Office to smoothen the working procedure.

e. ***Clinical Research Management Committee***

i. Obtained re-accreditation of 9 China-FDA research units.
ii. Established the Clinical Research Pharmacy (CRP).
iii. Conducted a series of training on research compliance.

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

i. The Occupational Safety & Health (OSH) promotion program " 新界東健體十式達人大召集" won the silver medal of the 13th OSH Award under the category of "Safety Promotion".
ii. Kept improving the key performance indicators i.e. Injury on Duty (IOD) case number and sick leave days in NTEC.
iii. Adopted the proactive approach to enable hospital OSH Coordinators to give input to capital projects during their planning stage.

g. ***Credentialing Committee***

i. Developed the "Standard Operating Procedure for Invited Overseas or Local (Non-HA) Medical Practitioners to Practise in the Hospitals within NTEC".

ii. Endorsed 1 procedure and the staff applications for 4 procedures.
iii. Received Scope of Practice of 299 procedures from 37 clinical departments.

h. ***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 hospitals to ensure medication safety.

i. ***Emergency Preparedness Committee***

i. Enhanced the accessibility of contingency plans so that staff could access the information through "Operation Button"@ntec.home.
ii. Updated NTEC MICC communication list in the MICC logging system
iii. Updated HOMICC operation manual about the communication list of NTEC

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

i. Conducted the Green Gala 2014
   - NTEC Green Ceremony – 1 August 2014 (Friday) at PWH.
   - Up-cycling Made Easy Workshop.
   - Organic Farming – November 2014 at PWH.
   - Shared Economy – February and March 2015 at PWH.
ii. Produced the Green, Energy and Environment Report (GEER) – Annual Report 2014.
iii. Obtained the award of the "Class of Excellence" Wastewi$e Label in June 2014.

k. ***Infection Control Committee***

i. Received the 2014 Asia Pacific Society of Infection Control Hand Hygiene Excellence Award.

l. ***Information Security & Privacy Committee***

i. Improved staff awareness by conducting privacy rounds.
ii. Detected any unauthorized access to personal data by conducting CMS access log audit.
iii. Conducted investigations on potential confidential personal data leakage.

m. ***Primary Care Coordination Committee***

i. Reviewed the Shared Care Program.
ii. Studied the feasibility of potential service models for the GOPC Public-Private Partnership program.

n. ***Radiation Safety Committee***

i. Complied fully with Radiation Ordinance (CAP303).
ii. Complied fully with HA Code of Protection on Radiation Safety.
iii. Set up a Task Group to formulate the policy for handling 'radioactive' dead bodies.

o. ***Security & Fire Safety Committee***

i. Conducted 141 hospital fire drills in 2014 with attendance of 2,847 NTEC staff which was a significant increase of 28% over the last year for the whole Cluster.
ii. Achieved significant decrease in the number of theft incidents in NTEC from 11 cases in 2013-14 to 2 cases in 2014-15 (April – December).
iii. 3 In-house Hospital Security Guards of NTEC received the Best Security Personnel Awards 2014 bestowed by the Hong Kong Police Force and the Security and Guarding Services Industry Authority.

p. ***Steering Committee on NTE Simulation and Training Centre***

i. Commenced the NTEC Crew Resource Management (CRM) program in June 2014 and successfully completed all 10 courses from June 2014 to January 2015.
ii. Successfully held 2 NTEC Simulation Instructor (Trainer-The-Trainer) courses in July 2014 and March 2015 to alleviate the shortage of simulation-based education trainers in NTEC to support the cluster's CRM programs,
iii. Successfully recruited 2 full-time technical support staff in 3Q14 as part of the Simulation and Training Centre (STC) operational team.

q. ***Transplant Committee***

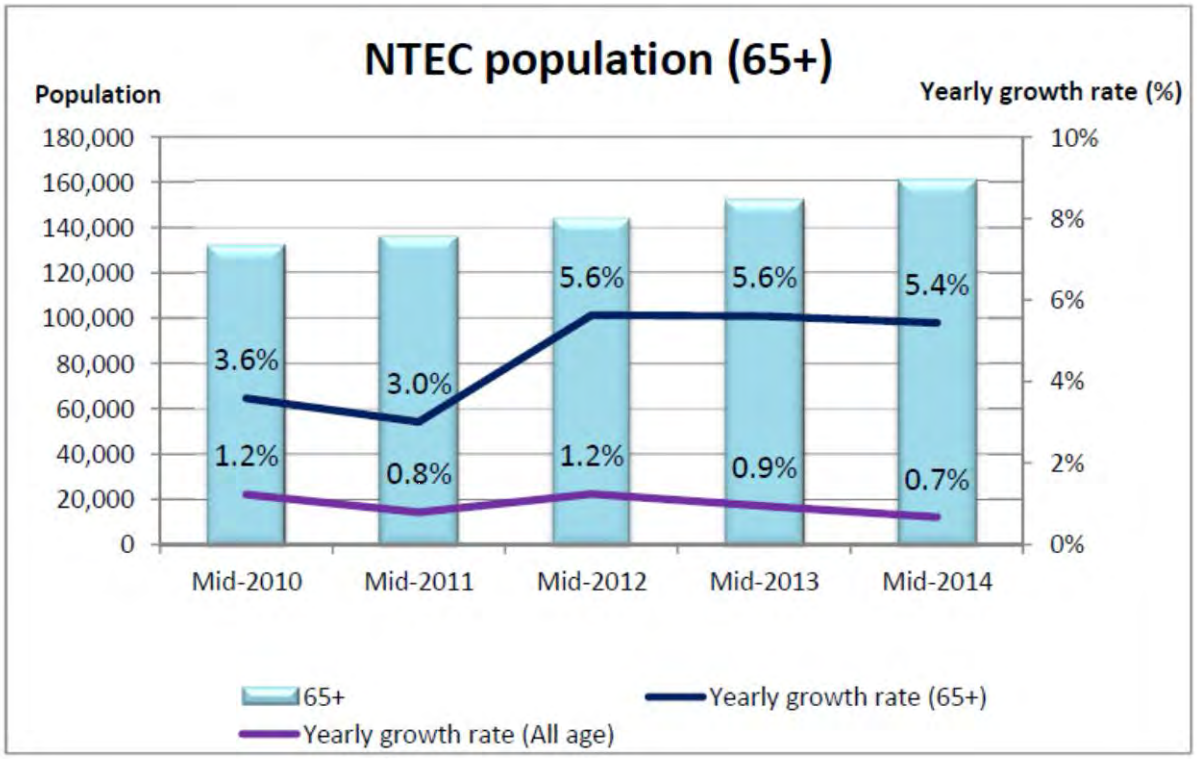
i. Promoted organ donation.
ii. Lined up 5 successful donors in NTEC in 2014 while there were totally 39 successful organ donors in Hong Kong during the above year. The overall consent rate was 48% in Hong Kong and 55% in NTEC. The procurement rate was 13% in Hong Kong and 24% in NTEC.
iii. Received 66 pieces of donated corneas in NTEC in 2014 while there were 337 pieces for Hong Kong as a whole during the above year.

r. ***Technology Advisory Committee***

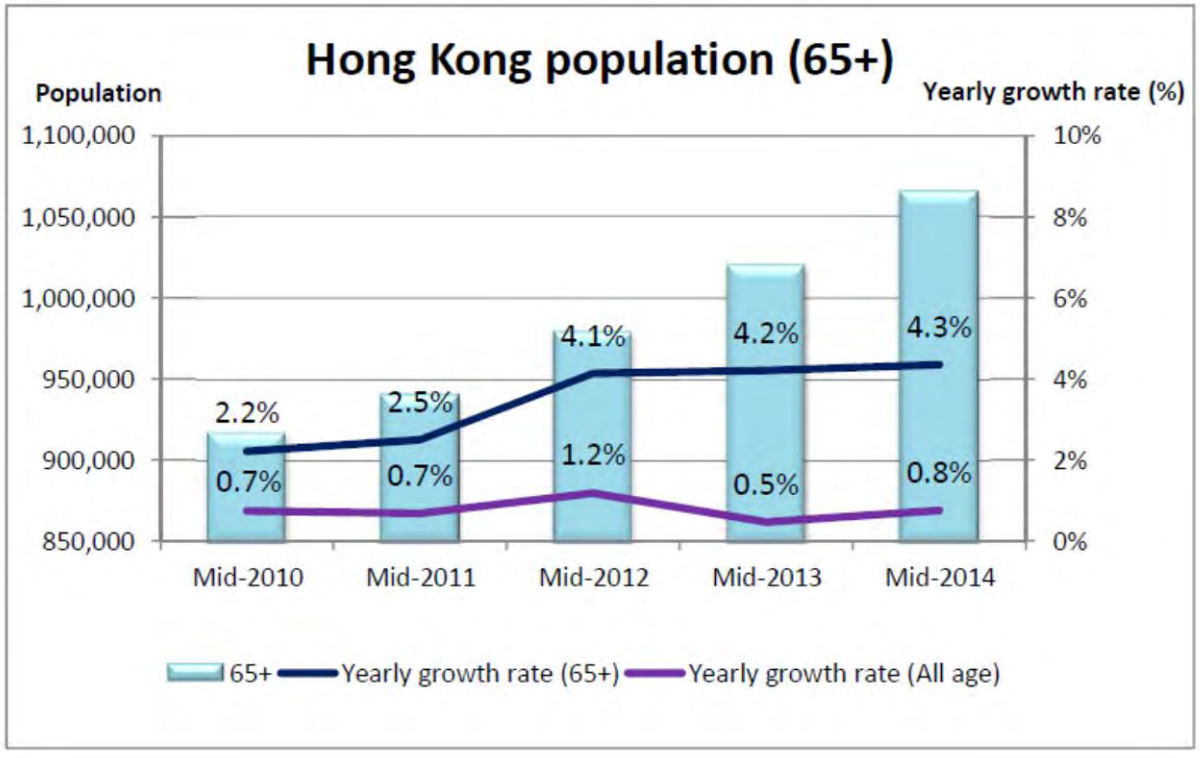
i. Rolled out the mechanism of Introduction of New Technology to all clinical areas in NTEC.
ii. Studied the feasibility of obtaining quantifiable data for analyzing reasons for under-utilization in Cluster's Annual Equipment Utilization Review.
iii. Posted training materials and assessment of additional major models of volumetric and syringe pumps to iLearn to enhance staff's understanding on equipment operation.

