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## **Legislative Council Panel on Health Services**

### **Hospital Authority's Annual Plan for 2006/07 and Meeting the Challenges Ahead**

#### **Purpose**

This paper describes the annual planning process of the Hospital Authority (HA); the background against which its Annual Plan for 2006/07 was developed; the major directions identified; and the critical factors determining the HA's ability to meet the challenges ahead.

#### **The Planning Process**

2. To guide and align service direction and priorities, the HA undertakes a structured planning process every year to review the funding position; societal expectations; the Government's policy directions; and the challenges in the internal and external environment to develop strategies, goals and targets on a prospective basis for the year ahead and the near term future.

3. The process to formulate the HA Annual Plan is extensive, involving the HA Board, HA Head Office and cluster executives, different staff groups, community leaders and the general public. It adopts a "top down, bottom up" approach to formulate the annual plan. The macro planning parameters are taken from the policy directions of Government and the HA Board while the operational improvements and service targets come from the recommendations of ideas and innovations from frontline clinical staff.

4. The annual planning process is part of the HA's commitment to enhance its accountability and transparency to the community in the use of public resources. The Annual Plan document is published and distributed at the beginning of each financial year to a wide audience including government

bureaux, departments, Legislative Council members, District Council members, academic institutions, different healthcare partners and relevant community organisations. Feedbacks and comments are channelled into the planning cycle for the following year. Through the clearly delineated strategies and planning framework, the HA working in close collaboration with its stakeholders will maximise the use of public resources to meet the healthcare needs of the Hong Kong people.

## **Key Challenges**

5. In developing the Annual Plan for 2006/07, references were made to the challenges posed by both the internal and external environment as follows :

(a) Increasing demand and cost of public healthcare services

6. One of the major characteristics of the healthcare system in Hong Kong is the heavy reliance on public services which are highly subsidised. With increasing demand on healthcare services arising from the ageing population; prevalence and occurrence of chronic illnesses at an early age; advancement in medical technologies leading to increasing number of treatable medical conditions at high costs; and globalisation and evolution of infectious diseases, the public healthcare system has been placed under tremendous pressure. Maintaining service standards and maximising the use of resources remains a challenge.

(b) Changes in the corporate leadership

7. Over the past 18 months, there have been significant changes in the corporate management and the HA Board involving changes in both the HA Board members and the senior executives. While the organisation would naturally need to absorb such personnel changes, these will bring about new insights and impetus in leading the organisation forward to a new stage.

(c) Aftermath of SARS

8. Although it has been three years since the SARS epidemic, significant resource input is still required to address its consequences, including : (i) offering medical care and psychological support to recovered SARS victims through conducting a series of integrated rehabilitation programmes and return-to-work projects for staff who contracted the disease during the course of their duty; (ii) providing assistance to the Labour Department in assessing the degree of disabilities of the recovered victims; (iii) providing information to facilitate the SARS Trust Fund in assessing the applications of SARS patients; and (iv) processing the injury-on-duty claims under the Employees Compensation Ordinance and other legal claims arising from the epidemic.

(d) Looming threat of infectious diseases

9. While the threat of SARS seems to have diminished, the world including Hong Kong is under the looming threat of an avian influenza pandemic. In response, the HA has initiated a series of preparatory arrangements including stockpiling drugs and personal protective gears; formulating contingency plans covering detailed staff and bed mobilisation plans; arranging infection control training for staff; conducting drills to test and enhance the response to a real outbreak; mobilising support from the private sector to augment the overall service capacity when required; as well as arranging improvement works to the hospital facilities to enhance infection control. Bearing in mind possible staff concerns and sentiments, a number of communication and consultation forums have been organised and different communication channels set up. While the HA will continue to intensify efforts to step up its vigilance and preparedness for the pandemic, the resource input required and the extra demand on staff will need to be managed skillfully.

(e) Staff morale

10. Since 2002/03, in line with the overall economic situation, the HA has been working on a stringent budget while improving overall efficiency. This was achieved through implementation of a number of productivity enhancement and cost saving measures. Staff members at all ranks strived to

work harder and better. However, quality improvement initiatives, such as the HA Drug Formulary and the detailed informed consent for treatment, require substantial time to communicate with patients and therefore, have increased work pressure. Reducing the long working hours for doctors is another challenge ahead. Enhancing staff morale will continue to be the top priority of the corporate plan, and specific programmes in consultation with staff will need to be developed to cultivate a people-centred culture within the organisation and to provide a better working environment for staff members.

