

NTEC Biennial Report 2016-2018

Content

- Chapter I Message from the Cluster Chief Executive
- Chapter II An Overview of Cluster Performance
- Chapter III Key Achievements of Annual Plan Targets
- Chapter IV Feature Stories
 - Building for the future
 - Working smarter and wiser
 - Teamwork, Diligence, Dedication – the ingredients for quality service
 - Engage the community for health and wellness
- Chapter V Hospitals' Reports
- Chapter VI NTEC at a Glance
- Chapter VII Appendice

I. Message from the Cluster Chief Executive

In the past two years, we have come under mounting pressure to meet escalating service demands arising mainly from the multiplying chronic conditions of a fast ageing and growing population. The pressure is shared by all specialties and is particularly felt by some.

Our multi-disciplinary teams have worked their very best to overcome this challenge. They seize every opportunity to review different work procedures, launch new protocols, collaborate with other specialties to consolidate services and reduce non-value adding steps, all in a bid to deliver more without compromising the quality of our service. As you will see in the report, their efforts have been frequently recognized not only in Hong Kong but in international communities these two years past. Their talent, resilience and above all, commitment to make sure that our service is accessible to the needy are truly praiseworthy.

Indeed, in every encounter I have had with our frontline colleagues at every level in our hospitals, I am constantly awed by the unwavering dedication and good spirits of everyone I have met. From the newly joined PCAs to the seasoned support workers on every frontline; from the highly skilled physicians and surgeons to the fresh interns; from the nurse mentors to the new graduate nurses, everyone, regardless of their role in the caring process, is prepared to give it all in improving the quality of life of the patients we serve, offering them comfort and warming relief up to the very end when medicines fail. It is my

privilege to work with all you highly skilled and compassionate individuals.

There is a long list of other people to thank too. They include our board members, donors, volunteers and the community stakeholders. They come from a diverse background and yet, each one of them has made a positive impact on us and helped us achieve our caring mission.

We are heading into an exciting time. The PWH Phase 2 Redevelopment, the North District Community Health Centre and the expansion project of the North District Hospital are well underway while the expansion of AHNH and TPH will soon be on the drawing board. Our work will make a big impact for generations to come.

I look forward to our continued success in 2019 and beyond.

Thank you again!

Dr LO Su-vui
Cluster Chief Executive
New Territories East Cluster
Hospital Authority

II. An Overview of Cluster Performance

Overview

New Territories East Cluster is the largest cluster in the Hospital Authority in terms of geographic coverage. It serves a population of 1.3 million which accounts for around 17% of the overall Hong Kong population. The demand for healthcare services in NTEC is expected to increase significantly, arising from the huge and rapid population growth and aging in the catchment districts we serve. The following is a comparison of service output between 2016/17 and 2017/18.

No. of beds: 4771(+58 beds) **3,730** General inpatient, **517** Infirmiry, **524** Psychiatric

Patient episodes: In-patient **192,971 (5.1%)**, Day patient **123,848 (+4.2%)**,

A&E attendance: **317,923 (-3.5%)**

Specialist outpatient attendance: **1,226,218 (+2.4%)**

Primary care attendance: **1,043,569 (+1.3%)**

Psychiatric day attendance: **44,969 (-2.9%)**

Home visit by community nursing service: **126,109 (percentage change within 1%)**

Outreach attendance for geriatric and psychiatric patients: **135,798 (-2%)**

Specialist outpatient services

As regard the overall urgent cases, i.e. priority 1 (P1) and priority 2 (P2) patients, the median waiting time was kept within 1 week and 4 weeks respectively. However, for routine (R) cases, despite our successful effort in increasing the throughput to clear the new cases by 4.7% from 143,155 to 149,854, the waiting time remained particularly long in a few specialties, namely Orthopaedics & Traumatology (ORT), Psychiatry (PSY) and Medicine (MED).

The long waiting time in ORT was mainly contributed by PWH's ever increasing new case bookings. PWH implemented various actions to tackle the problem. Significant improvement in shortening the waiting time was noted.

PSY specialty showed a major improvement in reducing SOP waiting time by 20% when comparing to prior year. The long waiting time mainly emanated from the Child Psychiatric outpatient clinics. The team implemented three major actions to alleviate the pressure.