B. Statistical Reports & Key Performance Indicators

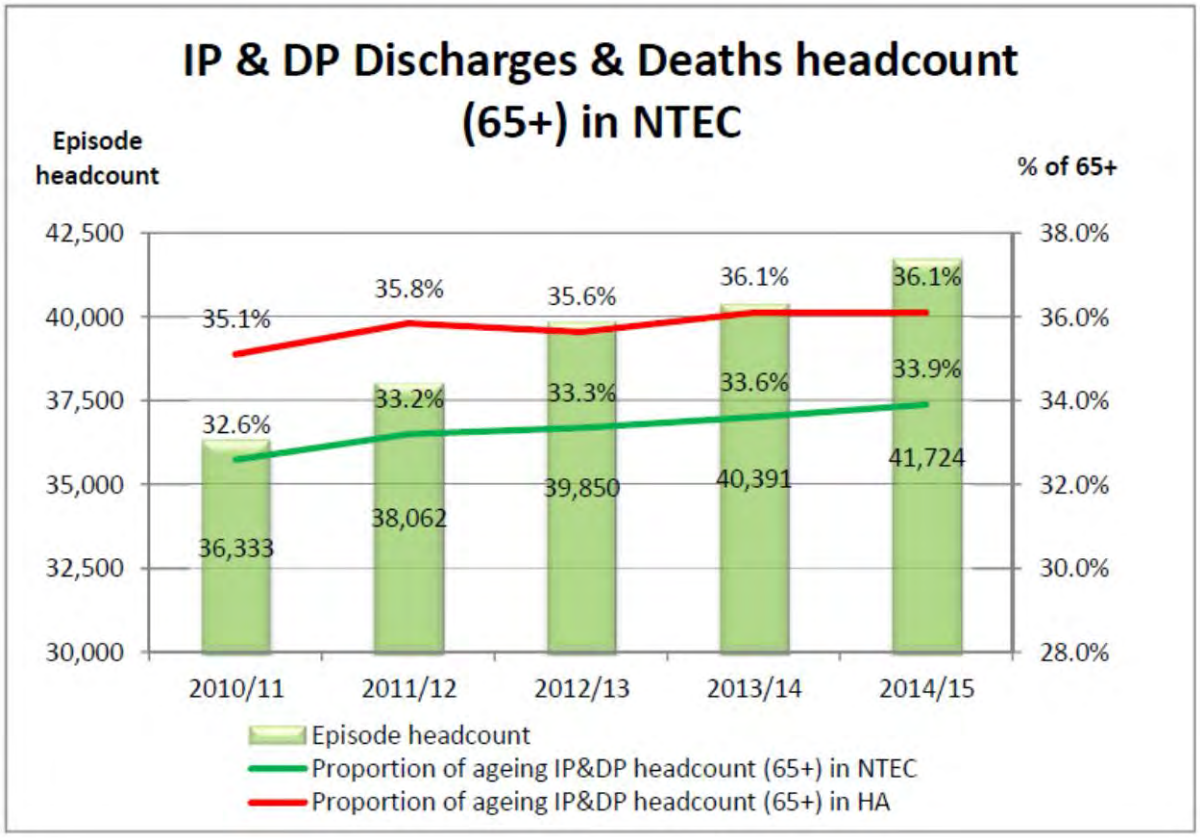
1) NTEC Ageing Population (Age > =65) changes in past 5 years



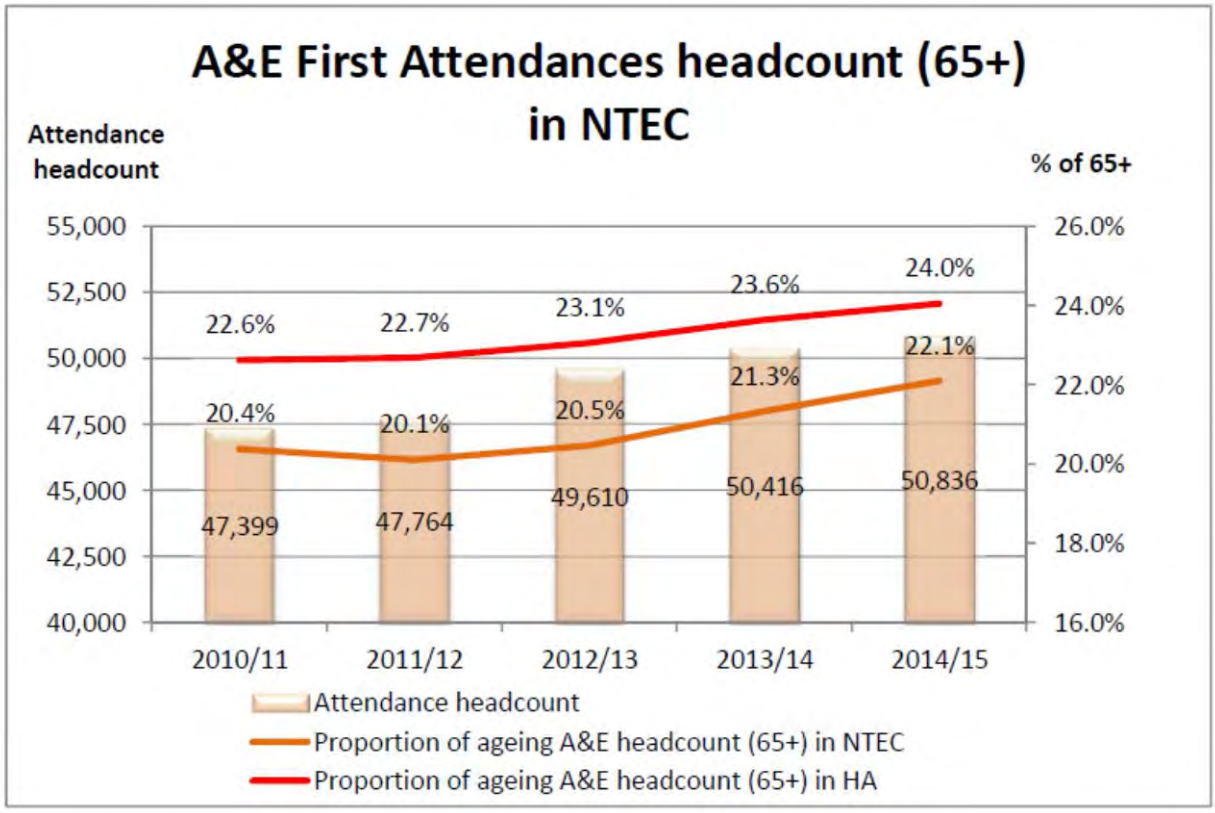
2) Hong Kong Ageing population (Age > =65) changes in past 5 years



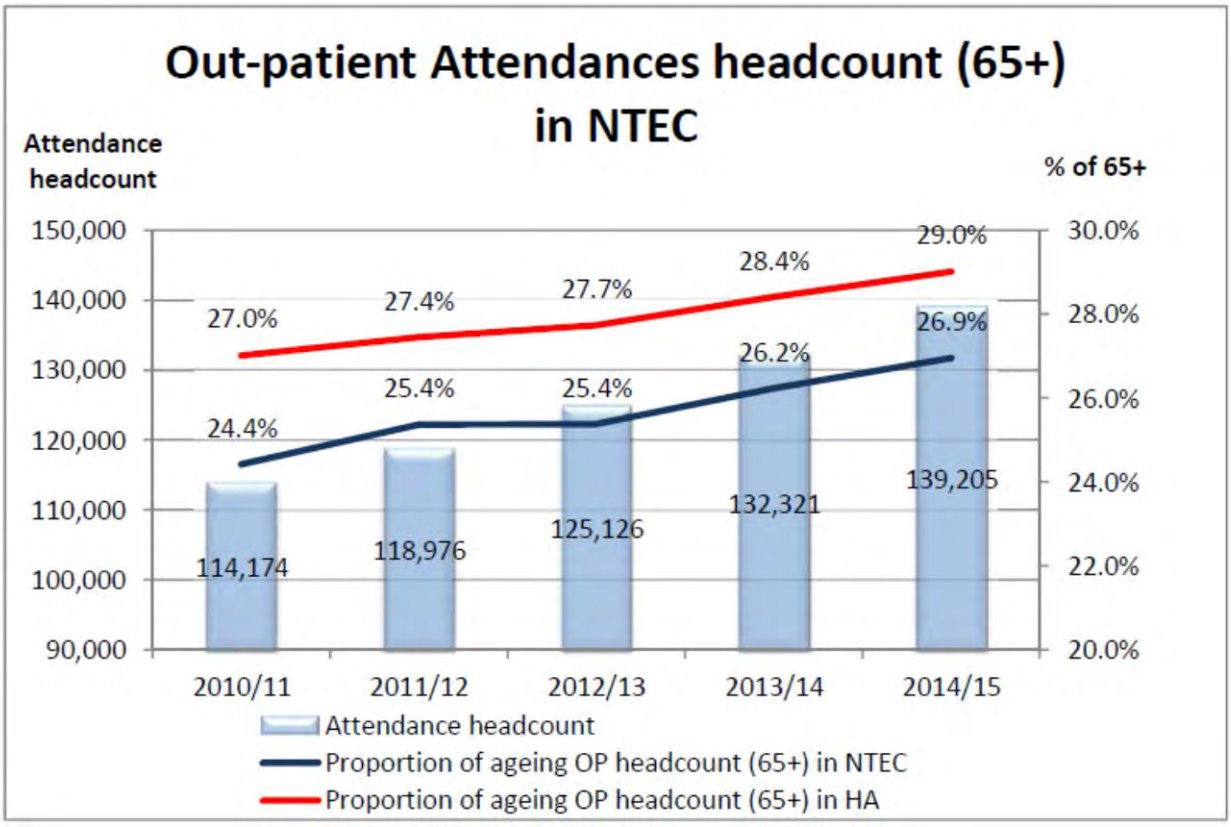
3) Headcount of Inpatient and Day-patient Discharges & Deaths (Age > =65) changes in past 5 years



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



6. Key Performance Indicators

New Territories East Cluster

KPIs for Service Performance - Part A (Apr 2014 - Mar 2015)

			NTEC		
			Current Year	Prior Year	
			YTD Mar 2015	YTD Mar 2014	Variance
			A	B	C = (A - B) or (A - B) / B
Service Growth in response to Population Change & Ageing Effect					
Service capacity (as at 31.03.2015)	*	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	*	No. of patient days (IP BDO)			
		General - Acute	1,011,171	1,001,273	1.0%
		Mentally Ill	142,000	135,248	5.0%
		Infirmary	93,033	95,537	-2.6%
		Overall	**1,246,204**	**1,232,058**	**1.1%**
Accident & Emergency (A&E) services	*	No. of First Attendances for:			
		Triage I (Critical cases)	2,710	2,638	2.7%
		Triage II (Emergency cases)	8,085	7,849	3.0%
		Triage III (Urgent cases)	95,460	97,058	-1.6%
Primary care services	*	No. of family medicine specialist clinic attendances (FM)	57,885	59,758	-3.1%
	*	# 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}	**1,004,200**	**1,001,372**	**0.3%**
Day services	*	# No. of rehabilitation day & palliative care day attendance (RDP-ANA)	**6,656**	**6,651**	0.1%
	*	# No. of geriatric day attendance (GDH) (excluding attendance under program of "Integrated Discharge Support Program" (IDSP))	**27,477**	**27,312**	0.6%
Community & outreach services	*	# No. of allied health (community) attendances	**10,627**	**10,302**	3.2%
	*	# No. of geriatric elderly persons assessed for INF care service	**317**	**316**	0.3%
	*	# 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)	**13,669**	**14,208**	-3.8%