### **Major Directions for 2006/07**

11. Against the above background, the HA Board and executives have discussed the direction of the HA for 2006/07 and beyond through a series of strategic planning meetings. Taking into consideration the Government's direction, the HA's mission and vision, and the internal and external challenges, the HA decided the planning framework to guide the formulation of the Annual Plan for 2006/07, which covered the four priority areas set out by the Government, the three focus areas of the HA Board and the five over-arching services of the HA.

12. In view of the need to maximise the utilisation of resources and the ever increasing service demand, the HA adopted the recommendation of the Health and Medical Development Advisory Committee (HMDAC) to better delineate the service boundaries between the public and private sectors. For the public healthcare system which provides the majority of healthcare services to the population of Hong Kong, the HA agreed that its services should focus on the following four areas :

- (a) acute and emergency care;
- (b) low income and under-privileged groups;
- (c) illnesses that entail high cost, advanced technology and multi-disciplinary professional team work; and
- (d) training of healthcare professionals.

13. Having met with the frontline staff through a number of hospital visits and listened to their concerns, the HA Board set out the following three broad focus areas for the work of the HA, emphasising staff morale as of first importance to the organisation:

- (a) enhancing staff morale;
- (b) maintaining service quality; and
- (c) managing the budget.

14. To ensure provision of quality healthcare services to meet the needs of the community, the HA would continue to adopt the five strategic directions encompassing the full spectrum of its services :

- (a) improving population health;
- (b) enhancing organisational performance;
- (c) enhancing healthcare system sustainability;
- (d) improving service quality and clinical governance; and
- (e) building human resources capability.

15. Under the guidance of the above strategic planning framework, the HA management, in consultation with the frontline staff, has identified over 150 specific programme initiatives with implementation timeframe for the next financial year as detailed in the HA Annual Plan 2006/07, the executive summary of which is attached at the **Annex**.

### **Meeting Challenges Ahead**

16. To deliver the health agenda, the HA must be well positioned to meet the challenges described above and those that are ahead. In his keynote address at the HA Convention on 8 May 2006, the Chief Executive of the HA outlined the following pointers for the HA to move forward :

- (a) Modernising the HA

17. The HA must keep on modernising and innovating to keep pace with new treatment methods and new technologies. There was also the need

for:

- (i) staff roles to be modernised, around the concept of “right function, right skill”;
- (ii) healthcare facilities to be modernised to reflect modern clinical practice, improve the patient experience and reduce the potential for cross infection, and
- (iii) management systems and practices to be modernised to make the complexed healthcare system more simple and manageable.

(b) Reducing avoidable hospitalisation

18. With the changing demographics (growing ageing population) and disease epidemiology (increasing chronic conditions) in our community, there is a need to refocus the HA’s efforts toward reducing avoidable hospitalisation. This means strengthening the upstream preventive work and beefing up further the primary and community care infrastructure. This is a need for more innovative models of care to be experimented and implemented.

19. To achieve the above, there must be a culture and value transformation within the HA. It is generally accepted that the success of the HA is wholly dependent on its staff. Developing a culture and core values to improve staff morale is therefore amongst the most important critical success factors. The HA has a workforce which demonstrates a high level of dedication, professionalism and hard work. However, excessive workload, long working hours, and increased patients’ expectation have exerted pressure on staff morale.

20. In the years ahead, the HA will need to foster a culture that embraces the core values of respect, fairness, teamwork, professionalism and innovation within the organisation. Efforts will be made to promote respect to patients and staff members; to formulate concrete strategies and policies to deal with the perceived unfairness of “equal pay, unequal work” or “unequal pay, equal work”; to develop and groom leaders who can stimulate teamwork and build trust within the team; to cultivate an atmosphere that rewards pursuit of professional excellence; and create an environment that encourages free flow of

innovative ideas particularly from bottom up.

21. Boosting staff spirit takes not only financial input to enhance the terms and conditions of staff, but the development of a culture that promotes respect, care and equitable treatment of each and every member of the organisation. The challenge will take a collective effort across the HA over a considerable period of time to bring about the desired changes.