A&E service

The waiting time for Category (Cat.) III patients has remained our concern. 71.5% of the triage Cat. III patients were able to receive consultation within 30 minutes and it still lagged behind HA's performance target. This was mainly contributed by PWH which took care of the highest number of trauma cases among all the trauma centres and the highest percentage of triage category III attendances in Hong Kong. The overall number of emergency and urgent (Cat. I, II, III) cases was also on the rise. To alleviate the situation, PWH has piloted a rapid assessment and treatment team in tackling the waiting time issue. Using a team approach, the team followed through the assessment, investigation and treatment procedures of Cat. III patients. The service model reduced the chance of accumulating a backlog of cases and transferring them to the next shift, hoping to shorten the waiting of patients.

Despite the service demand pressure, NTEC strived to provide quality services to our patients. We attained outstanding performance in many performance indicators. On gate-keeping, we had a lower-than-average standardized A&E admission rate of 34.2% (HA: 34.4%). Our unplanned readmission rate was kept at a low level of 9.6% (HA: 10.6%).

NTEC, especially PWH, faced great challenge in access block in the past few years. Since December 2016, PWH attained great success in mitigating the problem through a host of measures. In 1Q2018, no patients had to wait more than 12 hours for admission.

Diagnostic radiological service

Like other clusters, NTEC faces huge pressure in tackling the demand for diagnostic radiological investigations. 50% of urgent P1 cases for CT, mammogram and ultrasound could be done within 2 weeks' time. However, the 90th percentile of waiting time for routine cases for CT, MRI, mammogram and ultrasound was above 100 weeks in this period. This was mainly attributable to the ever-increasing service demand for diagnostic radiology service in the Cluster. To meet the challenge, NTEC will continue to increase service capacity through annual planning exercises.

Surgical service

In Benign Prostatic Hyperplasia (BPH) service, there was a 49.5% improvement in the percentage of P1 patients being provided with surgery within 2 months. 96.4 % of P1 patients received their surgery within 2 months while 98.8% of P2 patients received surgery in 12 months. The corresponding figures for overall HA were 90.5% and 98.3% respectively.

Cancer management service

90th percentile waiting time for patients

- receiving radical radiotherapy from decision to treat: 31 days (vs HA average: 28 days)
- with colorectal cancer receiving first treatment: 84 days (vs HA average: 77 days)
- with breast cancer receiving first treatment: 83 days (vs HA average: 61 days)

Contributing factors: Rising incidence of cancer cases and demand outweighed treatment capacity

Actions to be taken: Beef up manpower and service capacity in operation sessions and oncological treatment modalities

Cardiac service

% of ST elevation myocardial infarction patients received primary percutaneous coronary intervention (PPCI): 13.8% (vs HA average: 25.0%)

Contributing factor: Lack of PPCI service in the north side

Action to be taken: Implement 24-7 PPCI services in phases

III. Key Achievements of Annual Plan Targets

A. Allay Staff Shortage & High Turnover

1. 37 PCA IIAs in support of 24-hour services in wards were appointed in the annual progression exercise.
2. A total of 7 Associate Consultants were appointed in 2016/17 to enhance promotion opportunities for Residents to Associate Consultants.

B. Better Manage Growing Service Demand

3. Increased service capacity by opening additional 75 medical beds, 20 surgical beds, 12 orthopedic beds and 13 day beds across NTEC in 2016/18.
4. One echo nurse was recruited and trained to strengthen cardiac care.

