

NTEC Biennial Report 2018-2020

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I. Message from the Cluster Chief Executive

The privilege of working in hospitals is to be able to witness, at close quarters, how efforts of the individuals and teams combined can make a real difference in people's lives. In the last four years, I have seen individuals and teams bracing all odds to provide compassionate and quality services that put patients at the focus. I can proudly say that what they have achieved has compared well with the best in Hong Kong and worldwide. In the last two years alone, the Cluster has snapped up a record number of outstanding staff and team awards as well as international mentions for our exemplary achievements in stroke, fetal medicines, geriatrics, replantation surgery, lung cancer, central sterilization, nursing engagement, restraint-free practices, eliminating Accident & Emergency Department access block and many more. These achievements highlight the deeply-entrenched professional spirit, resilience, dynamism and compassion that define the NTEC Community.

And it is such qualities which carried us through when the pandemic struck at the beginning of 2020. Despite the looming uncertainties, our clinical teams responded courageously to the call of duty, and all other teams took immediate steps to stand behind them in support. Many colleagues have been going the extra mile to ramp up their output and capacity, just to ensure that our patients and fellow colleagues are protected and safe and that we can beat the pandemic together. The strengths, resilience, selfless sacrifice and compassion around us have been extraordinary and awe-inspiring. I shall forever remember our camaraderie at this difficult time.

Despite the difficult challenges, one of the silver linings of the pandemic is that it also gives

us an opportunity to reflect on who we are and what we have signed up for. With what I have seen and experienced in the past four years, I have every confidence that the NTEC caring legacy, which we are so proud of, will emerge stronger when the storm has passed. I sincerely thank all of you for the great time and wonderful moments we have shared. Please continue with your great efforts in making a positive difference in the lives of the patients we serve.

With all good wishes,

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 18% of the overall Hong Kong population. The demand for healthcare services in NTEC has been constantly on the rise due to population growth and ageing in the catchment districts we serve.

This notwithstanding, there has been a notable reduction in 2019/20 in the volume of activities and throughput across a wide range of services provided by the Cluster, including inpatient, outpatient, day hospital, community and outreach services as a result of the social distancing and the reduction of activities due to the COVID-19 pandemic.

To counteract the impact of COVID-19, we have adjusted our service model where practicable to continue to serve patients using alternative delivery models, including tele-psychiatric consultation and patients home exercise videos, though these activities may not be fully captured under the current COR / KPI reporting.

The following is a comparison of service output between 2018/19 and 2019/20.

No. of beds: 4,927 + 67 beds General (acute and convalescent) 3,886, Infirmary 517, Psychiatric 524

Patient episodes: In-patient 181,100(-5.2%), Day patient 124,319(-2.7%), A&E attendance 334,359(-6.2%)
Specialist outpatient attendance 1,227,981(-4.2%)
Primary care attendance 1,048,512(-4.3%)
Psychiatric day attendance 38,673 (-16.9%)
Home visits by community nursing service 130,755(+3.0%)
Geriatric outreach attendances 82,270(+0.4%)

Specialist outpatient services

As regards the overall urgent cases, i.e. Priority 1 (P1) and Priority 2 (P2) patients, the median waiting time was kept within 1 week and 5 weeks respectively. Among all specialties, Psychiatry (PSY), Orthopaedics & Traumatology (ORT) and Medicine (MED) recorded a waiting time of 100 weeks or more, though the former two already witnessed a marked reduction in waiting time in 2018-2020.

For routine (stable) cases, we have increased the throughput to clear the new cases by 5.6% from 149,854 in 2017/18 to 158,291 in 2018/19. This was achieved by increasing quota and clinic sessions with the help of additional manpower including full-time and part-time doctors, as well as experienced doctors recruited from the Special Retired & Rehire Scheme.

The number of first attendances seen per doctor in NTEC has consistently outperformed Overall HA in major specialties. A number of nurse-led clinics have been set up to help lengthen the follow-up duration in doctor-led clinics and thus relieve doctor manpower. As a result, the 90th percentile of routine cases' waiting time has been maintained below or comparable to Overall HA even though the volume of new case referrals kept increasing.