### **Advice Sought**

22. Members are invited to note the annual planning process of the HA and the challenges and directions for the HA as set out in its Annual Plan for 2006/07 and outlined above.

**Hospital Authority  
Health, Welfare and Food Bureau  
June 2006**



# EXECUTIVE SUMMARY

## ■ OVERVIEW

1. This document sets out the overall background and framework for planning the key strategic directions and initiatives for the Hospital Authority (HA) Annual Plan in 2006/07. It aims to ensure that the services of HA, in partnership with Government and other healthcare providers, are directed at those priority areas identified to maximise the utilisation of scarce resources and to facilitate the long term sustainability of services.

## ■ PLANNING BACKGROUND

### Concern over sustainability

2. The Government's healthcare policy is to safeguard and promote the general health of the community as a whole and to ensure the provision of medical and health services for the people of Hong Kong so that no one should be prevented, through lack of means, from obtaining adequate medical attention. To support this policy, HA has the responsibility to provide a comprehensive range of hospital, outpatient and community-based services through its network of healthcare facilities.
3. Since the establishment of HA in 1991, we have made significant progress in managing and delivering quality healthcare services to the people of Hong Kong. Today, we are proud to see that Hong Kong has one of the best public healthcare systems in the world. Our infant mortality rate has declined continuously over the past two decades and reached a low of 2.3 per thousand live births in 2003. In the same year, life expectancy at birth for men and women was amongst the highest in the world. These favourable health indices reflected the quality of our healthcare system and its ability to provide people with the care they need.
4. However, like most of our international counterparts, Hong Kong is facing critical issues such as the ageing population, rising prevalence of chronic diseases such as cardiovascular disease, stroke and cancer, increasing public expectations, rapid advances in medical technology, and escalating demand for healthcare services. **Sustainability of the healthcare system** has become an increasing concern and managing scarce resources to meet the ever-increasing healthcare needs forms a formidable challenge for the whole of Hong Kong.

### Measures to address sustainability

5. The issue of financial sustainability of the healthcare system in Hong Kong was raised for wide public discussion in 1999 by a consultancy team from the School of Public Health of Harvard University. Since the publication of the review report, HA, as the major service provider of healthcare, has supported



the Government in implementing a number of measures to address the issue of financial sustainability. The reform measures can be grouped under two broad categories: re-engineering the healthcare delivery system; and improving its financial sustainability. These are described in the ensuing paragraphs.

### Reforms to re-engineer the healthcare delivery system

6. To help **reorganise primary medical care** so as to place greater emphasis on prevention and early detection and intervention of illnesses, in 2004, HA took over 64 general outpatient clinics (GOPCs) from the Department of Health, to improve the integration of public sector primary care and hospital care services. Since 1998, HA has also helped train over 500 family doctors through a structured four-year training programme in family medicine.
7. To **shift the emphasis from inpatient to ambulatory and community care**, we have contributed to the implementation of the population-based funding to facilitate the diversion of resources from institutions to settings where patient needs could be more effectively met. Different programmes aimed at further developing ambulatory and community care have also been launched and expanded.
8. Guided by the new funding model, since 2001 we have reorganised our service delivery through **service networking and hospital clustering**, tackling both service gaps and duplications and ensuring adequate service coverage for the territory. Highly specialised services are now provided by designated tertiary centres with explicit referral guidelines. The organisation of services and provision of care were streamlined by grouping hospitals into clusters and delineating the roles of individual hospitals within the same cluster to achieve the best mix of the cluster portfolio.
9. To **strengthen public/private collaboration**, we have developed numerous initiatives to facilitate the use of private services by public hospital patients through the provision of information on private services to our patients, organisation of shared care programmes, and sharing of clinical information across the public and private sectors. Moreover, we have also started to organise ambulatory surgery training courses for doctors in the private sector.