Remarks:

with graph presented

* COR item

Blue > 5% above prior year

Green > 5% below prior year

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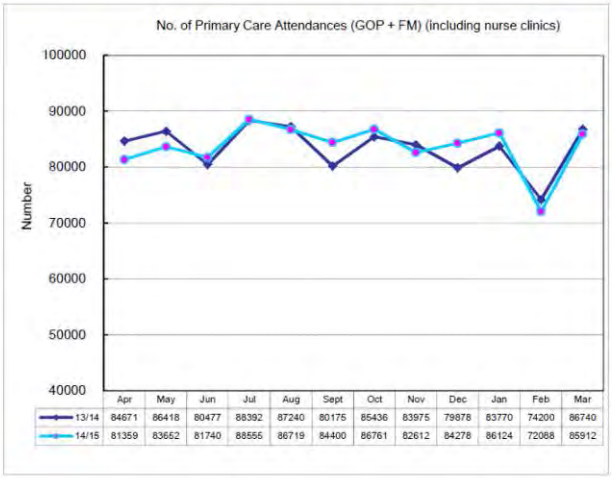
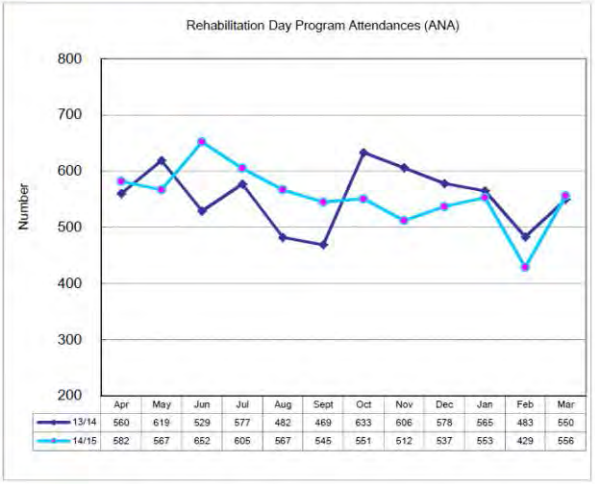
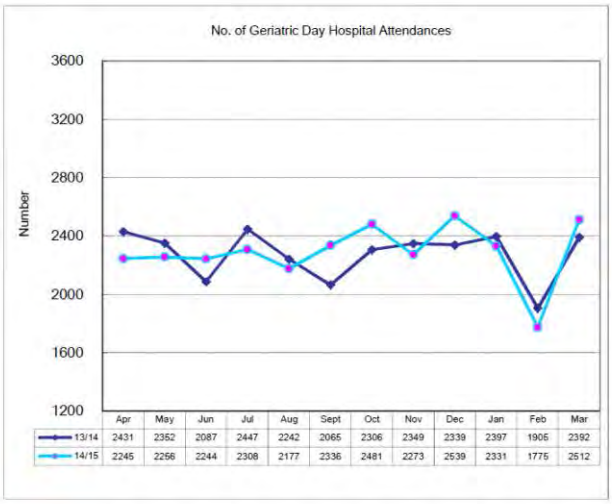
Service Growth in response to Population Change & Ageing Effect (cont'd)



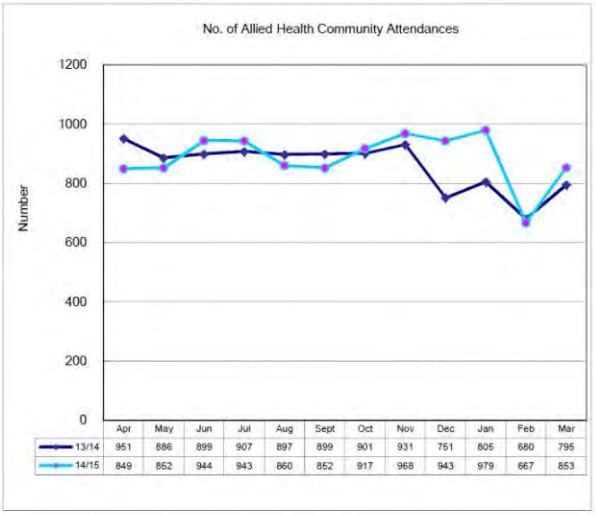
	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
13/14	84671	86418	80477	88392	87240	80175	85436	83975	79878	83770	74200	86740
14/15	81359	83652	81740	88555	86719	84400	86761	82612	84278	86124	72088	85912



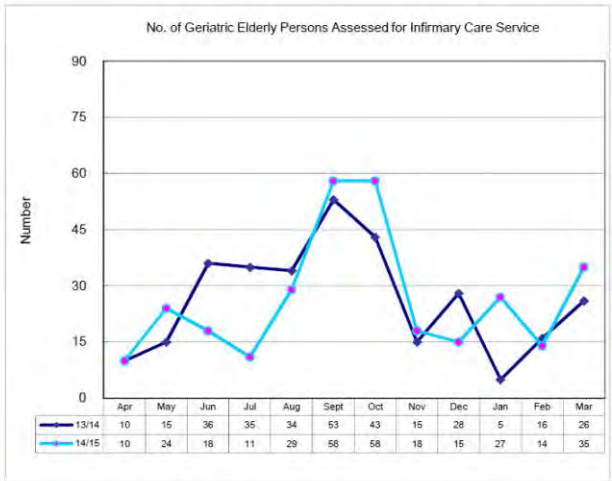
	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
13/14	560	619	529	577	482	469	633	606	578	565	483	550
14/15	582	567	652	605	567	545	551	512	537	553	429	556



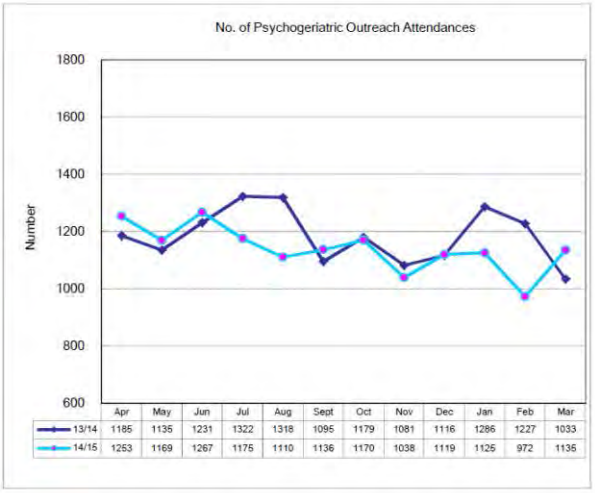
	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
13/14	2431	2352	2087	2447	2242	2065	2306	2349	2339	2397	1905	2392
14/15	2245	2256	2244	2308	2177	2336	2481	2273	2539	2331	1775	2512



	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
13/14	951	886	899	907	897	899	901	931	751	805	680	795
14/15	849	852	944	943	860	852	917	968	943	979	667	853



	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
13/14	10	15	36	35	34	53	43	15	28	5	16	26
14/15	10	24	18	11	29	58	58	18	15	27	14	35



	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
13/14	1185	1135	1231	1322	1318	1095	1179	1081	1116	1286	1227	1033
14/15	1253	1169	1267	1175	1110	1136	1170	1038	1119	1125	972	1135

KPIs for Service Performance - Part B (Apr 2014 - Mar 2015)

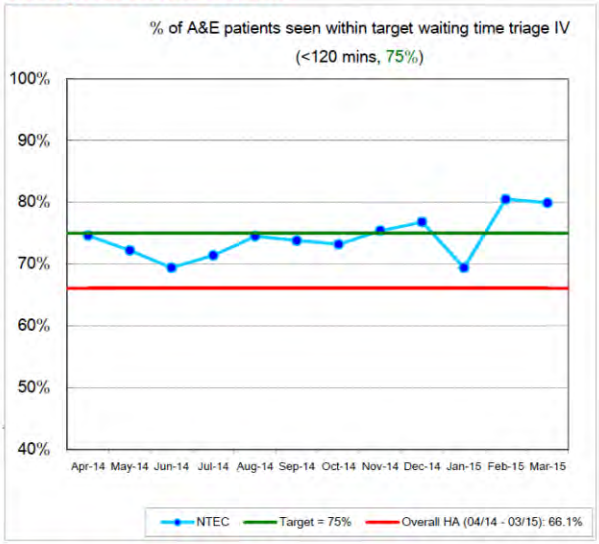
Quality Improvement as a result of Technology Advancement or Implementation of New Service Quality & Access initiatives	Current period		Previous period	
	NTEC	Overall HA	NTEC	
	Apr 2014 - Mar 2015		Apr 2013 - Mar 2014	Variance
	A	B	C	D = (A - C) or (A - C) / C
Waiting Time for A&E services				
% of A&E Patients seen within Target WT				
* Triage I (Critical cases - 0 minutes, 100%)	100%	100%	100%	0%pt
* Triage II (Emergency cases- <15 minutes, 95%)	95.1%	96.7%	96.2%	-1.1%pt
* Triage III (urgent cases- <30 minutes, 90%)	72.6%	75.3%	70.8%	1.8%pt
# Triage IV (Semi-urgent cases- <120 minutes, 75%)	74.1%	66.1%	73.2%	0.9%pt
Waiting Time for SOP New Case Bookings				
Median waiting time for 1st appointment at specialist clinics				
Overall				
* 1st priority patients (≤ 2 weeks)	<1	<1	<1	0
* 2nd priority patients (≤ 8 weeks)	4	5	4	0
ENT				
% of patients seen within 2 weeks for 1st priority patients	97.7%	98.6%	96.8%	0.9%pt
% of patients seen within 8 weeks for 2nd priority patients	97.4%	97.8%	97.5%	-0.1%pt
# Waiting time (week) for 90th percentile of Routine cases	96	63	87	10.3%
Gynaecology				
% of patients seen within 2 weeks for 1st priority patients	97.5%	98.2%	96.5%	1.0%pt
% of patients seen within 8 weeks for 2nd priority patients	90.3%	96.5%	93.3%	-3.0%pt
# Waiting time (week) for 90th percentile of Routine cases	99	70	128.3	- 22.8%
Medicine				
% of patients seen within 2 weeks for 1st priority patients	97.1%	97.8%	97.1%	0%pt
% of patients seen within 8 weeks for 2nd priority patients	97.9%	97.2%	98.0%	-0.1%pt
# Waiting time (week) for 90th percentile of Routine cases	95	83	83	14.5%
Ophthalmology				
% of patients seen within 2 weeks for 1st priority patients	98.8%	99.1%	97.9%	0.9%pt
% of patients seen within 8 weeks for 2nd priority patients	98.7%	98.5%	98.0%	0.7%pt
# Waiting time (week) for 90th percentile of Routine cases	66	66	70	- 5.7%
Orthopaedics & Traumatology				
% of patients seen within 2 weeks for 1st priority patients	98.6%	98.6%	98.8%	-0.2%pt
% of patients seen within 8 weeks for 2nd priority patients	98.5%	96.4%	97.8%	0.7%pt
# 90th percentile of waiting time of routine cases (weeks)	140	133	127	10.2%
Paed. & Adolescent Med.				
% of patients seen within 2 weeks for 1st priority patients	96.8%	98.9%	96.0%	0.8%pt
% of patients seen within 8 weeks for 2nd priority patients	99.4%	98.2%	98.3%	1.1%pt
# Waiting time (week) for 90th percentile of Routine cases	36	25	48	- 25.0%
Psychiatry				
% of patients seen within 2 weeks for 1st priority patients	96.0%	95.2%	97.5%	-1.5%pt
% of patients seen within 8 weeks for 2nd priority patients	93.6%	94.9%	95.8%	-2.2%pt
# Waiting time (week) for 90th percentile of Routine cases	133	88	104	27.9%
Surgery				
% of patients seen within 2 weeks for 1st priority patients	95.9%	96.1%	95.2%	0.7%pt
% of patients seen within 8 weeks for 2nd priority patients	97.0%	95.3%	98.1%	-1.1%pt
# Waiting time (week) for 90th percentile of Routine cases	78	78	79	- 1.3%

Remarks:
with graph presented
* COR item

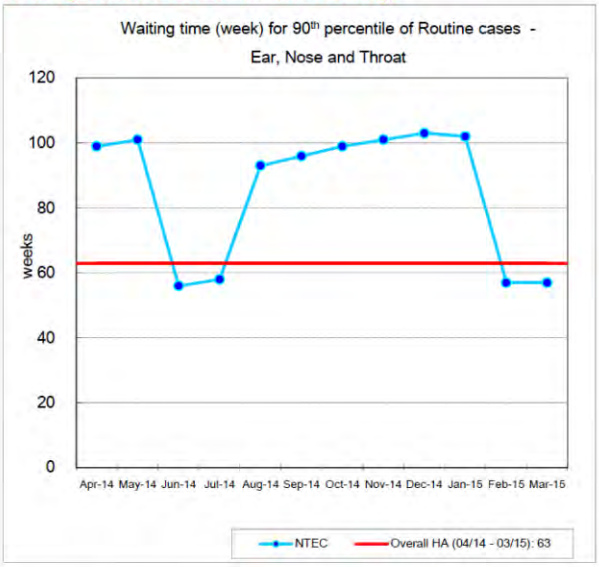
Blue > 5% above previous period
Green > 5% below previous period

