立法會
Legislative Council

LC Paper No. CB(2)2106/16-17
(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

Minutes of meeting
held on Monday, 15 May 2017, at 4:30 pm
in Conference Room 3 of the Legislative Council Complex

Members present	:	Prof Hon Joseph LEE Kok-long, SBS, JP (Chairman) Dr Hon Pierre CHAN (Deputy Chairman) Hon Tommy CHEUNG Yu-yan, GBS, JP Hon WONG Ting-kwong, SBS, JP Hon CHAN Kin-por, BBS, JP Hon Paul TSE Wai-chun, JP Hon LEUNG Kwok-hung Hon YIU Si-wing, BBS Hon Charles Peter MOK, JP Hon CHAN Chi-chuen Hon CHAN Han-pan, JP Hon Alice MAK Mei-kuen, BBS, JP Dr Hon KWOK Ka-ki Dr Hon Fernando CHEUNG Chiu-hung Dr Hon Helena WONG Pik-wan Dr Hon Elizabeth QUAT, JP Hon POON Siu-ping, BBS, MH Hon CHU Hoi-dick Hon SHIU Ka-fai Hon SHIU Ka-chun Hon YUNG Hoi-yan Hon Jeremy TAM Man-ho
Members attending	:	Hon WU Chi-wai, MH Hon HO Kai-ming Hon KWONG Chun-yu

Members absent	:	Hon Mrs Regina IP LAU Suk-yee, GBS, JP Dr Hon Junius HO Kwan-yiu, JP

[According to the Judgment of the Court of First Instance of the High Court on 14 July 2017, LEUNG Kwok-hung, Nathan LAW Kwun-chung, YIU Chung-yim and LAU Siu-lai have been disqualified from assuming the office of a member of the Legislative Council, and have vacated the same since 12 October 2016, and are not entitled to act as a member of the Legislative Council.]

Public Officers attending	:	Items IV to VI Prof Sophia CHAN Siu-chee, JP Under Secretary for Food and Health Dr CHEUNG Wai-lun Director (Cluster Services) Hospital Authority Item IV Ms Pandora LAM Principal Assistant Secretary for Food and Health (Health) 2 (Acting) Food and Health Bureau Mr Kevin NG Chief Executive Officer (Health) 2 Food and Health Bureau Dr Albert LO Cluster Chief Executive, Kowloon Centre Cluster Hospital Authority Dr HO Hiu-fai Deputy Hospital Chief Executive (Professional Services), Queen Elizabeth Hospital Hospital Authority Mr Donald LI Chief Manager (Capital Planning) Hospital Authority Mr Andrew WONG Chief Project Manager (Capital Projects) 2 Hospital Authority

Item V

Ms Pandora LAM
Principal Assistant Secretary for Food and Health (Health) 2 (Acting)
Food and Health Bureau

Mr Kevin NG
Chief Executive Officer (Health) 2
Food and Health Bureau

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

Mr Donald LI
Chief Manager (Capital Planning)
Hospital Authority

Mr Andrew WONG
Chief Project Manager (Capital Projects) 2
Hospital Authority

Item VI

Mr Bernard LO
Principal Assistant Secretary for Food and Health (Health) 2 (Acting)
Food and Health Bureau

Miss Clarissa WAN
Assistant Secretary for Food and Health (Health) 5
Food and Health Bureau

Ms Anna LEE
Chief Pharmacist
Hospital Authority

Mr Lawrence POON
Chief Manager (Nursing)
Hospital Authority

Dr Joanna PANG
Senior Health Informatician
Hospital Authority

Dr Venus SIU
Senior Manager (Patient Safety and Risk Management)
Hospital Authority

Clerk in attendance : Ms Maisie LAM
Chief Council Secretary (2) 5

Staff in attendance : Item III

Ms Ivy CHENG
Senior Council Researcher 3

All items

Miss Kay CHU
Senior Council Secretary (2) 5

Ms Priscilla LAU
Council Secretary (2) 5

Miss Maggie CHIU
Legislative Assistant (2) 5

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I. Information paper(s) issued since the last meeting

[LC Paper Nos. CB(2)1323/16-17(01), CB(2)1324/16-17(01) and CB(2)1380/16-17(01) to (02)]

Members noted the following papers issued since the last meeting:

(a) Letter dated 2 May 2017 from Dr Pierre CHAN requesting the Panel to discuss issues relating to organ donation and transplant;

(b) Letter dated 2 May 2017 from Dr KWOK Ka-ki requesting the Panel to discuss issues relating to provision of dental care services;

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(c) Letter dated 10 May 2017 from Dr KWOK Ka-ki requesting the Panel to discuss the management of sentinel and serious untoward events by the Hospital Authority ("HA"); and

(d) Letter dated 10 May 2017 from Dr Helena WONG requesting the Panel to discuss the management of sentinel and serious untoward events by HA.