### Measures to improving the financial sustainability of the healthcare system

10. Since the formation of HA, we have been implementing enhanced productivity programmes to **contain costs and increase productivity**, taking care not to compromise our service quality and standard. Much has been achieved through merging of services and hospitals, bulk leveraging and product standardisation, and streamlining the organisation and its administrative structures. We have also contracted out non-clinical services, developed revenue generating programmes, and introduced voluntary and early retirement for more senior staff and lower remuneration packages for new recruits.
11. To manage demand we have assisted the Government in **revamping the fees and charges**. In 2003 the fees and charges for public healthcare services were restructured to target finite resources at the needy and at those services that pose the highest financial risks to patients, while minimising inappropriate use and misuse and improving efficiency and equity. Fee charging for Accident and Emergency services



was introduced and the fees for other public healthcare services were also increased. In line with the principle of full cost recovery for private patients, private charges have also been restructured to more closely reflect the current cost of such services. To ensure that the needy and the less well off were not disadvantaged, the medical fee waiver system was strengthened.

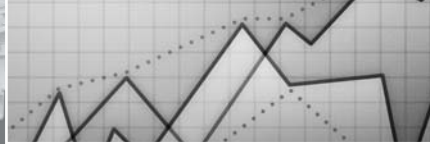
12. To support the Government in **identifying the feasible healthcare financing options**, HA has participated in studies on fees and charges and feasibility of the Health Protection Accounts led by the Health, Welfare and Food Bureau. At the request of the Bureau we have conducted a willingness-to-pay survey and a study on the financial impact of fees revision options on HA users.
13. Despite the various initiatives as outlined above, our services continue to experience tremendous pressure. There is a heavy reliance on the highly subsidised public healthcare system coupled with the projected growth in the demand for public services arising from the demographic changes of the population. With a greater proportion of elderly citizens aged over 65, the tendency for early occurrence of chronic illnesses, the advancement in medical technology leading to increasing number of treatable medical conditions at high costs, and the evolution and globalisation of infectious diseases such as SARS and avian influenza, this pressure is likely to continue.

#### Resource and sustainability

14. While the funding provision for HA has decreased over the past five years to \$27.5 billion in 2005/06, Hong Kong's health expenditure as a percentage of GDP remains low as compared to member countries of the Organisation for Economic Co-operation and Development (OECD), amounting to 5.7% only in 2001/02. Public spending constituted 57.2% of the overall healthcare expenditure in 2001/02, which is also lower than most OECD countries. To tackle the rising demand and increasing cost of service, questions are being asked by the Government, political parties, academic institutions and the general public on the best way forward. The general consensus is that alternative healthcare financing must be pursued and that the goal is for the community to continue to enjoy a high standard of healthcare service which is sustainable, affordable and accessible to all.

#### Other challenges facing the organisation

15. Apart from budgetary constraint, HA is also faced with a number of changes in the internal and external environment which will have significant impact on the service planning for the coming year. They include the following:
  - (a) *Changes in the corporate leadership* — Over the past 18 months, there have been significant changes in the corporate management and the HA Board involving the succession of the Chairman, Chief Executive, Cluster Chief Executives in the Hong Kong West, Kowloon Central, New Territories West, Hong Kong East and Kowloon East clusters, Director (Professional Services and Operations) and Board members (since September 2004, 13 HA members have retired and 12 new members have joined the HA Board). While the changes in key leaders of the organisation will have significant impact on the corporate direction, they will also bring about new insights and impetus in leading the organisation forward to a new stage.



- (b) *Aftermath of SARS* — Although it has been almost three years since the SARS epidemic, significant resource input is still required to be put into: (i) offering medical care and psychological support for recovered SARS victims through conducting a series of integrated rehabilitation programmes and return-to-work projects for staff who contracted the disease during the course of their duty; (ii) providing assistance to the Labour Department in assessing the degree of disabilities; (iii) providing information to facilitate the SARS Trust Fund in determining if SARS patients are eligible for the Fund; and (iv) processing the injury-on-duty claims under the Employees Compensation Ordinance and other legal claims arising from the epidemic.
- (c) *Looming threat of infectious diseases* — While the threat of SARS seems to have diminished, the world including Hong Kong is under the looming threat of an avian influenza pandemic. In response, HA has activated the Yellow Alert and has initiated a series of preparatory arrangements including stockpiling drugs and personal protective gears, and formulating corporate and cluster contingency plan covering both, inter alia, staff and bed mobilisation plans. We have arranged infection control training for staff, conducted corporate and inter-departmental drills to test and enhance the response to a real outbreak, mobilised volunteer support and discussed with the private sector to augment the overall service capacity when required, as well as arranging improvement works to enhance infection control. Most importantly, in anticipation of the worries and concerns of staff members, a number of communication and consultation forums and different communication channels have been arranged. While HA will continue to intensify efforts to step up our vigilance and preparedness for the pandemic, particularly since sporadic bird infection cases have started to occur locally, the resource input required and the extra demand on staff will need to be managed.
- (d) *Morale issue of staff* — Since 2002/03, HA has been working on a reducing budget and increasing efficiency through a number of productivity enhancement and cost saving measures. Staff members at all ranks are fully stretched. Quality improvement initiatives, such as the HA Drug Formulary, require substantial time to communicate with patients, and the detailed informed consent for treatment has also increased work pressure. This is further aggravated by the need to lower working hours for doctors without additional resources. Enhancing staff morale will continue to be the top priority of the corporate plan, and specific programmes in consultation with staff will need to be developed to cultivate a people-centred culture within the organisation and to provide a better working environment for staff members.