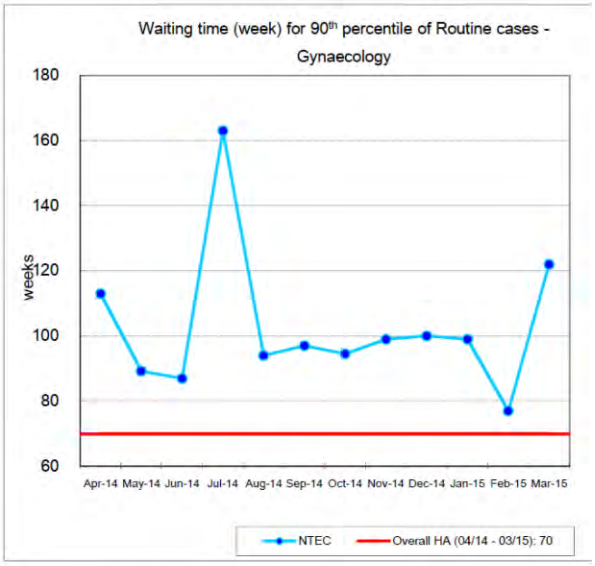
Quality Improvement as a result of Technology Advancement or Implementation of New Service Quality & Access initiatives (cont'd)

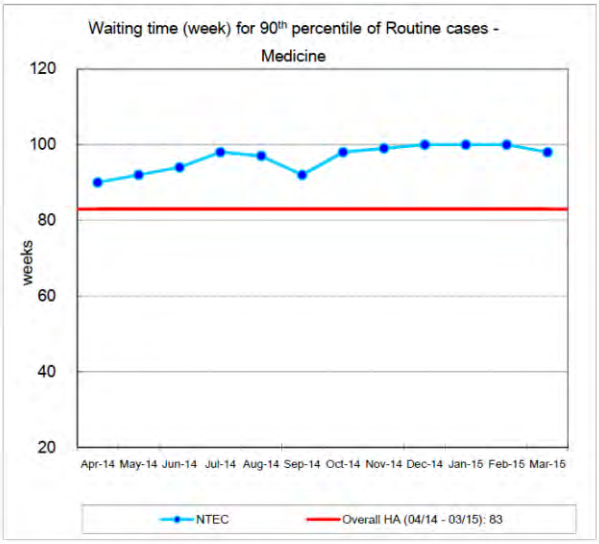
Waiting time for A&E services

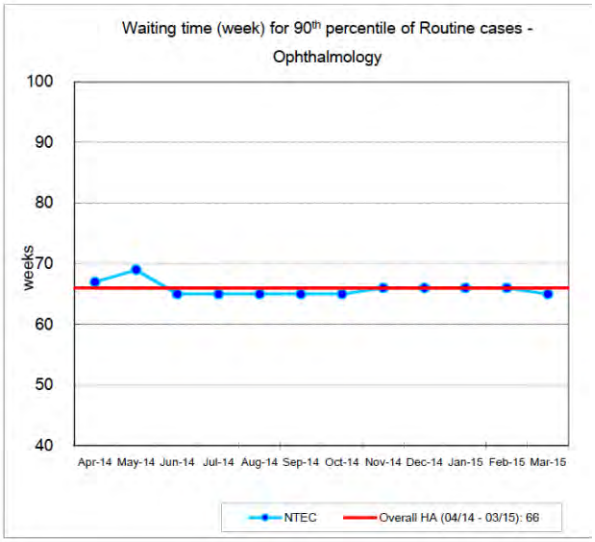


Waiting Time for SOP New Case Bookings



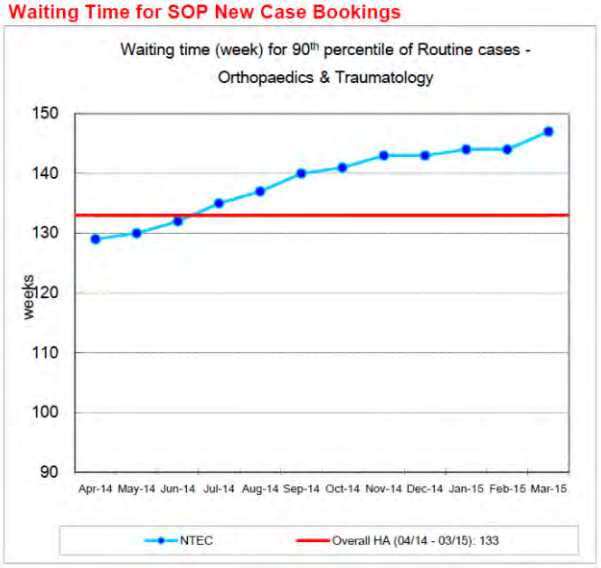


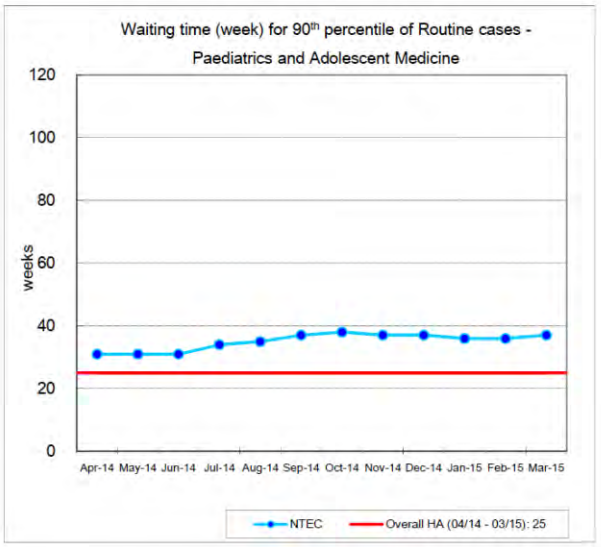


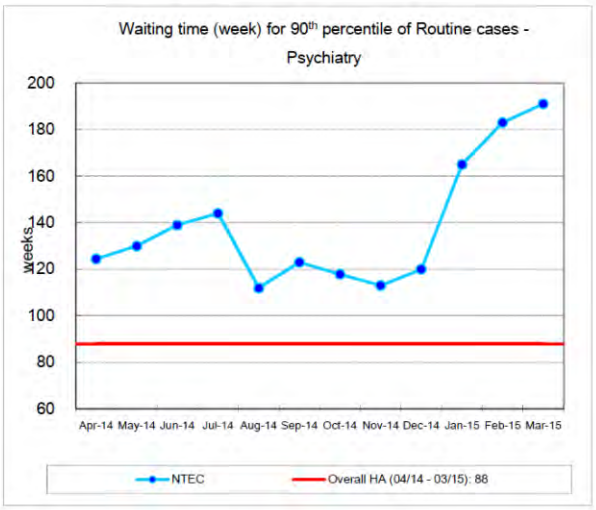


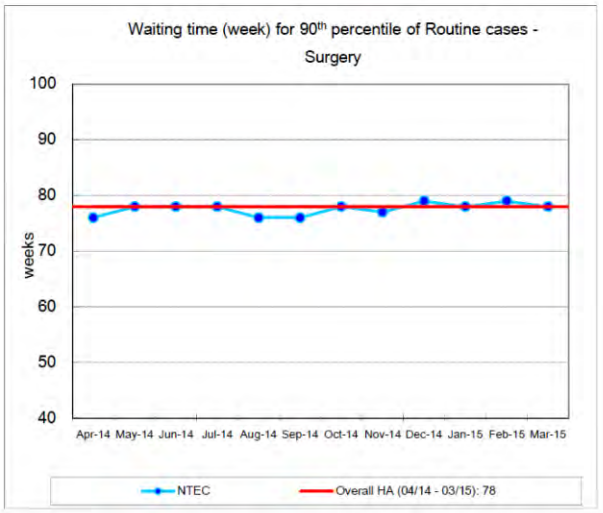
Service Improvement as a result of Technology Advancement or Implementation of New Service Quality & Access initiatives (cont'd)

Waiting Time for SOP New Case Bookings









KPIs for Service Performance - Part C (Apr 2014 - Mar 2015) (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 2014 - Mar 2015		Apr 2013 - Mar 2014	Variance
		A	B	C	D = (A - C) or (A - C) / C
Waiting time for Allied Health Outpatient new case bookings	**Occupational Therapy**				
	% of patients seen within 2 weeks for 1st priority patients	92.3%	95.9%	91.8%	0.5%pt
	% of patients seen within 8 weeks for 2nd priority patients	88.3%	88.8%	84.3%	4.0%pt
	# Waiting time (week) for 90th percentile of Routine cases	29	31	44	-34.1%
	Physiotherapy				
	% of patients seen within 2 weeks for 1st priority patients	94.4%	94.4%	87.9%	6.5%pt
	% of patients seen within 8 weeks for 2nd priority patients	94.3%	90.8%	80.4%	13.9%pt
	# Waiting time (week) for 90th percentile of Routine cases	74	39	61	21.3%

Remarks :
* with graph presented

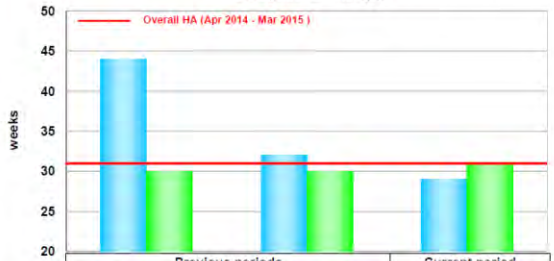
Blue > 5% above previous period

Green > 5% below previous period

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

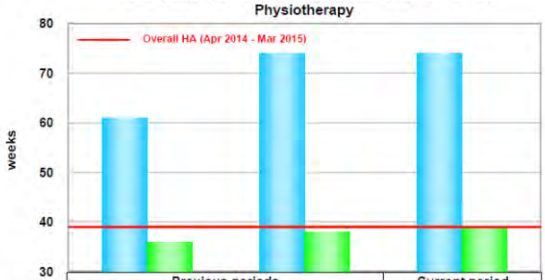
Waiting time for Allied Health Outpatient new case bookings

Waiting time (week) for 90th percentile of Routine cases
Occupational Therapy



	Previous periods		Current period
	Apr 2013 - Mar 2014	Oct 2013 - Sep 2014	Apr 2014 - Mar 2015
NTEC	44	32	29
Overall HA	30	30	31

Waiting time (week) for 90th percentile of Routine cases
Physiotherapy



	Previous periods		Current period
	Apr 2013 - Mar 2014	Oct 2013 - Sep 2014	Apr 2014 - Mar 2015
NTEC	61	74	74
Overall HA	36	38	39