The waiting time for Category (Cat.) III patients continued to be a long-term concern. In 2019/20, 69.5% of the Cat. III patients were able to receive consultation within 30 minutes, but it still persistently lagged behind HA's performance target. This was mainly contributed by PWH which took care of the highest number of trauma cases among all trauma centres in Hong Kong. The overall number of critical and emergency (Cat. I, II) cases was also on the rise. To alleviate the situation, PWH has commenced the Cat. III designated team since 2019/20. The percentage of Cat. III patients seen within target waiting time has improved by 2.9 percentage points to 55.3% in 2019/20. Better results are expected in the future.

Despite the service demand pressure, NTEC strived to provide quality services to our patients. We attained satisfactory performance in many performance indicators. On gate-keeping, the standardised A&E admission rate was 35.7%, which was comparable to Overall HA (35.3%). Our unplanned readmission rate was kept at a low level of 9.7% (HA: 10.6%).

Diagnostic radiological service

Like other clusters, NTEC faces huge pressure in tackling the demand for diagnostic radiological investigations. Some 50% of urgent P1 cases for CT and mammogram could be done within one week. 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

The Cluster has achieved a higher rate of day surgery and same day surgery with the opening of Peri-Operative Nurse Clinic and additional sessions of Pre-Operative Anaesthetic Clinic (POAC) coupled with pilot programmes of Enhanced Recovery After Surgery (ERAS) implemented by departments.

In future, the Cluster will allocate greater resources for POAC and implement ERAS programme in General Surgery.

Cancer management service

Radical radiotherapy: NTEC 40 days vs HA 31 days

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

Breast cancer: NTEC 112 days vs HA 78 days

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

Colorectal cancer: NTEC 77 days vs HA 76 days

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

Nasopharynx cancer: NTEC 62 days vs HA 61 days

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

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

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

Cardiac service

NTEC 19.6% vs HA 36.3%

Percentage of ST-elevation myocardial infarction patients received primary percutaneous coronary intervention

Contributing factor: Lack of PPCI service in the north side and outside extended hours (8am-8pm on Monday to Friday)

Action to be taken: Implement 24/7/365 PPCI services in PWH since Q4 2020

III. Key Achievements of Annual Plan Targets

Improve Service Quality

1. Built capacity on genetic tests for additional 90 suitable patients with brain tumour.
2. Performed 236 chromosome microarray tests for prenatal diagnosis by 1Q20 in PWH and fulfilled all patients' demands.
3. Extended rehabilitation services to cover weekends and public holidays for stroke patients at TPH with the provision of additional 1,150 physiotherapy and 1,150 occupational therapy attendances.
4. Designated one maternal special care bed in the labour ward of PWH and recruited two RNs for training in highrisk pregnancy care.
5. Implemented IPMOE system in BBH, SCH, SCH and TPH by 4Q18 to strengthen medication safety.
6. 8,085 (104.11%) additional hospice home visits provided for patients with advanced progressive diseases.
7. 732 additional Community Geriatric Assessment Team (CGAT) outreach attendances provided for terminally ill patients living in Residential Care Homes for the Elderly (RCHes).
8. Set up school-based medical-educational-social collaboration platform in an additional 10 selected schools with two APNs providing nursing support for students with mental health needs.

Optimise Demand Management

9. 851 additional visual field (VF) tests provided for glaucoma patients by 1Q19.
10. 491 additional new case SOPC attendances provided for adult patients with common mental disorder.
11. 6,328 patient attendances provided for mammogram service in 2018/19.
12. Provided 6,400 additional Computed Tomography (CT) scans at PWH and NDH as well as 1,000 additional attendances for Magnetic Resonance Imaging (MRI) scans at PWH.
13. 3,930 patients had participated in the General Outpatient Clinic Public Private Partnership Programme by 1Q19.
14. Recruited 20 PCAs to enhance Non- Emergency Ambulance Transfer Service (NEATS) by 4Q19.
15. Added 77 and 60 acute beds at PWH and AHNH respectively; 11 acute, four Cardiac Care Unit (CCU) beds and 20 convalescent beds at NDH; as well as 20 extended care beds at SH by 4Q19.
16. Increased GOPC quota by adding 24,750 and 5,500 attendances in 2018/19 and 2019/20 respectively.
17. Set up a dermatology unit at PWH with regular consultation service and eight regular

beds.

