



中華人民共和國香港特別行政區政府總部食物及衛生局
Food and Health Bureau, Government Secretariat
The Government of the Hong Kong Special Administrative Region
The People's Republic of China

Our ref: L/M to FHB/H/1/19 Pt. 9
Your ref: CB2/PL/HS

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7 August 2013

Ms Elyssa WONG
Clerk to Panel
Panel on Health Services
Legislative Council Complex
1, Legislative Council Road
Central

Dear Ms WONG,

Panel on Health Services
Manpower deployment of Hong Kong Buddhist Hospital

I refer to your letter of 29 July 2013 on the captioned. The consolidated response from the Food and Health Bureau and the Hospital Authority to the letter from Mr Stanley TAM, Sai Kung District Council Member, addressed to the Panel Chairman is provided at **Annex**.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Angora Ngai', written in a cursive style.

(Miss Angora NGAI)
for Secretary for Food and Health

c.c. Hospital Authority (Attn.: Dr C T HUNG)

**Administration's Response regarding
Manpower Deployment of Hong Kong Buddhist Hospital**

The Hong Kong Buddhist Hospital (HKBH) mainly provides joint replacement service, day-time service, medical convalescence and palliative care. It serves the following categories of patients:

- Patients with stable conditions but pending completion of the whole course of treatment (for example, parenteral antibiotic therapy);
- Patients under short term rehabilitation program;
- Patients planning for discharge placement; and,
- Patients receiving palliative care service (for example, pain control and symptom relief).

Generally speaking, the patients in HKBH are mostly stable and the need of critical intervention is comparatively rare. However, if necessary, patients would be transferred to the Queen Elizabeth Hospital by ambulance service for emergency treatment. In addition, nurses in wards of HKBH regularly assess patients' condition, and will report the situations of patients who require care to doctors for follow-up.

Regarding manpower deployment, at present, HKBH assigns one doctor on-site to manage the in-patient medical care during holidays and outside normal office hours daily, as the demands for professional inputs from doctors during holidays and outside office hours are usually minimal. Apart from the on-site duty doctor, one Resident and one senior doctor at Associate Consultant level will perform ward round on holidays and are scheduled to attend off-site calls as back-up support. Patients who are in need of joint replacement service and palliative care will be managed by off-site on-call Orthopaedic surgeon or Clinical Oncologist in case of any sudden change in their situation. The Hospital Authority will continue to closely monitor the healthcare service demands, and will make appropriate manpower planning and deployment.

As regard the design of wards, although the nurse station is situated in the middle of the ward, the healthcare staff will not remain in the nurse station for an extended period of time. Nurses and supporting staff will work in different location of the wards in order to perform various duties, for instance, diaper changing rounds, temperature rounds, medication rounds, meals feeding, morning care, bed bath and ward cleaning etc., and they will pay attention to any needs of the patients and render the necessary assistance.