KPIs for Service Performance - Part C (Apr 2014 - Mar 2015) (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 2014 - Mar 2015		Apr 2013 - Mar 2014	Variance
			A	B	C	D = (A - C) or (A - C) / C
Waiting time for elective surgery		Waiting time for Total Joint Replacement				
	#	Waiting time (months) at 90th percentile of patients receiving the treatment of Total Joint Replacement	45	41	40	12.5%
		Waiting time for cataract	(Jan - Dec 2014)		(Jan - Dec 2013)	
	#	% of patients provided with surgery within 2 months for Priority 1 (P1) patients	90.9%	91.7%	98.7%	-7.8%pt
		(Internal target : 80%)	(Apr 2013 - Mar 2014)		(Apr 2012 - Mar 2013)	
	#	% of patients provided with surgery within 12 months for Priority 2 (P2) patients	99.7%	96.1%	99.7%	-0.04%pt
		(Internal target : 90%)				
		Waiting time for TURP	(Jan - Dec 2014)		(Jan - Dec 2013)	
	#	% of patients provided with surgery within 2 months for Priority 1 (P1) patients	29.8%	71.2%	42.9%	-13.0%pt
			(Apr 2013 - Mar 2014)		(Apr 2012 - Mar 2013)	
	#	% of patients provided with surgery within 12 months for Priority 2 (P2) patients	100.0%	92.3%	100.0%	0%pt
Access to General Outpatient Clinic (GOPC) Episodic Illness Service	#	% of IVAS call-in elderly patients offered with GOP appointment in 2 working days	98.5%	98.7%	98.5%	-0.1%pt
		(Internal target : 95%)				
	#	% of IVAS call-in elderly and CSSA and non-CSSA waiver patients offered with GOP appointment in 2 working days	96.7%	97.4%	96.6%	0.1%pt
		(Internal target : 95%)				
Appropriateness of care	#	Standardized admission rate for A&E patients	28.6%	29.6%	28.1%	0.5%pt
	#*	Unplanned Readmission Rate within 28 days for general in-patients (%)	9.2%	10.4%	9.4%	-0.2%pt
	#	Breastfeeding rate on discharge (new item)	77.6%	83.4%	70.0%	7.5%pt
Infection rate		MRSA bacteraemia per 1000 patient days	(Jan - Mar 2015)		(Jan - Mar 2014)	
			0.0853	0.1011	0.0880	-3.1%
		MRSA bacteraemia in acute beds per 1000 acute patient days	(Jan - Mar 2015)		(Jan - Mar 2014)	
		(Internal Target : <0.1258)	0.1442	0.1544	0.1288	12.0%
		MRSA bacteraemia per 1000 patient days	(Jan - Dec 2014)		(Jan - Dec 2013)	
			0.0713	0.0953	0.1067	-33.2%
		MRSA bacteraemia in acute beds per 1000 acute patient days	(Jan - Dec 2014)		(Jan - Dec 2013)	
		(Internal Target : <0.1258)	0.1102	0.1426	0.1613	-31.7%

Remarks :
with graph presented
* COR item

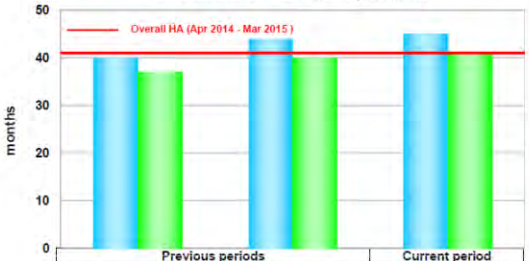
Blue > 5% above previous period
Green > 5% below previous period

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)

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



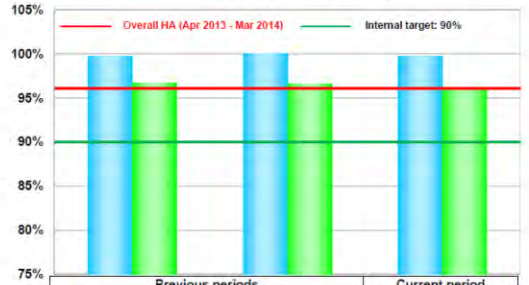
	Previous periods		Current period
	Apr 2013 - Mar 2014	Oct 2013 - Sep 2014	Apr 2014 - Mar 2015
NTEC	40	44	45
Overall HA	37	40	41

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
	Jan - Dec 2013	Jul 2013 - Jun 2014	Jan - Dec 2014
NTEC	98.7%	94.1%	90.9%
Overall HA	93.9%	93.5%	91.7%

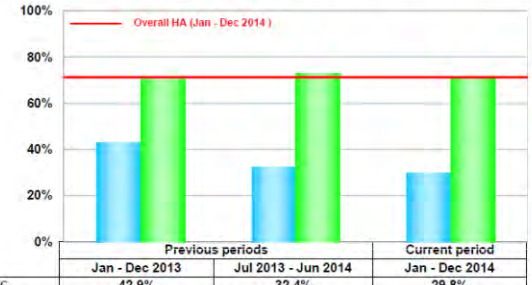
% of patients provided with surgery within 12 months for Priority 2 (P2) patients (cataract)



	Previous periods		Current period
	Apr 2012 - Mar 2013	Oct 2012 - Sep 2013	Apr 2013 - Mar 2014
NTEC	99.7%	100.0%	99.7%
Overall HA	96.7%	96.6%	96.1%

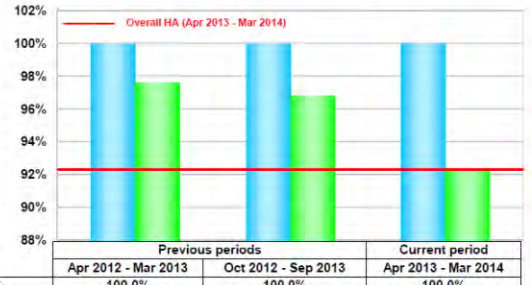
Waiting time for elective surgery - Waiting time for TURP

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



	Previous periods		Current period
	Jan - Dec 2013	Jul 2013 - Jun 2014	Jan - Dec 2014
NTEC	42.9%	32.4%	29.8%
Overall HA	70.4%	72.9%	71.2%

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



	Previous periods		Current period
	Apr 2012 - Mar 2013	Oct 2012 - Sep 2013	Apr 2013 - Mar 2014
NTEC	100.0%	100.0%	100.0%
Overall HA	97.6%	96.8%	92.3%

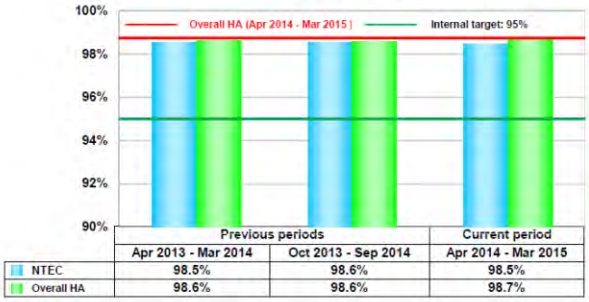
Remarks :

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)

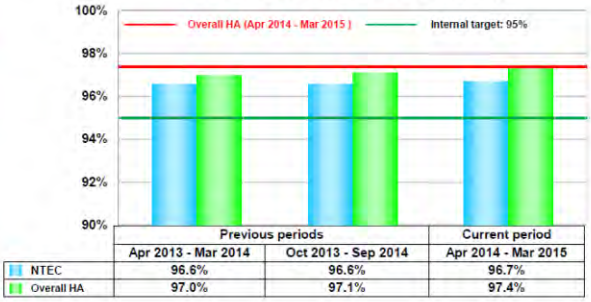
Access to General Outpatient Clinic (GOPC) Episodic Illness Services

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



	Previous periods		Current period
	Apr 2013 - Mar 2014	Oct 2013 - Sep 2014	Apr 2014 - Mar 2015
NTEC	98.5%	98.6%	98.5%
Overall HA	98.6%	98.6%	98.7%

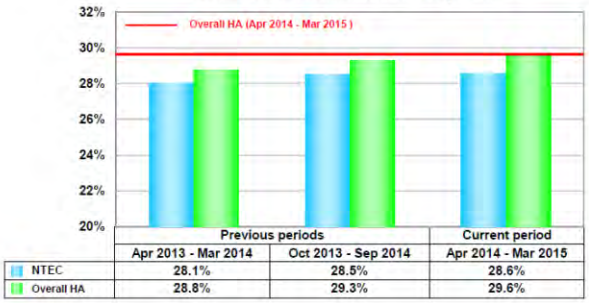
% of IVAS call-in elderly and CSSA and non-CSSA waiver patients offered with GOP appointment in 2 working days



	Previous periods		Current period
	Apr 2013 - Mar 2014	Oct 2013 - Sep 2014	Apr 2014 - Mar 2015
NTEC	96.6%	96.6%	96.7%
Overall HA	97.0%	97.1%	97.4%

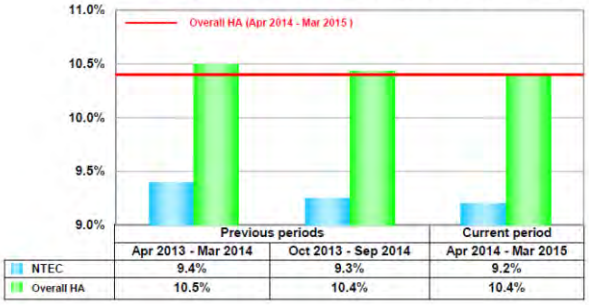
Appropriateness of care

Standardised admission rate for A&E patients



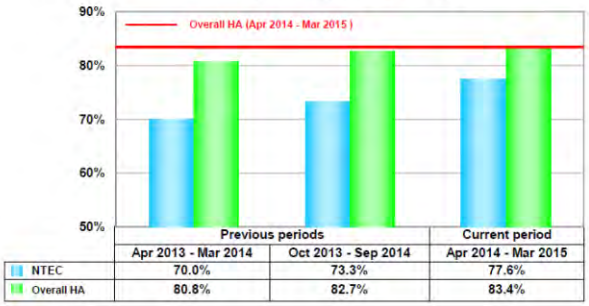
	Previous periods		Current period
	Apr 2013 - Mar 2014	Oct 2013 - Sep 2014	Apr 2014 - Mar 2015
NTEC	28.1%	28.5%	28.6%
Overall HA	28.8%	29.3%	29.6%

Unplanned readmission rate within 28 days for general inpatients



	Previous periods		Current period
	Apr 2013 - Mar 2014	Oct 2013 - Sep 2014	Apr 2014 - Mar 2015
NTEC	9.4%	9.3%	9.2%
Overall HA	10.5%	10.4%	10.4%

Breastfeeding rate on discharge



	Previous periods		Current period
	Apr 2013 - Mar 2014	Oct 2013 - Sep 2014	Apr 2014 - Mar 2015
NTEC	70.0%	73.3%	77.6%
Overall HA	80.8%	82.7%	83.4%

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 2014 - Mar 2015) (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 2014 - Mar 2015		Apr 2013 - Mar 2014	Variance
	A	B	C	D = (A - C) or (A - C) / C
Disease specific quality indicators				
Stroke				
# % of stroke patients ever treated in Acute Stroke Units (ASUs)	56.1%	68.4%	50.4%	5.7%pt
# % of acute ischaemic stroke patients received IV tPA treatment (Internal Target : ≥3%)	4.8%	4.1%		
Hip Fracture				
# % of patients indicated for surgery on hip fracture with surgery performed ≤2 days after admission through A&E (Internal Target :>70%)	65.9%	68.3%	66.1%	-0.1%pt
Cancer				
# Waiting time (day) from decision to treat (DTT) to start of radiotherapy (RT) for 90th percentile for cancer patients requiring radical RT (Internal Target : <31 days)	32	28	33	-3.0%
	(Oct 2013 - Sep 2014)		(Oct 2012 - Sep 2013)	
# Waiting time (day) at 90th percentile for patients with colorectal cancer receiving first definitive treatment after diagnosis (Internal Target : <60 days)	80	71	73	9.6%
	(Oct 2013 - Sep 2014)		(Oct 2012 - Sep 2013)	
# Waiting time (day) at 90th percentile for patients with breast cancer receiving first definitive treatment after diagnosis (Internal Target : <60 days)	71	57	65	9.2%
# Waiting time (day) at 90th percentile for patients with nasopharynx cancer receiving first definitive treatment after diagnosis (Internal Target : <60 days)	50	50	55	-9.1%
Diabetes Mellitus (DM)				
# % of DM patients with HbA1c < 7% (Internal Target : >35%)	50.0%	50.9%	47.7%	2.3%pt
Hypertension (HT)				
# % of HT patients treated in GOPC with BP < 140/90 mmHg (Internal Target : >65%)	77.6%	81.0%	75.7%	1.8%pt
Renal	(as at 31 Dec 2014) revised		(Jan - Dec 2013)	
#@ % of ESRD patients receiving HD treatment	21.9%	23.8%	22.6%	
@ No. of ESRD receiving HD treatment	230	1251	265	
Mental Health				
# Average length of stay (LOS) of acute IP care (with LOS ≤90 days) (Internal Target : ≤30 days)	32.1	31.2	29.2	9.9%
Cardiac				
# % of AMI patients prescribed with Statin at discharge (Internal Target : ≥90%)	86.9%	84.2%	82.9%	4.0%pt
# % of ST-Elevation Myocardial Infarction (STEMI) patients received primary PCI	7.8%	21.1%	10.3%	-2.5%pt