18. Started 24-hour intra-venous thrombolysis service for acute ischaemic stroke patients through a cluster-based network since 1Q19.
19. Enhanced the capacity of ambulatory cancer service by adding 2,073 SOPC attendances.
20. The new wing of Li Ka Shing Psychiatric Specialist Clinic at PWH commenced operation in 3Q18.
21. Set up a specialist-led team in PWH A&E to address the waiting time issue for triage category III patients.
22. Extended the service hours of the Cardiac Catheterisation Laboratory at NDH to 8am-8pm (weekdays) since 4Q19.
23. Achieved 100% screening of chemotherapy prescription in 1Q19.
24. Recruited a nursing coordinator for the fragility fracture service at PWH.
25. Added six additional operating theatre (OT) sessions and six pre-operative assessment clinic sessions per week.
26. Delivered 375 additional new case attendances for Internal Medicine, and 2,000 additional Family Medicine Specialist Clinic (FMSC) attendances under collaborative Orthopaedics & Traumatology (O&T) and FM service model.
27. Implemented pharmacist clinics on anticoagulant therapy management at PWH and drug refill services in NTEC.
28. Provided 980 additional parenteral chemotherapy attendances by 1Q20.
29. Extended service hours in PWH to provide 1,300 additional radiotherapy attendances.
30. Added 7 additional endoscopy sessions in PWH in 4Q19.
31. Added 5 additional OT sessions per week of day-time trauma list for acute geriatric fragility fracture patients at PWH in 4Q18.

Enhance Staff Training & Development

32. Eight nurses from non-palliative care setting completed training.
33. A total of 55 classes of mandatory orientation programme for new interns were conducted.
34. Recruited 21 APNs as part-time preceptors to support the Preceptorship Scheme for junior nurses.
35. Formal resuscitation training for 502 personnel was provided.
36. 59 RNs were upgraded to APNs by 1Q20 to enhance night-time supervision.
37. Recruited 58 EAs (ward) and one EO(II) to enhance clerical support to acute medical wards.

IV. Feature Stories

Tech Solutions and Service Sustainability

In the years 2018-2020, the Cluster made significant strides in transiting to e-based systems for multiple work processes with the aim of improving work efficiencies, patient safety and

speeding up patients' access to treatment. In tandem, an extensive exercise to replace aging equipment was launched and efforts to recruit and bolster the staff force have been further stepped up, so as to ensure that the service is sustainable in meeting the challenges brought on by a fast-ageing population.

Embracing E- Platforms

After the full implementation of Inpatient Medication Order Entry (IPMOE) in the acute hospitals in the Cluster in 2016, the system was successfully rolled out to the convalescent and rehabilitation hospitals in 2018, thanks to the efforts of the multi-disciplinary workgroups set up at the hospitals. The system, which provides timely alerts on patients' drug allergy and minimizes the need for handwritten prescriptions and hence minimizes errors associated with transcribing prescriptions and the time lag in drug dispensing and administration, has been a major enabler in reducing medication risks and ensuring patients' safety. The fullscale launch of the system made NTEC the first Cluster which has succeeded in attaining full IPMOE coverage. Meanwhile, PWHAED started utilizing OPMOE (Outpatient Medication Order Entry) as a system check for documented allergy history with good results in abating allergy-related medication incidents at AED.

The Cluster has also been actively adopting HA's patient's apps which provide much convenience to patients and the carers in their hospital's journey. NTEC was one of the pilot sites to launch the "Pay HA" mobile app which has later been integrated to HA GO. With this app, payment of fees and charges could be settled at the fingertip, using both credit cards and mobile payment systems, saving much valuable time spent on queuing.

And to save the time and effort spent on filling out and processing leave and other payroll tasks, the E-Leave system was rolled out to all staff in October 2019, allowing them to apply for leave and view their leave record via mobile device. At around the same time, the process of applying for the Special Honorarium Scheme (SHS) has also been streamlined with the introduction of an eAllowance platform in myHR App. The new modules not only make lives easier but also allow frontline healthcare colleagues to better focus on doing things that directly help the caring mission.

Maintaining Sustainability

To ensure the hospital medical equipment can meet clinical and operation need and to introduce new technology that catch up with the latest technological advance, the Cluster rolled out comprehensive replacement plans of aged medical equipment in both 2018/19 and 2019/20. Major replacement plan was made for incubators, defibrillators, surgical instruments, laboratory equipment, physiotherapy equipment, electric beds and bedside monitors, all in good time for the pandemic.