5. Increased mechanical care capacity with the provision of non-invasive/mechanical ventilation care for 2 patients in AHNH within a designated ward.
6. Enhanced the capacity of renal replacement therapy for patients with end-stage renal disease and strengthen renal day services with the opening of a new service centre for peritoneal dialysis (PD) at NDH, the provision of home APD treatment to 12 additional patients, the provision of PD service to 50 new patients and hospital haemodialysis to 13 additional patients in 2016/18.
7. 3 A&Es had provided over 3100 hours of support sessions to handle the Triage IV and V cases.
8. Strengthened the emergency surgical services in AHNH with the addition of 5 emergency OT sessions in October 2016. There is a total of 10 emergency OT sessions starting from 3 October 2017.
9. Enhanced the perioperative anaesthetic service in PWH with the provision of 5 additional sessions for sedation service outside OT in October 2016. A total of 529 patients received monitored anaesthetic care outside OT as at 31 Mar 2017.
10. Renovation of the Endoscopy Centre in PWH was completed on 6 October 2017 and 240 sessions were added at PWH by 1Q18.
11. Enhanced radiological imaging services with the commencement of MRI service in AHNH, providing a total of 564 attendances in the first 3 months of 2017. 515 additional MRI scans had been done at PWH in 2017/18.
12. AHNH started 24-hour pharmacy service on 13 February 2017.
13. Increased GOPC quota with the addition of 8,250 attendances and 16,500 attendances in 2016/17 and 2017/18 respectively.
14. GID Clinic in PWH commenced service on 3 October 2016.
15. Implemented an early physiotherapy intervention and a 6-week pain management programme in the outpatient setting in 2016-17 to enhance the multi-disciplinary care for patients with chronic pain.

C. Ensure Service Quality & Safety

16. IPMOE system has been implemented in AHNH, NDH and PWH to support clinical workflow and reduce errors in medication prescription and transcription.
17. A total of 10,703 laboratory tests had been performed for hepatitis B in cancer patients.

D. Enhance Partnership with Patients & Community

18. Streamlined the enquiry services at AHNH SOPC with the set-up of a phone enquiry system in 2017.

E. Improve Service Quality

19. Extended rehabilitation services to cover weekends and public holidays for patients with stroke, lower limb fracture and arthroplasty. There were 2,873 and 1,577 additional physiotherapy and occupational therapy attendances in 2017/18.
20. 439 hip fracture patients had been managed through an ortho-geriatric collaborative care model at AHNH & TPH as at 31 March 2018.
21. A medical-social collaboration platform has been set up in the respective participating District Elderly Community Centres (DECCs) in NTEC to provide nursing support for dementia patients.
22. By 1Q18, a total of 2,089 FMSC attendances and 4,118 AH outpatient attendances were provided under a collaborative O&T and FM service model.
23. A medical-social collaborative programme with NGOs was piloted in January 2018 to provide

assessment, discharge planning and post-discharge rehabilitation service for elderly patients in the community.

24. Screening tests for the diagnosis of Inborn Errors of Metabolism (IEM) among newborns were implemented in PWH on 1 October 2017.

25. PWH set up the nurse infertility clinic to enhance IVF service in 3Q 2017.

F. Optimise Demand Management

26. 1,650 additional optical coherence tomography scans for glaucoma patients were performed in 2017/18.

27. Enhanced the multi-disciplinary team support for patients with common mental disorder in SOPC with the addition of 627 new case attendances.

28. 2 gazetted wards in TPH were opened on 13 November 2017 to decongest the acute psychiatric wards.

29. Additional 1,873 attendances of external radiation therapy for cancer patients had been provided by 1Q18.

30. 1,926 patients had participated in the General Outpatient Clinic Public Private Partnership Programme by 1Q18.

G. Enhance Staff Training & Development

31. A total of 27 classes of mandatory orientation programme for doctors were conducted. 11 APNs were recruited as part-time

32. Preceptors to support the Preceptorship Scheme for junior nurses.

33. Formal resuscitation training for 250 personnel was provided.

IV. Feature Stories

Building for the future

2016-2018 were milestone years for many of the NTEC hospitals. In 2016, SH and SCH celebrated their silver jubilees. In 2017, the Alice Ho Miu Ling Nethersole Hospital celebrated 130 years of service to the people of Hong Kong and 20th anniversary of relocating to Taipo. In 2018, TPH and NDH, the younger members of the Cluster, celebrated their 20th birthdays.

10-Year Hospital Development Plan

While we reflected on our past, we have our eyes set to the future as we embarked on the journey to undertake three long-term expansion projects, namely PWH Phase II (stage 1) Redevelopment, the North District Community Health Centre and NDH Expansion Project proposed in the First 10-Year Hospital Development Plan in the 2016 Policy Address. PWH kick-started the process in 2017 with the setting up of a Planning and Commissioning Team; Another one is being planned for NDH. To alleviate the bed capacity pressure in the short and mid-term, the cluster hospitals continued to increase the bed capacity steadily and in a well-planned manner. In 2016-2018, 81 medical beds, 20 surgical beds, 12 orthopedic beds and 7 ophthalmic beds have been added across NTEC.