Remarks :
with graph presented

Blue > 5% above previous period

Green > 5% below previous period

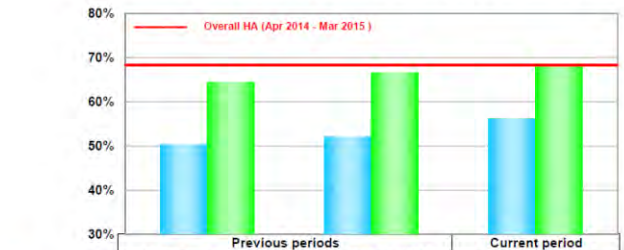
@ Due to change of definition, no direct comparison with previous period data is available.

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)

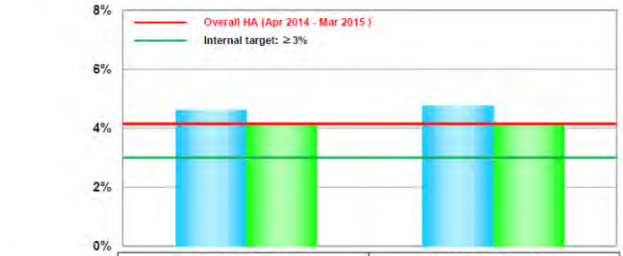
Disease specific quality indicators - Stroke

% of stroke patients ever treated in Acute Stroke Units (ASUs)



	Previous periods		Current period
	Apr 2013 - Mar 2014	Oct 2013 - Sep 2014	Apr 2014 - Mar 2015
NTEC	50.4%	52.2%	56.1%
Overall HA	64.4%	66.7%	68.4%

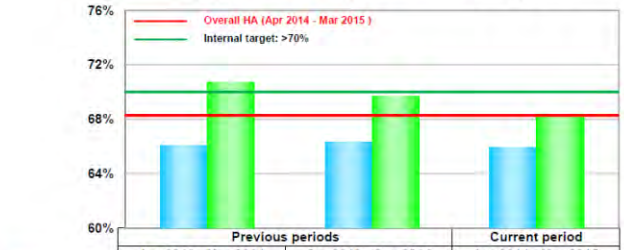
% of acute ischaemic stroke patients received IV tPA treatment



	Previous period	Current period
	Oct 2013 - Sep 2014	Apr 2014 - Mar 2015
NTEC	4.6%	4.8%
Overall HA	4.2%	4.1%

Disease specific quality indicators - Hip fracture

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



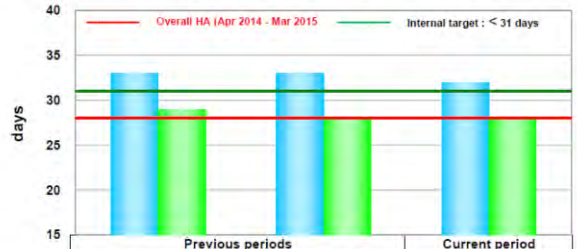
	Previous periods		Current period
	Apr 2013 - Mar 2014	Oct 2013 - Sep 2014	Apr 2014 - Mar 2015
NTEC	66.1%	66.3%	65.9%
Overall HA	70.7%	69.7%	68.3%

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)

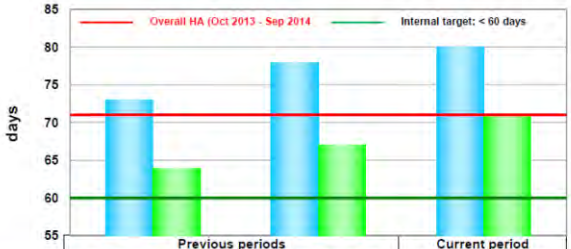
Disease specific quality indicators - Cancer

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



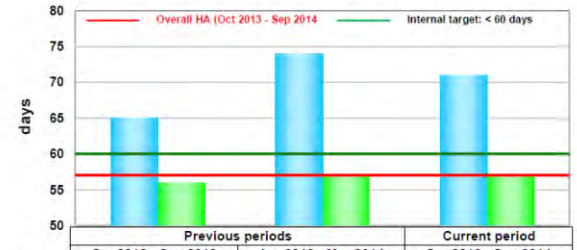
	Previous periods		Current period
	Apr 2013 - Mar 2014	Oct 2013 - Sep 2014	Apr 2014 - Mar 2015
NTEC	33	33	32
Overall HA	29	28	28

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



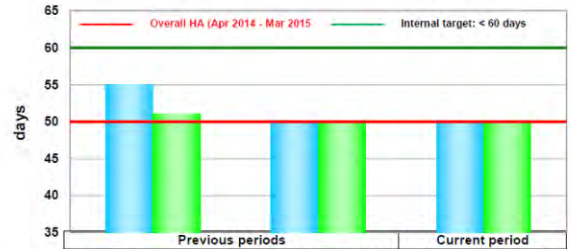
	Previous periods		Current period
	Oct 2012 - Sep 2013	Apr 2013 - Mar 2014	Oct 2013 - Sep 2014
NTEC	73	78	80
Overall HA	64	67	71

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



	Previous periods		Current period
	Oct 2012 - Sep 2013	Apr 2013 - Mar 2014	Oct 2013 - Sep 2014
NTEC	65	74	71
Overall HA	56	57	57

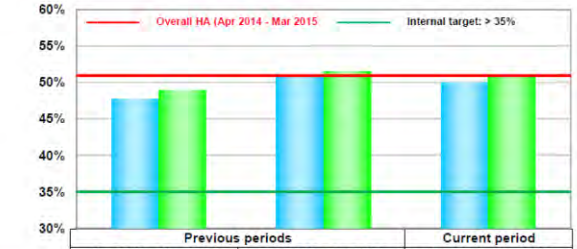
Waiting time (day) at 90th percentile for patients with nasopharynx cancer receiving first definitive treatment after diagnosis



	Previous periods		Current period
	Apr 2013 - Mar 2014	Oct 2013 - Sep 2014	Apr 2014 - Mar 2015
NTEC	55	50	50
Overall HA	51	50	50

Disease specific quality indicators - DM

% of DM patients with HbA1c < 7%



	Previous periods		Current period
	Apr 2013 - Mar 2014	Oct 2013 - Sep 2014	Apr 2014 - Mar 2015
NTEC	47.7%	50.9%	50.0%
Overall HA	48.9%	51.5%	50.9%

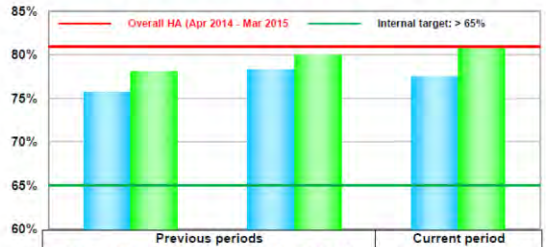
Remarks :

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 - HT

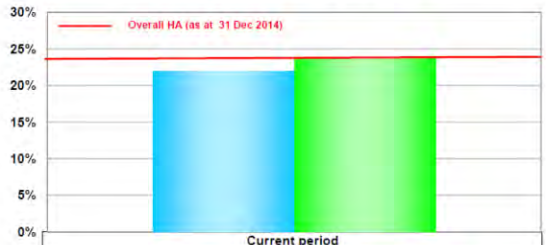
% of HT patients treated in GOPC with BP < 140/90 mmHg



	Previous periods		Current period
	Apr 2013 - Mar 2014	Oct 2013 - Sep 2014	Apr 2014 - Mar 2015
NTEC	75.7%	78.3%	77.6%
Overall HA	78.1%	80.0%	81.0%

Disease specific quality indicators - Renal

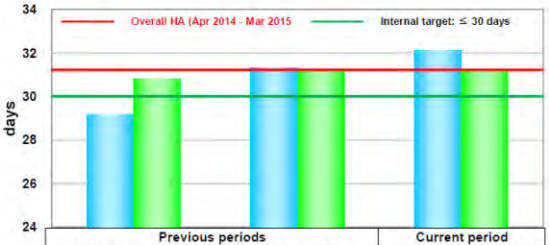
% of ESRD patients receiving HD treatment



	Current period
	as at 31 Dec 2014
NTEC	21.9%
Overall HA	23.8%

Disease specific quality indicators - Mental Health

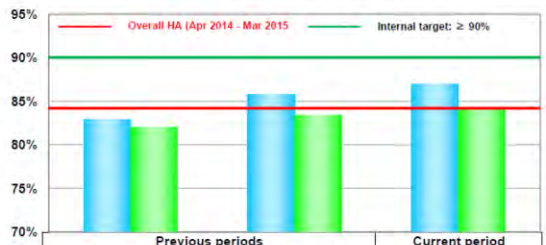
Average length of stay (LOS) of acute IP care (with LOS ≤ 90 days)



	Previous periods		Current period
	Apr 2013 - Mar 2014	Oct 2013 - Sep 2014	Apr 2014 - Mar 2015
NTEC	29.2	31.3	32.1
Overall HA	30.8	31.2	31.2

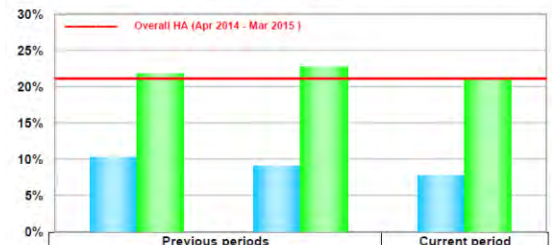
Disease specific quality indicators - Cardiac

% of AMI patients prescribed with Statin at discharge



	Previous periods		Current period
	Apr 2013 - Mar 2014	Oct 2013 - Sep 2014	Apr 2014 - Mar 2015
NTEC	82.9%	85.8%	86.9%
Overall HA	82.0%	83.4%	84.2%

% of ST-Elevation Myocardial Infarction (STEMI) patients received primary PCI



	Previous periods		Current period
	Apr 2013 - Mar 2014	Oct 2013 - Sep 2014	Apr 2014 - Mar 2015
NTEC	10.3%	9.1%	7.8%
Overall HA	21.8%	22.7%	21.1%

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 2014 - Mar 2015) (Cont'd)

Efficiency in the Use of Resources			Current period NTEC Apr 2014 - Mar 2015 A	Current period Overall HA Apr 2014 - Mar 2015 B	Previous period NTEC Apr 2013 - Mar 2014 C	Variance D = (A - C) or (A - C) / C
Bed management	*	**Bed Occupancy Rate (%) (IP Overall Mid-night)**				
		General - Acute & Convalescent (excl. PSY/MH/INF)	88.7%	87.5%	90.2%	-1.5%pt
		Mentally Ill	74.2%	71.3%	70.7%	3.5%pt
		Infirmary	77.7%	88.2%	79.8%	-2.1%pt
	#	**Overall**	**85.9%**	**85.1%**	**86.7%**	**-0.8%pt**
	*	**Average Length of Stay (days)**				
	#	General - Acute & Convalescent (excl. PSY/MH/INF)	6.1	5.7	6.3	-2.2%
		Mentally Ill	34.1	57.3	30.5	12.0%
		Infirmary	269.2	141.0	348.3	-22.7%
		Overall	**7.3**	**7.3**	**7.4**	**-1.8%**
Day surgery services	#	**Rate of day plus same day surgery for selected procedures**	**56.9%**	**55.3%**	**56.2%**	**0.7%pt**
			(Apr - Dec 2014)		(Apr - Dec 2013)	
Productivity	#	**Total WEs of acute inpatient services** [Note]	**178,914**	**1,112,948**	**174,593**	**2.5%**
	#	**Growth index for non-acute inpatient services**	**-3.0%**	**2.9%**	**-2.7%**	**-0.3%pt**
	#	**Growth index for ambulatory and community care services**	**1.3%**	**2.3%**	**1.3%**	**0.02%pt**

Note: WEs were compiled by the latest Cost Weight (CW) version 4.2.