No other resources are more treasured and valued than our all-important staff force. The size

of Full-time Equivalent (FTE) staff count stood at 12,940 by end of 2019/2020, marking an increase of 450 from the previous year. The increase in manpower included 102 doctors, 333 nurses and 137 allied health professionals. Recruitment and retention of supporting staff has remained a challenge in 2018- 2020. More innovative ways to attract prospective employees were pursued, including virtual job fair and enquiry chat room. Through such proactive means, more than 1700 Patient Care Assistants/Operations Assistants/ Executive Assistants at entry level have been successfully recruited in the two financial years.

More challenges are expected ahead as future is uncertain time. But our experience has shown that maintaining an innovative and long-term focus can help us ride stormy waters to not only sustain but provide better and safer patient service.

One for All and All for One

It is an understatement to say that 2018-2020 has been very tough years. Our service came under unexpected challenges of a societal and pandemic scale one after one another. Yet our teams showed great strength, tenacity and resolve to resist the worse effect of such challenges and continued to work to live up to our values of putting the needs of our patients before ourselves.

Others before Ourselves

Covid-19 has upended every aspect of hospital life the world over. In NTEC, when the pandemic was looming in menacingly, the isolation teams of all our hospitals geared themselves up in no time to meet the challenges head-on. They, together with all our different healthcare teams, adapted to the technical limits and highly regimental routines without a beat nor a single sigh, while the other supporting forces including the Procurement and Materials Management Teams in different hospitals and the PWH Microbiology team rose to the challenge and ramped up their service output in support. They worked in full steam on a 24-hour basis, churning out record number of supplies and test results right on time to help the work on the frontline. The single-minded focus in doing everything we could to beat the pandemic shown by all levels of staff in the cluster will be a cherished memory long after the pandemic has passed.

Doing The Right Thing

Outside the Pandemic, the NTEC community has been taking every opportunity throughout 2018/2020 to show its determination to brace the odds and do the right things. The Staff Influenza Vaccination Programme has broken the record once again in 2019/2020 with a close to 60% staff vaccination rate in the final count, an exemplary performance in the HA, building a strong defence for the vulnerable patient groups who could not take the flu jab. In November 2018, the North District Hospital took the opportunity of its 20th anniversary to

organize a Breast Health Awareness Fun Day, joined by over 1000 young people and other members of the community. And to dovetail with the launch of 24-hour thrombolytic service in Taipo and North District in 2019, AHNH held a Community Stroke Awareness Campaign, which lasted consecutively for 9 months from November 2018 to July 2019. In the summer of 2019, the Health Resource Centre of PWH joined efforts with the Organ Donation Team and launched the “Love Inspired Value Transformed” publication project, involving nearly 100 secondary students in the district and a team of professional volunteer editors in compiling a book of life stories related to organ donation to encourage the younger generation to support the meaningful cause. And in 2018 and 2019, two more patient empowerment projects were set up respectively, one for PWH diabetes patients and one for NDH’s chronic obstructive pulmonary disease patients, helping them to cope with their illnesses with hope and positivity. And on the virtual front, the Cluster launched a brand-new internet homepage in December 2019, which has been designed with the aim of providing a one-stop portal of healthcare – related community resources which both carers and staff would find handy to their needs.

Generosity of spirit

We are extremely grateful to have the support of our 6,000 - member strong volunteers, the largest in HA and the one which contributed the highest number of service hours. They have given us unyielding support throughout the last two years in the face of mounting challenges.

If there is anything we have learnt from the past two years, it is that as long as we are patient and understanding with each other as we navigated the many challenges facing us as a group and individuals, we shall emerge stronger from the storm.

Let’s Make Things Better

Delivering safer, smoother, more value-adding service to patients has always been a key strategic focus of the Cluster. In the two years under review, different care teams frequently joined up their efforts to brainstorm and implement quality improvements that make a real difference in patients’ care process and experience. The motivation to become a force of change has also extended beyond the hospital walls to the communities the cluster hospitals serve, and a number of the quality projects have won prestigious mentions in local and international industry forums.