## ■ PLANNING PROCESS AND FRAMEWORK

16. Against this background, the HA Board and management undertook a structured planning process to deliberate on the corporate direction for the coming financial year and into the near-term future. Through a series of planning meetings involving Board members, all Head Office and cluster executives, the management decided that to balance the rising demand and the limited resources for the provision of healthcare services, it was of paramount importance that the organisation position its services and focus its priorities. To guide the formulation of specific corporate and cluster targets, the planning framework adopted the five over-arching major directions of HA; the four priority areas set out by the Secretary for Health, Welfare and Food; and the three focus areas set out by the HA Board. These three pillars of the framework for the HA Annual Plan for 2006/07 are listed below:



### Major Directions of the Hospital Authority

17. To ensure provision of quality healthcare services to meet the needs of the community, the five strategic directions encompassing the full spectrum of our services are:

- **Improving population health**
- **Enhancing organisational performance**
- **Enhancing healthcare system sustainability**
- **Improving service quality and clinical governance**
- **Building human resources capability**

### Directions of the Government

18. To consider the best healthcare model to serve the Hong Kong people and the financing options to sustain the healthcare system, in March 2005, the Government reconstituted the Health & Medical Development Advisory Committee (HMDAC). From the various recommendations on future models of healthcare, the Government emphasised the importance of realigning roles between public and private healthcare providers to address the current imbalance. For the public healthcare service including HA, which provides the majority of healthcare services to the population of Hong Kong, the Government set out clear policy direction, to target services in the following four priority areas:

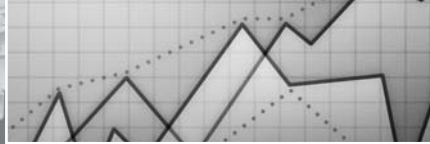
- **Acute and emergency care**
- **Low income and under-privileged groups**
- **Illnesses that entail high cost, advanced technology and multi-disciplinary professional team work**
- **Training of healthcare professionals**

### Directions of the HA Board

19. Sharing the concern with the Government on the sustainability of the healthcare system, the HA Board and executives have discussed the future direction of HA through a series of strategic planning meetings. Taking into consideration the Government's direction, the Authority's mission and vision, and the internal and external challenges facing the organisation, the Board agreed that funding alone could not eliminate the challenge to sustain the healthcare system and has set out the following three broad focus areas for the work of HA, emphasising staff morale as of first importance to the organisation:

- **Enhancing staff morale**
- **Maintaining service quality**
- **Managing the budget**

20. Having considered the ever increasing workload of the frontline staff, the HA management also decided that its Annual Plan for 2006/07 should be focused and pragmatic. The number of targets in 2006/07 will be fewer than in previous years to allow sufficient capacity for the frontline to handle ongoing initiatives and to implement new ones. In deciding the targets to be included into the Annual Plan, the practicality and cost-effectiveness of all proposed targets were individually assessed.



21. In step with the corporate planning, all clusters also undertook similar planning exercises involving staff members across specialties, disciplines and ranks to align the cluster initiatives with the corporate directions.

## ■ MAJOR INITIATIVES FOR 2006/07 HA ANNUAL PLAN

22. Informed by the above strategic planning framework, the targets identified for the next financial year are highlighted below.