Major renovation and new facilities

Apart from the addition of beds, a number of major renovation projects have also been undertaken to tie

with service need and technological advances. The Endoscopic Centre at PWH is one of 17 WEO Centres of Excellence worldwide and the only training unit in Hong Kong recognised by the World Endoscopy Organization. The service has been relocated to a new site in 2018. The number of consultation rooms has increased from five to eight and are equipped with more up-to-date hardware.

Thanks are due to The Hong Kong Jockey Club Charities Trust for their generous donation of HK\$39.9 million to build the Tai Po Hospital Jockey Club Integrated Psychiatric Rehabilitation Centre. Within a year after the opening in April 2017, the centre has provided an improved therapeutic environment and quality rehabilitation training for 11,852 psychiatric in-patients.

At the North District Hospital, a mammogram prone biopsy table machine was installed in 2017. It integrates different modalities of scans into a comprehensive imaging suite, enhancing workflow and patient care.

The operating theatres in the C4 Day Integrated Centre at the Alice Ho Miu Ling Nethersole Hospital have also been upgraded from a local anesthetic to a general anesthetic suite in 2016 to facilitate the return of emergency surgical service, following the recommendation of the Cluster Clinical Services Plan.

To build sustainability

With a vision for long-term sustainability, the Alice Ho Miu Ling Nethersole Hospital installed a Combined Heat and Power Generating System which uses renewable landfill gas to generate electricity and hot water. Carried out in collaboration with China Gas Company Limited and EMSD, this was the first project of its kind undertaken in a public hospital. The new power plant is expected to reduce the hospital annual carbon emission by a whopping 2,000 tons p.a., which equals 12% of the hospital's overall electricity consumption.

Management restructuring

And to address the challenges arising from rising demands of care for the ageing population as well as changes in inter-professional delivery models, the hospital committee structure and management of both the clinical and administrative services of Bradbury Hospice, Shatin Cheshire Home and Shatin Hospital were streamlined to function as one single team to build synergy for better patient care.

What the NTEC hospitals have achieved so far have laid a solid foundation for continued progress and development in the years to come.

Working smarter and wiser

In the face of escalating service demand and heightened patient expectation, healthcare institutions have to constantly brainstorm ways to improve clinical efficiency and optimize patient flow with the subsequent impact of increasing patient satisfaction and achieving better quality. In this regard, NTEC has been developing a suite of information technology services and re-engineering various workflows to make care more streamlined and efficient, allowing staff to focus more on patients, less on procedures.

Mobile health apps and smart kiosks

Evidence has shown that digital health has made a positive impact on clinical efficiency, data accuracy, service accessibility and patients' experience. NTEC has been at the forefront in exploring and adopting digital innovations. Significant inroads have been made in 2016-18.

The patient apps “NTEC Stoma Care” and “NTEC DM Care” were successfully rolled out in 2017, with the former targeting patients who have to care for their stoma bags after surgeries and the latter for patients having the need to monitor their diabetes conditions at home. Designed by frontline clinicians, they have been well received by patients with an aggregate number of downloads of over 64,000 as at 31.3.2018. The pathfinding app “PWH easyGo”, which helps patients and visitors navigate among different hospital departments in PWH, won the mobile app stream triple gold award for 2016-18 in the Web Accessibility Recognition Scheme organized by the Government Chief Information Officer and the Equal Opportunities Commission to recognize its barrier free design.

The need of those without mobile phones has not been overlooked. A PWH EasyGo smart kiosk was set up in the hospital entrance in 2017. In the same year, OTPLUS, an information kiosk allowing patients’ relatives to track the operation progress by simply scanning the patient’s barcode, was set up on the operating theatres floor at PWH, allowing patients’ relatives to make enquiries anytime to relieve their anxiety and strain.