International Recognition

Of particular note is the three Excellence Awards the Cluster and its hospitals received from the Hospital Management Asia (HMA) in the past two years. The Restraint Free Troops project led by the Cluster’s Central Nursing Division has fundamentally changed the nursing culture of ‘restraint for safety’, successfully reducing the cluster patient fall rate by 36% with two of the cluster hospitals recording the lowest and second lowest restraint prevalence across local public hospitals. This paradigm shift has earned the Cluster a prestigious

Nursing Excellence Project-Excellence Award among competing entries from hundreds of regional operators in 2019. In the same event, NDH's "Bowel Preparation Quality Improvement Programme", which put the focus on patient education and empowerment, has proved its merit in reducing misdiagnosis and lowering the chance of repeat procedures, earning NDH a "Clinical Service Project" Excellence Award, the second such award the hospital won in a row, following the one earned under the talent development category in 2018 for the hospital's robust training efforts behind the successful implementation of the "DAR" (Data-Action-Response) format in enhancing nursing documentation.

Another international recognition of the cluster's quality improvement efforts comes in PWH's Sterile Supplies Unit winning the CSSD Centre of Excellence Programme Award organised by the Asia Pacific Society of Infection Control (APUSIC) in March 2019, in recognition of its quality disinfection and sterilisation services and commitment to related education and research, the first such honour which a local hospital has earned. On its heels the hospital celebrated another success in July 2019 for receiving the "Baby-Friendly Hospital" Designation, a global programme of the UNICEF and the WHO to encourage breastfeeding.

Force for Change

Doing things safer and better apply to not only patients but also the 13000 members of cluster staff. In the five years leading up to 2018, the Cluster's staff injury-on-duty rate has been cut down by 13 % to 1.75 cases per 100 staff, the lowest among HA, earning the Cluster a prestigious "International Safety Awards" from the British Safety Council in May 2018.

The motivation to be a force of change for the community at large has been running deep in the Cluster. The Prince of Wales Hospital staff were among the city's most enthusiastic blood donors, contributing over 200 bags of blood in 2019, which earned the Hospital a Silver Award of the HKRC's Give Blood Alliance, ranking equal to fellow corporate awardees with much greater staff number.

On the environmental front, AHNH's Combined Heat and Power Generating System, which uses landfill gas to generate electricity, won the 2018 Regional Energy Project of the Year Award for the Asia-Pacific region by the Association of Energy Engineers for its pioneering efforts in generating greener energy, while the winning of the "Triple Gold Award" again under the Web Accessibility Scheme 2018/19 for all the online platforms of the Cluster, including the patients' self-care apps, speak for the conviction of the cluster staff to pursue for continuous quality improvement which adds value to our users and the community at large.

Renovate, Rejuvenate, Innovate

In the year 2018-20 the cluster hospitals continued to upgrade its facilities to meet service demand and pursue innovations to improve the comfort and convenience of both patients and staff, harnessing the power of web-based technology and cloud-based systems. The culture of “doing things in a new way” has laid a solid foundation to the adoption of more technology and innovation – driven service delivery models in the new hospital redevelopment projects of the Prince of Wales Hospital and the North District Hospital 10 years down the road.

New service and new building plans

Planned capacity enhancement projects of the cluster hospitals proceeded steadily throughout 2018-2020 with the expansion of existing service capacity and the addition of new services. That includes an addition of 77 beds in PWH, 60 beds in AHNH, 33 beds in NDH and 20 extended care beds in SH; the successful renovation of 17 existing wards across the cluster;

the provision of additional 90 genetic tests for patients with brain tumour and 236 chromosome microarray tests for prenatal diagnosis at PWH; a 1000 additional attendances for MRI scans at PWH and an additional 2,200 and 2000 CT scans at PWH and NDH respectively; the start of 24-hour intravenous thrombolytic therapy for stroke patients in NTEC through a cluster-based network since Feb 2019, among many others.

Meanwhile, the Phase 2 Redevelopment Project of PWH has made good headway with the completion of the demolition of a major part of the existing quarter blocks in 2019, vacating the site needed for the construction of a new In-patient Block (IPB) and internal vehicular access. The Decanting Block at the Shatin Hospital was also completed on time in March 2020 to dovetail with the relocation of existing back-end offices from PWH.