### **Improving population health**

23. In line with the recommendations in the HMDAC Report and the direction of the Government to target services at the more vulnerable groups of the community, we will put additional emphasis on enhancing preventive care and early intervention among the older people and the underprivileged in the community. In collaboration with Non-government Organisations and private practitioners we will implement a number of targeted disease prevention programmes. We will continue to support the Government to roll out the Comprehensive Child Development Service for those aged 0–5. We will also collaborate with the Social Welfare Department to strengthen medical social support for the early identification of children and adolescents with anxiety and emotional problems, and provide cochlear implants and rehabilitative services to improve the hearing of profoundly deaf patients. We believe that by investing in these specific preventive initiatives, the need for treatment and cure will be lessened, thereby reducing the pressure on hospital services in the long run.
24. To ensure that our system is able to respond swiftly and effectively to emergencies and infectious diseases outbreaks, we will continue to work towards strengthening our system preparedness and providing sufficient support to our staff, particularly those working at the frontline.
25. To focus expensive hospital services on acute and emergency care, we will continue to collaborate closely with our health and health-related partners to provide continual care for patients in settings nearer to their homes including transferring of stable psychiatric patients to a new long stay care home in Tuen Mun. We will also enhance the gate-keeping function of Accident & Emergency Departments by collaborating with community nurses and physiotherapists to facilitate early rehabilitation and decreased admission, and providing training for the welfare workers and nurses in the elderly homes to strengthen their capabilities in caring for the frail inmates.

### **Enhancing organisational performance**

26. To support operation, we will make strategic investments to replace, introduce and modernise a number of major medical and information technology (IT) systems. We will replace major radiological and diagnostic equipment in two major hospitals, laundry equipment in six HA laundries, telecommunications systems in three hospitals. We will also plan and upgrade the IT infrastructure in four new hospital extension blocks, the Oncology and Infectious Disease Blocks at Princess Margaret Hospital, the new Pok Oi Hospital, and the Rehabilitation Block at Tuen Mun Hospital.



27. New psychiatric beds will be relocated from Kowloon West and Hong Kong East and put into operation in Kowloon Central and Kowloon East to improve the accessibility of the service to patients. To meet the needs of local population, rehabilitation beds will be commissioned in Kowloon East and New Territories West. The new cancer centre at Princess Margaret Hospital will increase its service to meet new demand. Major capital works include completing the main building works of the redevelopment of Pok Oi Hospital and the reinforced concrete superstructure of the Infectious Disease Block at Princess Margaret Hospital. To align facilities planning and engineering design, a reference library will be set up through the intranet platform to share information on the stipulated standards with the frontline hospital facilities managers.
28. To enhance our business support infrastructure, we will continue to develop the Enterprise Resource Planning Project focusing on the replacement of the existing payroll system under Phase 1 of the Project, and to commence the revamp of the existing finance systems under Phase 2 of the Project.

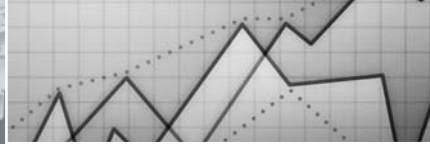
#### **Enhancing healthcare system sustainability**

29. Managing the budget to sustain our services has been a prime consideration in our service planning. We will continue to assist the Government to deliberate the suitable financing options and liaise with the Government to review the basis for the subvention to HA in light of the Government's four priority areas. To help tackle the budget constraint, we will also explore the feasibility of selected revenue generating and cost saving initiatives. For example, measures to achieve further energy savings and tariff reductions for existing facilities and those under planning will be explored. The feasibility of generating alternative sources of revenue for the Hospital Authority through an advertising project will also be evaluated through a tender for invitation of partnership.
30. We will continue to strengthen the interface with private healthcare providers through the sharing of patient information, risk management practices in patient safety, coordinating contingency responses during pandemics and provision of information on the private allied health services to HA patients. To address the long queue of patients waiting for cataract surgery, we will conduct a charity drive for additional surgeries targeted at needy patients in collaboration with a Non-government Organisation.
31. To enhance operational efficiency of the organisation, we will reorganise the Non-emergency Ambulance Transfer Service, take over the procurement function of pharmaceuticals from the Government Logistics Department, and apply the savings gained from the Electrical & Mechanical Services Trading Fund to fund new maintenance services requirement in various hospitals. We will conduct post-implementation reviews on the effectiveness of the early assessment service for young persons with psychosis (EASY) programme and the obstetrics package for non-eligible persons.