Digital solutions to improve service operations

The Inpatient Medication Order Entry System (IPMOE), which enables different healthcare professionals involved in the prescription, dispensing and administration of drugs to do their work via a shared digital platform to reduce errors, was rolled out to NDH and AHNH in 2016 and to the convalescent hospitals in 2018, making the Cluster the first in HA to uniformly implement the system across all its sites.

To facilitate internal communication and information sharing, NTEC kicked off a number of e-platforms including the photo-sharing site “CCE Corner”, the user-generated training information portal “iConT”, and the online one-stop shop on community resources for patients –“EasyLink”, with the latter two providing smart yet personalized solutions to day-to-day operation problems.

Revisiting patient care workflows

Workflows and clinical processes have been constantly scrutinized to achieve better quality and patient satisfaction. Of note is the introduction of a revised ward-round system in SCH, whose residents will receive full assessment monthly with documentations made in the shared Clinical Management System (CMS) platform for the regular review of the team starting from July 2017 and supported by a combined call team of SH and SCH outside office hours.

Nurturing a work smart culture

Hospitals need employees’ buy-in to implement new workflows, systems and practices. To ingrain a work smart culture in NTEC, the Cluster’s Quality and Safety Division continued with its momentum to implement the WISER movement in 2016-18. In 2017, NTEC black belt lean trainers were invited to organize the first in-house Lean Leader Course. 35 healthcare professionals had completed their projects under the guidance of local facilitators who offered them with “down-to-earth” guidance. In tandem, the annual quality forum for 2017 was themed on “WE Work WISER”. The course continued in 2018.

Teamwork, Diligence, Dedication – the ingredients for quality service

Quality and safety has always been the top concern for the Cluster management. In 2016-2018, huge amount of work has been done to ensure that quality patient care is accessible to those who need it. This included constant service re-engineering, introducing enhanced standards and protocols, continuous education and training and encouraging service innovation and technology adoption, among others. It

comes as a joy to all of us that the ingenuity, diligence and dedication of our different care teams has been duly recognised by the local and international communities.

We are a Team

Access Block (the wait for admission from the hospital emergency departments) has been a long-standing issue plaguing many acute hospitals and PWH is a most typical case in point. The hospital's capacity growth simply could not catch up with the rate of population growth and ageing. In the last two years, the hospital mounted an all-out effort to combat the surge in workload during the summer and winter influenza outbreaks so that patients could get admitted as early as feasible. Two key programmes, namely "Geriatricians at the Hospital Front Door" and "FLU Programme", have been successfully rolled out at PWH AED to cut down un-necessary admission. The coverage of discharge lounge has extended to the surgical wards to further optimize patient flow. The bed situation is monitored daily so that timely intervention can be given when it is required. The high vigilance and multi-faceted response strategies have borne fruits. Currently no patients need to wait longer than 12 hours for a bed and the average wait is less than four hours most of the time. The tremendous team efforts have been recognized in the hospital receiving the Spirit in Nursing (Team Award) at a competition organized by a local media to recognize exemplary role models in the healthcare industry.

An inquiring mind

Connecting tubing, catheters, and syringes to patients is a high-volume caring procedure. Erroneous connection can easily result in delivering medication to the wrong route causing serious patient harm. NDH has implemented a series of innovative strategies to reinforce the importance of "tracing the tubing back to its origin" to prevent misconnection errors. With top-down support and wide staff engagement, the programme has been well embraced and it received an Excellence Award in Nursing Excellence Category in Asian Hospital Management Awards 2017. On the same occasion, the programme "A New Clinical Pathway for Oncology Patients at Risk of Neutropenic Sepsis", a patient workflow re-engineering programme initiated by Ms Suzanne Mak, Nurse Consultant of PWH, has also won an Excellence Award in the category of Patient Safety Project for its achievement in significantly reducing the critical mean door-to-antibiotic time for patients, preventing them from the risk of developing sepsis.

The sight of long queues at pharmacies is a headache not only for patients but also the staff. PWH Pharmacy spent time to analyse the hundreds of thousands of work orders and review the workflow process to seek fundamental change. An Express Queue was introduced in 2016 catering to those who need just one single drug item. In the end, the waiting situation for all patients has improved, achieving win-win for all. The programme was a 2017 HA Outstanding Team Award winner.