Tech for Good

While the applications of technologies like robotics and big data have made a splash across all industries, it is often believed that their greatest impact will be in healthcare. Different service units of the Cluster have made significant inroads to innovate the adoption of technology and let patients and users access service in the comfort and convenience of their homes or via mobile device in 2018-2020. Of note, the Physiotherapy Department of the Alice Ho Liu Ling Nethersole Hospital launched the E-rehabilitation Exercise Resource Centre in Oct 2018, providing a virtual one-stop portal for sharing training videos, exercise instructions, post-operative care tips plus a map of exercise facilities available at public recreation grounds

in Taipo for the convenience reference of patients. And “Hip Fracture Care” and “DM Care”, the self-care apps developed by frontline teams of TPH and NDH respectively in collaboration with ITD, were launched cluster-wide in 2019, providing not only information about the disease conditions but other auto logging and prompting features to facilitate convenient tracking by hospital staff on patients’ progress, all in good time before the

pandemic struck. To ensure that our clinicians can access clinical data instantly and from anywhere, NTECITD has successfully rolled out the “One-Doctor-One iPad” initiative in 2019, facilitating clinicians to access cloud-based clinical systems by providing each one of them a technically refreshed iPad, a win-win solution for staff, patients and the environment. The willpower to renovate, rejuvenate and innovate will continue to underscore every effort the cluster hospitals make to plan and provide better service to our patients.

V. Hospitals’ Reports

Alice Ho Miu Ling Nethersole Hospital (AHNH)

In 2018/2020, AHNH launched various service enhancement initiatives focusing on service quality, optimising demand management, and developing e-platforms in support of healthcare. To combat the COVID-19 pandemic in early 2020, AHNH has revisited its service strategies and implemented various measures to safeguard patients and staff as well as to ensure effective service delivery.

- Strengthened emergency surgical service by opening 40 surgical beds in October 2018. Another 20 general paediatric acute beds were added in October 2019.
- Provision of 24-hour intravenous stroke thrombolysis service for acute ischaemic stroke patients since February 2019.
- A host of new service models, including the Targeted Active Intervention Programme for diabetic patients, Advance Care Planning to improve end-of-life care for terminally ill patients, and the Student Mental Health Support Scheme for students were launched.
- “E-Fill” drug refill service, piloted in PWH, was extended to AHNH in December 2019.
- E rehabilitation Exercise Resource Centre on AHNH internet website targeting joint replacement patients and the indoor navigation app “NTEC Easy Go” were released.

Bradbury Hospice (BBH)

Bradbury Hospice (BBH), situated in Shatin, was built to house a specialist hospice unit with facilities for healthcare service and education and research in the field of care for the terminally ill patients.

- The In-patient Medication Order Entry (IPMOE) system was successfully rolled out to In-patient Unit (IPU) in 2018/19.

- Replacement of the integrated telecommunication system was carried out in 4Q2018, which entailed the changeover of the private automatic branch exchange (PABX) on 23 October 2018 as well as the replacement of pagers with mobile phones.
- 81% of staff in BBH received influenza vaccination in 2018/19, earning the Hospice the award of having the highest percentage of staff receiving the flu jab in HA.

North District Hospital (NDH)

Amid the rapidly growing and ageing population in New Territories North, NDH has strived to strengthen its service capacity in different aspects to cope with the escalating demand for healthcare service in the community. The setting up of the North District Community Health Centre in Sheung Shui has been well underway to provide better primary care in the long run while the preparatory works of NDH expansion project, which would bring in 1,500 additional beds, has also been proceeding in full swing.

- A new angiographic machine was installed at the Cardiac Catheterization Laboratory which also extended its service hours in 2019.
- Round-the-clock thrombolytic service for stroke patients was launched in 2019, facilitated by teleconsultation of neurologists.
- A second computed tomography scanner was procured in 2020, enhancing the service throughput and the image quality significantly at the same time.
- Transperineal prostate biopsy was introduced by the Urology Team in 2018 to improve examination accuracy and reduce infection risk for suspected prostate cancer cases.

Prince of Wales Hospital (PWH)

The Hospital entered its 35th year of service in 2019. The occasion was taken to celebrate the triumphs and tribulations through the years, raise funds for needed patient communities and reaffirm the commitment to improving service accessibility, capacity and quality to patients through on-going hardware and software upgrade.

- Obtained the “Baby-Friendly Hospital” designation from the Baby Friendly Hospital Initiative Hong Kong Association and the UNICEF in July 2019.
- The Hospital’s Replantation Team, Stroke Team, Fetal Medicine Team and Service Accessibility Team won back-to-back HA Outstanding Team Awards in 2018-2020,

setting a new record in HA.