#### **Improving service quality and clinical governance**

32. As the major service provider for meeting the healthcare needs of the whole community, we believe that it is our responsibility to offer quality service to improve the health of the Hong Kong people despite budget constraints.





33. To enhance clinical risk management and quality improvement, we will conduct a post-implementation review on the HA Drug Formulary, continue to roll out the Advanced Incident Reporting System to 12 hospitals, and develop a second tier system to enable information capture and analysis at the corporate level. A number of risk management programmes targeted at the application of patient restraint, the use of infusion pumps and naso-gastric tube feeding, etc. will be introduced. To ensure prudent use of antibiotics, the usage and resistance of antibiotics will be analysed under the Antibiotic Stewardship Programme.
34. To improve outcomes in disease management, programmes targeted at the psychiatric, renal, diabetic and cancer patients will be implemented. These include the provision of new psychiatric drugs for mentally ill patients to improve their quality of life. These also include increasing haemodialysis capacity; developing integrated care plans for renal patients; and enhancing the function of the Cancer Registry as well as conducting clinical trials on locally prevalent cancers with limitations in treatment outcome.
35. To pursue best evidenced-based practice we will strengthen information management in the Operating Theatre, Laboratory and Radiology Information Systems. A number of territory-wide clinical audits across various specialties, disciplines and hospitals will also be implemented.
36. In line with Government direction, we will continue with our efforts to enhance the interface between Western medicine and Chinese medicine and to establish additional Chinese medicine outpatient clinics. We will also collaborate with the Centre for Health Protection to strengthen analytical toxicology, toxico-vigilance, training in toxicology and poison information service.

#### **Building human resources capability**

37. As emphasised repeatedly by the HA Board and HA management, staff are the backbone of our services and inculcating a “people first” and “care for the carers” culture within the organisation is our ongoing priority. Despite the budget deficit, we will invest in providing professional training for at least 300 doctors, 500 nurses and 100 allied health professionals and different job-related training to other grades of staff, as well as converting 138 Enrolled Nurses to Registered Nurses. To meet increasing service demand, we will facilitate the training of up to 20 Registered Nurses and 40 Registered Nurses for psychiatric and midwifery services respectively. Besides competency-based training for career development, we will also develop and implement a mechanism for senior executive succession planning.
38. To bolster staff morale, we will continue to enhance internal communication with different levels of staff and foster a culture of transparency and participation. To provide better emotional support for staff members, we will offer different psychological and counselling programmes through the services of Oasis.
39. To provide a safe and supportive working environment for staff members, we will train chemical safety coordinators and respiratory protection coordinators as link persons to promulgate the best practices, arrange training sessions on breakaway technique, and continue to launch campaigns against workplace violence. To provide support for staff injured on duty and facilitate their early and smooth return to work, Occupational Medicine teams will be piloted in three clusters.



## ■ CONCLUSION

40. Financial sustainability of the healthcare system is a universal concern. Although the expenditure on public healthcare services in Hong Kong is still low as compared to most of the developed countries, continual injection of limited public money into the system may not be the ultimate solution, given the narrow tax base and low tax rate of the Hong Kong economic system. To meet the projected increase in demand, we agree to the recommendations of the HMDAC on the future service delivery model and in particular the recommendation to better delineate service boundaries between the public and private sectors. We will reposition our services with due care not to compromise our service quality. In the longer term we will work with the Government to review our unique social and economic environment and identify the most viable financing options to sustain the healthcare services.
41. Throughout the process of devising appropriate reforms to revamp the healthcare delivery and financing system, we will involve our staff members in planning and deliberating the various options, and work towards developing a caring, participatory and transparent working culture so that together as an organisation, concerted efforts will be made to meet the changing needs of the community.
42. It is hoped that by implementing the specific targets at both the Head Office and the cluster levels, the Authority will continue to provide quality healthcare services to the people of Hong Kong in a cost-effective and sustainable manner.