Ingenuous process remapping has underscored the success of another outstanding team. With streamlined pre-operative preparation, AHNH orthopaedic patients receiving knee replacement can now be admitted, operated upon and discharged on the same day, reducing unnecessary hospital stay. The programme won the Best Project the Cluster's Quality and safety Forum in 2017 as well as other accolades in local academic circle.

Striving for the best

Patients at different stages of the disease are entitled to quality care. Using a holistic approach, Shatin Hospital has been putting patients at its focus throughout the patient journey. Emphasis has been put continually on installing elderly-friendly facilities and innovative rehabilitation set-up, respecting patients' autonomy and dignity and supporting the discharged elderlies and their carers. And in 2017, it extended

rehabilitation training to every day of the year, the first of its kind in public hospitals. The Hospital was shortlisted as a finalist for the Best Geriatric Healthcare Operator in the 5th Asia Pacific Eldercare Innovation Awards 2017. The end-of-life programme also won the 2018 HA Outstanding Team award.

Quality and safety is the inherent demand of the job of all healthcare workers. The Cluster pledges its commitment to make safety, patient-centredness, timeliness, and equity the priority in the service we provide.

Engage the community for health and wellness

Hospitals are an integral part of the community they serve. This can be perfectly demonstrated by a wide variety of projects that hospitals in NTEC have held over the past two years, extending their caring spirit not only to patients but the community-at-large.

Community well-being

Good air and a clean earth are central to the community health and well-being. In the past two years, a wide range of green initiatives have been launched to instill eco-awareness among NTEC staff and to have eco-friendly work practices and infrastructures built into the system. These efforts have been recognized with the Cluster being awarded the “Diamond” category of the FoodNever Programme organized by the Hong Kong Women Professionals & Entrepreneurs Association (HKWPEA) in collaboration with the Hong Kong Productivity Council (HKPC) in 2017, in recognition of its commitment and achievement in actively adopting Food Life Cycle Management to reduce food waste.

The gifts of life

Members of the Cluster have taken to hearts the needs of the sick and dying within and beyond the hospital walls. In the last two years, they have given blood 894 times in both the staff donation campaigns and in community blood taking centres, which earned the Cluster the second-runner up award in the Staff Blood Donation Campaign organised by the Hong Kong Red Cross for two years in a row. The need of patients waiting for organ transplant is equally dire. The view of traditional Chinese culture on the preservation of an intact body is a significant limiting factor. To help change mindset, the North District Hospital set up 13 promotion booths in a campaign held in 2016 with over 800 donation forms collected, which was an astounding success. In tandem, the Prince of Wales Hospital launched the School Health Ambassador Project, which recruited students to help promote organ donations in the hospital and their respective schools, hoping to plant a seed of giving in the younger community.

The seasonal influenza surges in the recent years have resulted in high hospitalization and the mortality rate has been an area for concern. The Cluster encourages all hospitals to develop, implement and monitor a workforce vaccination programme to ensure we can build up herd immunity to protect the weakest and most vulnerable groups of patients. With strenuous efforts, the vaccination programme in 2017/18 has registered a record of close to 50% vaccination rate with over 60 % of the doctors participating.

Community in-reach

The community has reciprocated the goodwill plentifully. In 2017, the North District Hospital Charitable Foundation organised a Charity Walk at the Hong Kong Golf Club. The walk attracted a record 1,400 participants and raised HK 2.2 million, while the Prince of Wales Hospital Charitable Foundation launched a multimedia fundraising pitch in 2018, yielding HK 4 million for three patient projects.

The community has also contributed to the hospital work through volunteering. NTEC has a strong and committed team of volunteers with the leading number of dedicated service hours recorded both in 2016 and 2017. Not only do the volunteers participate in routine volunteer services, they actively take part in the promotion of new services, surveys as well as user testing for various new service apps and information kiosks. A new Volunteer Service Management System was set up in 2017 to achieve greater efficiency and accuracy in recording volunteer service data.

Deepening the Ties

Two more stakeholder platforms were set up in 2018 in the forms of the Community Liaison Group for PWH Phase II Redevelopment and the Community Relations Committee of AHNH/TPH, both of which are expected to further deepen the ties between the hospitals and the stakeholders in aligning the mission towards future development.

We wholeheartedly thank all our community stakeholders for their support.