- The Multidisciplinary Lung Cancer Team, on nomination of patients, won the IASLC Foundation Cancer Care Team Award for “Asia and Rest of the World” in 2018 in recognition for providing the best thoracic oncology care.
- The Hospital’s Central Sterile Supplies Service won a “CSSD Centre of Excellence Award” at the 2018 Asia Pacific Society of Infection Control Congress.
- The Phase II Redevelopment Project site work officially commenced in May 2018 with the start of the demolition of Staff Quarter blocks.

Cheshire Home, Shatin (SCH)

Cheshire Home, Shatin (SCH) started operation in 1991. The institution provides quality extended care and rehabilitation services to persons with temporary or permanent physical disabilities through a team of multidisciplinary staff. The clinical care model has been continuously enhanced in the last two years, the success of which has been recognised.

- The “Care-in-place End of Life Care Programme in SCH” was selected as the finalist of the award of “Innovation of the Year” in the 7th Asia Pacific Eldercare Innovation Awards 2019 held in Singapore, acknowledging the Home’s efforts in cutting down unnecessary transfer between the Home and acute settings.
- Starting 2019, off-site on call doctors could access and communicate with home residents via video-conferencing with iPad to strengthen off-site support.

Shatin Hospital (SH)

Shatin Hospital (SH), which provides convalescent, rehabilitation and psychiatric in-patient services as well as offering specialist geriatric and palliative care service in both in-patient and day hospital settings to patients in NTEC, has received due recognition from donors and international panel for its pioneering service to the elderly.

- With the generous support of the Hospital Authority Charitable Foundation, a set of wheelchair cleaning and drying machine, the first in HA, was installed and put into operation in January 2019.
- The Hospital received the Winner Award for Innovation of the Year – Food and Nutrition and the Finalist Award for Innovation of the Year – Community Care Model at the 7th Asia Pacific Eldercare Innovation Award 2019 held in Singapore in May 2019.

- The construction of the four-storey Shatin Decanting Building (SDB, later named as Block D) to dovetail with PWH Phase II Redevelopment was completed in March 2020.

Tai Po Hospital (TPH)

TPH faced tremendous pressure from escalating demand for rehabilitation and psychiatric service arisen from the ageing population, increasing prevalence of chronic diseases and rising public expectations. To cope with the challenges, the Hospital has rolled out a number of capacity enhancement measures and E-Health initiatives.

- Weekend and Holiday Physiotherapy and Occupational therapy for stroke patients commenced in October 2018.
- Adult psychiatric services were enhanced at various fronts including increased frequency of regular patrol in high-risk psychiatric admission wards, recruiting an ex-psychiatric patient as a peer support worker and augmenting the medical manpower of the multi-disciplinary team supporting patients with common mental disorder in specialist outpatient clinic.
- In-Patient Medication Order Entry (IPMOE) was launched in 2018/19.
- A mobile app for hip fracture care, which was developed by the Physiotherapy Department of TPH with the support of the Information Technology Department of NTEC, was rolled out to the cluster hospitals. The indoor navigation app 'NTEC EasyGo' was also launched.

VI. NTEC at a Glance

No. of hospitals

2018/19: 7

2019/20: 7

No. of GOPCs

2018/19: 10

2019/20: 10

No. of Staff #

2018/19: 12,601
2019/20: 13,061.

No. of A&E attendances ⁽¹⁾

2018/19: 356,459
2019/20: 334,359

No. of SOP attendances ⁽²⁾

2018/19: 1,281,365
2019/20: 1,227,981

No. of GOP attendances ⁽³⁾

2018/19: 1,033,493
2019/20: 987,588

No. of hospitals beds (as at period end)

2018/19: 4,860
2019/20: 4,927

No. of live births

2018/19: 6,321
2019/20: 5,830

No. of Inpatient discharges & deaths

2018/19: 190,956
2019/20: 181,100

No. of Day patient discharges & deaths

2018/19: 127,728
2019/20: 124,319

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

2018/19: 1,314,400 (mid-2018)
2019/20: 1,320,300 (mid-2019)

Appreciation

2018/19: 159,973
2019/20: 16,794

Enquiries, feedback and complaints

2018/19: 7,536

2019/20: 7,635

Remakrs:

NTEC FTE staff (including Temp, Part-time & Interns)

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

(2) Including SOP attendances and attendance in Nurse Clinincs running in SOPC

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

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