Remarks:

\# with graph presented

* COR item

Blue > 5% above previous period

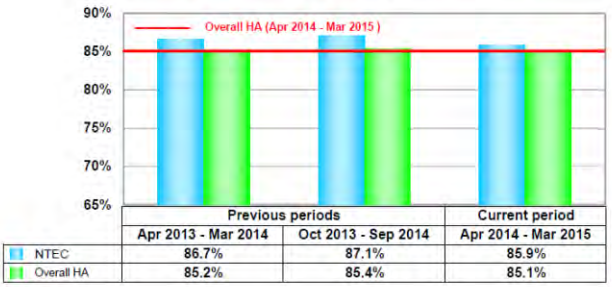
Green > 5% below previous period

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

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

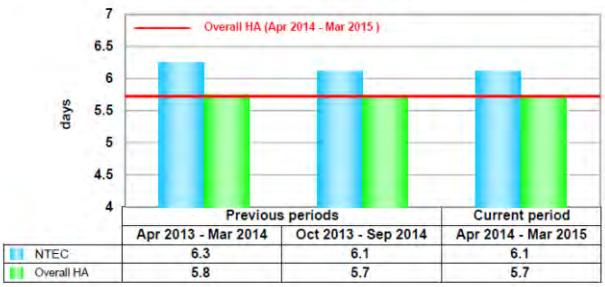
Bed management

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



	Previous periods		Current period
	Apr 2013 - Mar 2014	Oct 2013 - Sep 2014	Apr 2014 - Mar 2015
NTEC	86.7%	87.1%	85.9%
Overall HA	85.2%	85.4%	85.1%

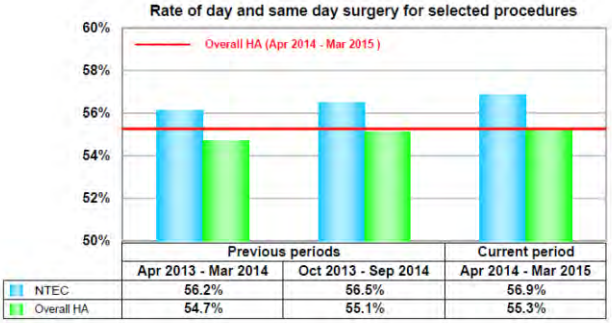
ALOS (days) - general (acute & Convalescent) (excl. PSY/MH/INF)



	Previous periods		Current period
	Apr 2013 - Mar 2014	Oct 2013 - Sep 2014	Apr 2014 - Mar 2015
NTEC	6.3	6.1	6.1
Overall HA	5.8	5.7	5.7

Day surgery services

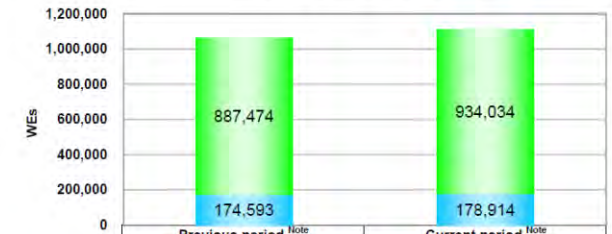
Rate of day and same day surgery for selected procedures



	Previous periods		Current period
	Apr 2013 - Mar 2014	Oct 2013 - Sep 2014	Apr 2014 - Mar 2015
NTEC	56.2%	56.5%	56.9%
Overall HA	54.7%	55.1%	55.3%

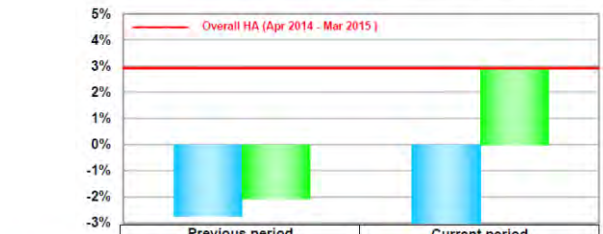
Productivity

Total WEs of acute inpatient services



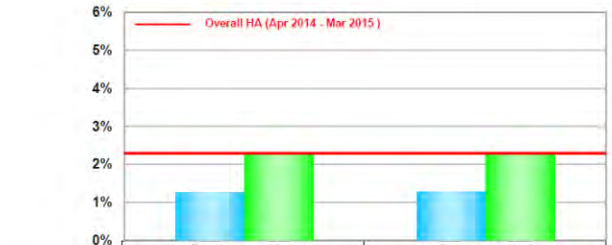
	Previous period [Note]	Current period [Note]
	Apr - Dec 2013	Apr - Dec 2014
NTEC	174,593	178,914
Sum of other clusters	887,474	934,034

Growth index for non-acute inpatient services



	Previous period	Current period
	Apr 2013 - Mar 2014	Apr 2014 - Mar 2015
NTEC	-2.7%	-3.0%
Overall HA	-2.1%	2.9%

Growth index for ambulatory and community care services

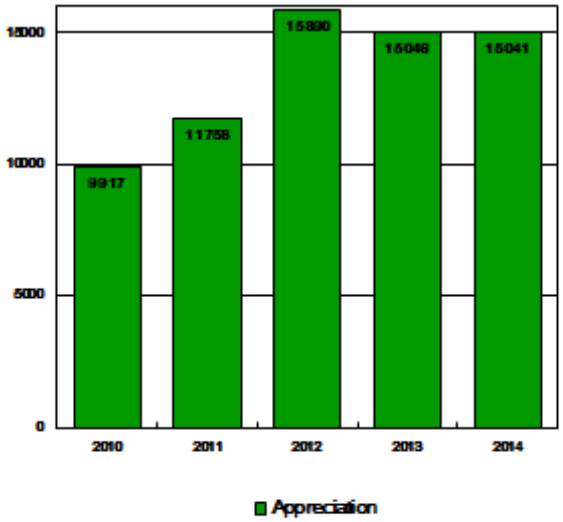


	Previous period	Current period
	Apr 2013 - Mar 2014	Apr 2014 - Mar 2015
NTEC	1.3%	1.3%
Overall HA	2.3%	2.3%

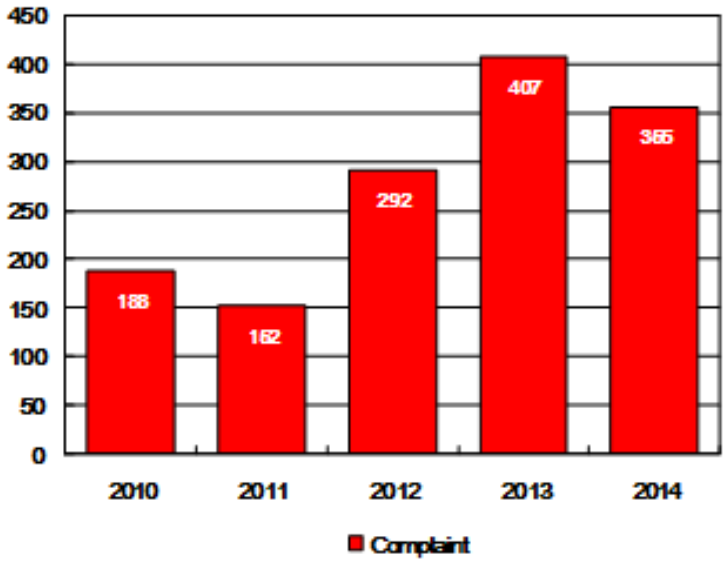
Note:
WEs were compiled by the latest Cost Weight (CW) version 4.2.
Remarks :
Not all data shown above are updated due to updated data is not available in data source (KPI website).