V. Hospitals' Reports

Alice Ho Miu Ling Nethersole Hospital (AHNH)

2017 was a banner year for AHNH, which celebrated her 130th anniversary and 20th year of relocation to Tai Po. The healing mission lives on as passionately as ever, bracing challenges arisen from an ageing population, increasing prevalence of chronic diseases and rising public expectations.

- The operating theatre (OT) facilities in C4 Day Integrated Centre were enhanced with support from the Alice Ho Miu Ling Nethersole Charity Foundation. Major improvements include conversion of local anesthetic setting to a general anesthetic (GA) one, the installation of new equipment for the GA theatre, as well as the enhancement of infection control measures.
- The Inpatient Medication Order Entry System (IPMOE), which links up inpatient prescribing, drug administration and pharmacy dispensing modules, was launched. Clinical workflow efficiency and medication safety has been enhanced as a result.

Bradbury Hospice (BBH)

BBH was the first independent hospice in Hong Kong to provide specialist hospice care for terminally-ill patients. It not only provides medical and nursing care to relieve pain, but also looks after the emotional and spiritual needs of patients and families as well as to train and promote the concept of palliative care among the healthcare and general communities.

- “Handbook on Symptom Control” as well as educational videos titled “Pain Control & Knowledge on Medications”, “Facilitating Discharge”, “Advance Care Planning” and “Coping at Home” were produced to enhance the knowledge and skills of the public.
- Mortuary service was enhanced in December 2016 with the mortuary attendants from BBH and SH teaming up to provide 365-day mortuary service for both hospitals and SCH.
- “Patient Empowerment Board” project was implemented to strengthen patient and family engagement as well as staff-client communication.

North District Hospital (NDH)

Marking her 20th anniversary in 2018, NDH continues to roll out service improvement initiatives at various fronts. While the hospital started to plan for her expansion project with the formulation of a master development plan, an additional 20 convalescent beds were added in 2017 to relieve demand pressure for medical beds.

- Operating Theatre 5 was refurbished into a minimally invasive surgery suite incorporating endoscopic equipment into the laparoscopic tower.
- The Phone Enquiry Office of the Specialist Outpatient Clinics commenced service in 2018.
- Breast Imaging Unit was renovated and equipped with a new mammogram prone biopsy table machine in 2017, integrating various modalities into one comprehensive and all-purpose imaging suite.
- Intensive Care Unit launched the “Early Mobilisation Programme”, a structured assessment tool and exercise programme to improve patients’ morale and timely mobilization.
- A basic life support (BLS) provider training site was established in 2017 to enhance training opportunities for NDH and NTEC nursing and allied health staff.

Prince of Wales Hospital (PWH)

2016-2018 has been another challenging period for PWH. The growing and ageing population in the community has given rise to increasing demand for nearly every aspect of patient service. Despite the measure of the challenge, PWH has rolled out various strategies, successfully keeping the waiting time for admission to wards to under 12 hours and oftentimes under four hours. 2017 also heralded an exciting new chapter for the hospital as the hospital phase II redevelopment project officially kicked off.

- A Centralized Gender Identity Disorder Clinic was set up in October 2016. The clinic provides one-stop and multi-disciplinary assessment and follow-up care for GID patients territory-wide.
- 25 medical inpatient beds and 7 day beds in the Department of Ophthalmology & Visual Sciences were added in 2016/17. In 17/18, another 20 surgical beds and 6 day beds were added in the Haemodialysis and Renal Transplant Centre.
- The new endoscopy centre commenced service in February 2018. With the increase of consultation rooms from five to eight, the centre is able to provide 10 additional sessions.
- A multitude of response measures were implemented to alleviate the demand pressure on medical beds during the summer and winter surge, including, inter alia, the FLU programme in which suitable AED patients with influenza symptoms were given alternative treatment pathways to hospital admission.
- The “E-FILL” drug refill pilot programme, under which pharmacists will be on hand to review at regular intervals the drugs for high-risk elderly outpatients, started in December 2017.

Cheshire Home, Shatin (SCH)

Celebrating her silver jubilee in 2016, Cheshire Home (SCH) continues to provide quality extended care and rehabilitation services to persons with temporary or permanent physical disabilities, with its dedicated team of staff from various departments, including Medical, Nursing, Physiotherapy, Occupational Therapy, Medical Social Services, Speech Therapy, Dietetics and Speech Therapy.

- A clinical service model was implemented in three wards starting from July 2017 and gradually extended to all wards and chalets in January 2018. And a combined call team of SH and SCH was set up to provide necessary medical support for the residents outside office hours.
- A suite of enhanced infection control initiatives including the installation of auto-sensor taps for wards and the setting up stainless frame with sliding doors were installed in the catering department.
- Advance Care Planning (ACP) was reinforced with options provided to patients on end-of-life care and tailored support to their family members. Comfort Room was set up to provide home-like and comfortable environment.
- More than half of the SCH staff, the highest record across HA hospitals, took part in the 2017/18 Seasonal Influenza Vaccination Campaign.

Shatin Hospital (SH)

Shatin Hospital (SH), which celebrated her 25th birthday in 2016, provides convalescent, rehabilitation and psychiatric in-patient services as well as offers specialist geriatric and palliative care service in both in-patient and day hospital settings.

- The '365-day stroke rehabilitation programme' was introduced in October 2017 to offer allied health training for stroke patients and education to their carers on weekend and public holidays.
- The Inpatient Medication Order Entry (IPMOE) system was successfully rolled out, the first of such kind in a HA rehabilitation hospital.
- The external façade of the hospital was refurbished in 2017 under the Dress-up Hong Kong Project. Planned maintenance of several medical wards was also completed with increased bed capacity and more elderly-friendly features.
- Replacement of the integrated telecommunication systems was carried out in 2018, incorporating the private automatic branch exchange (PABX) changeover as well as replacing the use of pagers with mobile phones.

Tai Po Hospital (TPH)

On celebrating the 20th anniversary in 2018, TPH has made significant achievement in the improvement of her infrastructure and facilities with the generous support from The Hong Kong Jockey Club Charities Trust.

- The Tai Po Hospital Jockey Club Integrated Psychiatric Rehabilitation Centre was built, fitted out and

equipped with a generous donation of HK 39.9 million from The Hong Kong Jockey Club Charities Trust in April 2017. The Centre provides a better therapeutic environment for psychiatric in-patients to undergo well-suited and quality rehabilitation training, facilitating the patients to re-integrate into the community. As at 31 March 2018, 11,852 attendances were recorded.

- Physiotherapy rehabilitation service has been extended since 1 October 2017 to weekends and public holidays for elderly hip fracture patients to maximize their rehabilitation and functional recovery. 2,300 attendances had been recorded as at 31 March 2018. The extended service will be rolled out to stroke patients in October 2018.

VI. NTEC at a Glance

No. of hospitals:

2016/17: 7

2017/18: 7

No. of GOPCs:

2016/17: 10

2017/18: 10

No. of A&E attendances (1):

2016/17: 385,432

2017/18: 371,923

No. of SOP attendances (2):

2016/17: 1,197,841

2017/18: 1,226,218

No. of GOP attendances (3):

2016/17: 972,454

2017/18: 983,997

No. of hospitals beds (as at period end):

2016/17: 4,713

2017/18: 4,771

No. of live births:

2016/17: 7,414

2017/18: 6,742

No. of inpatient discharges & deaths:

2016/17: 183,599

2017/18: 192,971

No. of day patient discharges & deaths:

2016/17: 118,828

2017/18: 123,848

Population of catchment districts (Sha Tin, North & Tai Po) (4):

2016/17: 1,279,000 (mid-2016)

2017/18: 1,305,400 (mid-2017)

Full-time equivalent staff:

2016/17: 11,822

2017/18: 12,227

Appreciation:

2016/17: 14,277

2017/18: 15,669

Enquiries, feedback and complaints:

2016/17: 6,401

2017/18: 6,984

Remarks:

(1) Including A&E first attendance + A&E follow-up attendances

(2) Including SOP attendances and attendance in Nurse Clinics in SOPCs

(3) Including GOP attendances by doctor/nurse, IMHP attendances by doctor/nurse and attendances generated under Healthcare Reform Initiative (HRI) programmes

(4) Source: Census and Statistics Department and Planning Department