C. Appreciation and Complaints

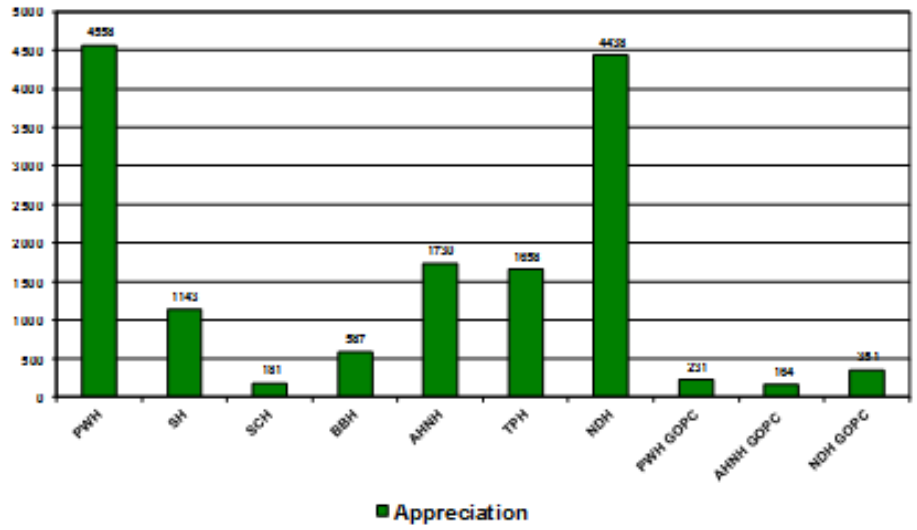
Appreciation at NTEC 2010 – 2014



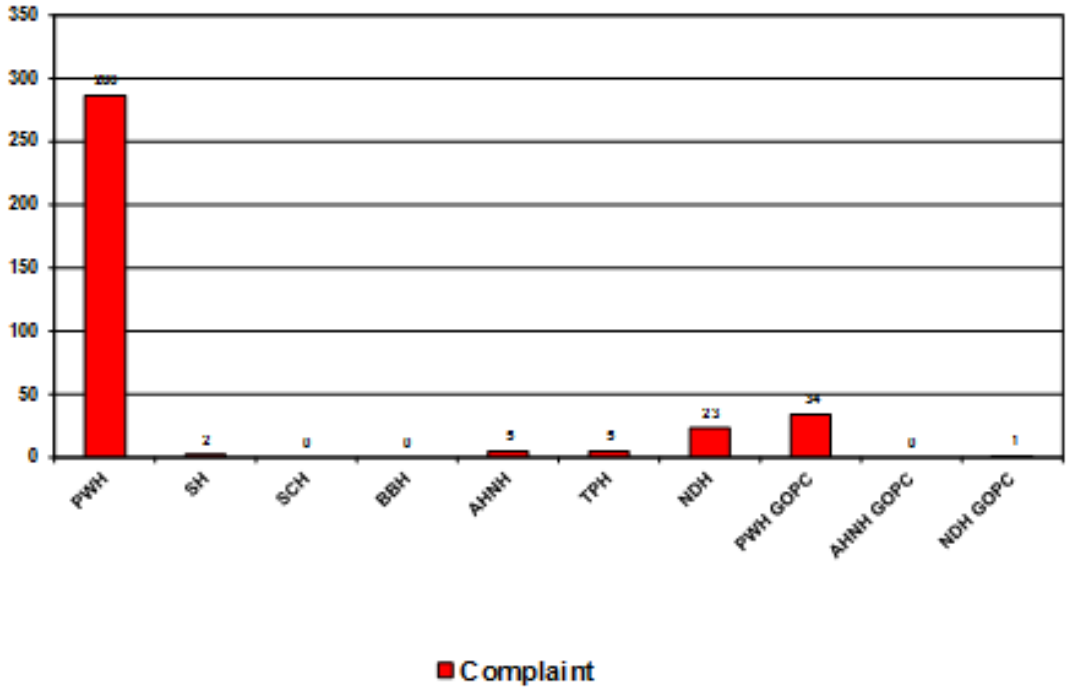
Complaints at NTEC 2010 – 2014



Appreciation at NTEC by Hospital 2014



Complaint at NTEC by Hospital 2014



D. Human Resources Report

1. Number of Full-time Equivalent (FTE) Staff as at 31.3.2015* with Comparison to 31.3.2014*

Institution	Medical		Nursing		Allied Health		Others		Total	
	As at 31.3.2014	As at 31.3.2015	As at 31.3.2014	As at 31.3.2015	As at 31.3.2014	As at 31.3.2015	As at 31.3.2014	As at 31.3.2015	As at 31.3.2014	As at 31.3.2015
AHNH	146	157	551	571	178	198	877	902	1752	1827
BBH	3	3	26	27	5	5	26	25	60	60
NDH	172	175	636	672	172	178	776	810	1756	1835
PWH	541	549	1740	1849	522	545	2175	2309	4978	5251
SCH	2	1	88	88	8	9	133	137	231	235
SH	43	42	313	314	70	74	409	418	835	848
TPH	42	40	347	364	62	72	484	477	935	953
Total	949	966	3701	3884	1017	1081	4880	5078	10548	11009

**Including Permanent, Contract and Temporary Staff*

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

Staff under cluster offices are grouped into respective hospitals according to, primarily, their normal office locations.

2. Attrition (Wastage) Rate (%) in NTEC in 2014/15 with Comparison to 2013/14 and Overall HA 2014/15

(Including resignation, retirement and completion of contract, excluding transfer and rehire without a break)

Staff Group	NTEC Attrition (Wastage) Rate (%)(Rolling 12 months **Apr 13 to Mar 14**)	NTEC Attrition (Wastage) Rate (%)(Rolling 12 months **Apr 14 to Mar 15**)	Overall HA Attrition (Wastage) Rate (%)(Rolling 12 months **Apr 14 to Mar 15**)
Medical	3.9%	4.4%	4.4%
Nursing	3.9%	4.5%	4.7%
Allied Health	3.7%	4.5%	3.8%
Mgt/Admin	14.0%	8.5%	5.4%
Supporting (care-related)	13.0%	12.7%	14.2%
Others	11.3%	13.5%	12.8%
Overall	**7.7%**	**8.5%**	**8.6%**

Including Interns & Excluding Temporary Staff & Part Time Staff

E. 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. The Cluster implemented a number of new programs totaling approximately $340 million supporting the Hospital Authority (HA) Strategic Plan.

Patient Income
Total patient income increased to $557 million (2013/14: $530 million). About 2/3 of the increase in income, i.e. $18 million, was primarily related to increase in use of self-financed items to $231 million (2013/14: $213 million). Patients opted to use self-financed drugs, which was outside clinical indication, rather than use of general drugs in HA drug formulary. Also, the 2% growth in patient activities was reflected in the increased patient income.

Expenditures
Manpower
Cluster's manpower increased from 10,250 to 10,630 in term of staff strength at end of March. Majority of the 4% increase was related to nursing and supporting staff. During the year, the Cluster had recruited 59 doctors, 275 nurses, 91 allied health professionals and along with other new intake. There were 45 doctors and 238 nurses recruited from graduate intake in 2014/15.

Drugs
Drugs expenditures increased to $861 million (2013/14: $810 million). The increase of $51 million reflected the increase in drugs cost and patient activities. Another contributing factor was the increasing trend for patients opting to use self-finance drugs.

New Territories East Cluster
Balance Sheet at 31 March 2015

	Note	2015 *HK$'000*	2014 *HK$'000*
Current Assets			
Inventories	2	**204,949**	202,258
Accounts receivable	3	**40,342**	41,042
Other receivables		**10,875**	7,407
Deposits and prepayments	4	**21,101**	23,942
Amount due from the Head Office		**432,199**	367,709
Cash and Bank	5	**44,682**	59,853
		754,148	702,211
Non-Current Assets			
Property, plant and equipment	6	**750,354**	693,201
Total Assets		**1,504,502**	1,395,412
Current Liabilities			
Creditors and accrued charges		**691,754**	630,866
Deposits received		**27,556**	33,371
		719,310	664,237
Non-Current Liabilities - Deferred income	7	**34,838**	37,974
Capital subventions and donations	8	**750,354**	693,201
Total Liabilities, Capital Subventions and Donations		**1,504,502**	1,395,412

New Territories East Cluster
Statement of Income and Expenditure for the year ended 31 March 2015

	Note	2015 *HK$'000*	2014 *HK$'000*
Income			
Recurrent Government subvention		**7,400,545**	6,858,771
Capital Government subvention		**168,887**	80,488
Hospital/clinic fees and charges		**556,613**	530,393
Transfers from:			
Designated donation fund	7	**29,006**	22,218
Capital subventions	8	**89,687**	94,999
Capital donations	8	**11,649**	15,185
Other income		**67,007**	64,672
		8,323,394	7,666,726
Expenditure			
Staff costs		**(5,894,826)**	(5,475,274)
Drugs		**(861,822)**	(810,420)
Medical supplies and equipment		**(410,815)**	(387,093)
Utilities charges		**(205,377)**	(197,581)
Repairs and maintenance		**(300,504)**	(265,104)
Building projects funded by the Government		**(168,887)**	(80,488)
Operating lease expenses - office premises and equipment		**(1,351)**	(2,407)
Depreciation and amortisation	6	**(100,659)**	(110,162)
Other operating expenses		**(374,809)**	(338,197)
		(8,319,050)	(7,666,726)
Surplus for the year		**4,344**	-

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 2015. 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.

2. Inventories

	31 March 2015	31 March 2014
	HK$'000	*HK$'000*
Drugs	**161,576**	160,460
Medical consumables	**38,353**	35,900
General consumables	**5,020**	5,898
	204,949	202,258

3. Accounts receivable

	31 March 2015	31 March 2014
	HK$'000	*HK$'000*
Bills receivable [note 3(a)]	**40,936**	43,519
Accrued income	**4,909**	4,280
	45,845	47,799
Less: Provision for doubtful debts [note 3(b)]	**5,503**	6,757
	40,342	41,042

(a) Aging analysis of bills receivable:

	31 March 2015	31 March 2014
	HK$'000	*HK$'000*
Past due by:		
0-30 days	**23,304**	16,698
31-60 days	**7,086**	6,563
61-90 days	**3,449**	6,634
Over 90 days	**7,097**	13,624
	40,936	43,519

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:

	31 March 2015 *HK$'000*	31 March 2014 *HK$'000*
At beginning of year	**6,757**	5,940
Provision for impairment of receivables	**4,510**	4,737
Uncollectible amounts written off	**(5,764)**	(3,920)
At end of year	**5,503**	6,757

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 2015 *HK$'000*	31 March 2014 *HK$'000*
Utility and other deposits	**319**	284
Prepayments to Government departments	**-**	5,087
Maintenance contracts and other prepayments	**20,782**	18,571
	21,101	23,942

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 Cluster does not hold any collateral as security.

5. Cash and Bank

	31 March 2015 HK$'000	31 March 2014 HK$'000
Cash at bank and in hand	**22,169**	37,406
Bank deposits with maturity within three months	**22,513**	22,447
	44,682	59,853

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 2014 - 31 March 2015

	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 2014	206,212	1,422,476	31,342	8,602	4,327	**1,672,959**
Additions	-	157,375	763	351	-	**158,489**
Disposals	-	(70,914)	(616)	(6,664)	(66)	**(78,260)**
At 31 March 2015	206,212	1,508,937	31,489	2,289	4,261	**1,753,188**
Accumulated depreciation and amortisation						
At 1 April 2014	72,059	873,534	21,335	8,503	4,327	**979,758**
Charge for the year	4,124	93,666	2,806	63	-	**100,659**
Disposals	-	(70,302)	(616)	(6,599)	(66)	**(77,583)**
At 31 March 2015	76,183	896,898	23,525	1,967	4,261	**1,002,834**
Net book value						
At 31 March 2015	130,029	612,039	7,964	322	-	**750,354**

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	-	-	**152,659**
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 amortisation						
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	134,153	548,942	10,007	99	-	**693,201**

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) Amortisation

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 2013	**17,973**
Additions during the year	**42,219**
Utilisation during the year	**(22,218)**
At 31 March 2014	**37,974**
Additions during the year	**25,870**
Utilisation during the year	**(29,006)**
At 31 March 2015	**34,838**

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 2013	463,043	187,683	**650,726**
Additions during the year	143,258	9,401	**152,659**
Transfers to statement of income and expenditure	(94,999)	(15,185)	**(110,184)**
At 31 March 2014	511,302	181,899	**693,201**
Additions during the year	146,479	12,010	**158,489**
Transfers to statement of income and expenditure	(89,687)	(11,649)	**(101,336)**
At 31 March 2015	568,094	182,260	**750,354**

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.

F. Staff E-polling Results on Top Ten Events of NTEC in 2014

1. Hospital staff and policemen were injured when a suspect grabbed a policeman's gun and fired several shots at the Accident and Emergency Department of NDH in September. The suspect was later subdued and arrested.

2. In view of the outbreak of Ebola and the Middle East Respiratory Syndrome, the Hospital Authority implemented measures to mitigate the risk of the diseases being spread in Hong Kong.

3. PWH launched "In-patient Medication Order Entry" (IPMOE) by phases from July 2014 to reduce medication errors.

4. The Hospital Authority launched the mobile application "TouchMed". Notifications will be sent when the medicines are ready for collection, allowing patients more flexibility in the use of the waiting time.

5. PWH celebrated the 30th Anniversary with a series of events including gala dinner, anniversary feature talk, distribution of anniversary moon cakes and a health carnival at the Shatin Park.

6. The construction of Hong Kong Children's Hospital started and is scheduled to complete in 2017. Service is expected to commence in phases from 2018.

7. The Hospital Authority launched the General Outpatient Clinic Public Private Partnership Program. Participating patients only need to pay the HA GOPC fee of HK$45 for each consultation at private clinics which have joined the program.

8. Hong Kong's first case of H7N9 since winter was announced on December 27. The Serious Response Level under the Government's Preparedness Plan for Influenza Pandemic was activated.

9. AHNH and TPH were awarded full accreditation status by the Australian Council on Healthcare Standards (ACHS).

10. The Government increased the recurrent grants for the Hospital Authority from HK$45.5 billion to HK$47.2 billion. HA will increase the number of inpatient beds by 205.


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