II. Items for discussion at the next meeting

[LC Paper Nos. CB(2)1352/16-17(01) and (02)]

2. Referring to his letter dated 10 May 2017 (LC Paper No. CB(2) 1380/16-17(01)), Dr KWOK Ka-ki expressed grave concern about HA's recent failure to timely manage a serious untoward event concerning a patient of United Christian Hospital. The patient concerned, who was diagnosed with Immunoglobulin A Nephropathy in 2016 and had started on high-dose-steroid therapy in early 2017 without being prescribed antiviral prophylaxis concurrently to reduce the risk of hepatitis flare-up, had to undergo liver transplant in April 2017 at Queen Mary Hospital ("QMH") due to acute hepatitis and progressive liver function deterioration ("the UCH incident"). He requested the Panel to discuss the Sentinel and Serious Untoward Event Policy of HA at its next regular meeting scheduled for 19 June 2017 at 4:30 pm.

3. At the suggestion of the Chairman, members agreed that the Panel would discuss the "Mechanism for handling medical incidents in public and private hospitals", followed by the discussion of another two items proposed by the Administration, namely, "Progress for the development of Chinese medicine hospital" and "Strategic review on healthcare manpower planning and professional development" at its June regular meeting.

(*Post-meeting note*: At the request of the Administration and with the concurrence of the Chairman, discussion of the subject of "Progress for the development of Chinese medicine hospital" has been deferred to a future meeting.)

4. In response to Dr KWOK Ka-ki's enquiry, the Chairman said that the item of "Provision of public dental care services" had been included in the Panel's list of outstanding items for discussion.

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III. Matter arising from the special meeting on 11 April 2017
[File Ref.: IN07/16-17 and FS06/16-17]

5. The Chairman said that in response to the Panel's request made at the special meeting on 11 April 2017, the Research Office of the Information Services Division of the Legislative Council ("LegCo") Secretariat had prepared a fact sheet setting out supplementary information on rare disease policies in selected places (FS06/16-17) to facilitate members' consideration of the proposal for conducting an overseas duty visit to study rare disease policies as raised by a member at that meeting. He invited members' views in this regard.

6. Mr KWONG Chun-yu extended his sorrow at the passing away of a rare disease patient 12 days after making an oral representation to the Panel on 11 April 2017. He expressed concern that the rare disease policy in Hong Kong had lagged far behind than that of the overseas places studied (i.e. Australia, Japan, South Korea, Taiwan, the European Union ("EU") and the United States ("US")). Dr Fernando CHEUNG enquired about the observations of the Research Office of the LegCo Secretariat on the rare disease policies developed by these places.

7. Senior Council Researcher 3 said that locally, the Government had not established any official definition of rare diseases, nor had it set out any specific policy on provision of support for rare disease patients. As regards the overseas places studied, the rare disease policy of Australia was targeted at promoting the research and development of drugs for treating rare diseases, and there had been calls for the Australian federal government to formulate a comprehensive national plan on rare diseases. While the US was the first to pass specific legislation designed to promote development of treatments for rare diseases, the focus of its rare disease policies of the US was on addressing the medical care needs of patients and promoting research and development on rare diseases. South Korea and the EU had adopted a similar approach. Among the places studied, Japan and Taiwan had put in place a relatively more comprehensive policy framework which incorporated both the medical and social care needs of rare disease patients. Dr Fernando CHEUNG remarked that it appeared to be more appropriate for Hong Kong to make reference to the experience of Japan and Taiwan in the course of formulating a rare disease policy.

8. Dr KWOK Ka-ki said that to facilitate members' consideration as to whether the Panel should conduct an overseas duty visit to study other places' experience in supporting patients suffered from rare disease, it would be useful if the Research Office of the LegCo Secretariat could provide information of the selected places on the background leading to

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legislation on rare diseases; changes, if any, in the drug expenses incurred by rare disease patients before and after the enactment of the legislation; and areas for improvement in the legislation, if any, as identified by patient groups and non-governmental organizations of these places. Dr Pierre CHAN requested the Research Office of the LegCo Secretariat to supplement information on the mechanisms put in place by the selected places for determining and controlling the prices of drugs for treating rare diseases under their respective healthcare systems.

Research Office, LegCo Secretariat

9. Summing up, the Chairman requested the Research Office of the LegCo Secretariat to update the fact sheet by adding the information referred to by members in paragraph 8 above and inserting a column in the summary table to show the position of Hong Kong in the various areas under study. The Chairman suggested and members agreed that subject to the time required by the Research Office of the Secretariat to complete the study, the Panel would consider whether to conduct the proposed duty visit to study rare disease policies at its June regular meeting. In the case that the Panel considered it necessary to conduct the subject duty visit, prior permission of the House Committee would be sought. Against the above, the earliest time for conducting the duty visit would be October 2017.

(*Post-meeting note*: With the concurrence of the Chairman, discussion of the proposed duty visit has been deferred to the July regular meeting of the Panel.)

IV. New acute hospital at Kai Tak Development Area – Preparatory works

[LC Paper Nos. CB(2)1352/16-17(03) and (04)]

10. The Chairman reminded members that in accordance with Rule 83A of the Rules of Procedures, they should disclose the nature of any direct or indirect pecuniary interests relating to this funding proposal before they spoke on the subject.

11. Under Secretary for Food and Health ("USFH") briefed members on the preparatory works of the proposed construction of a new acute hospital at the Kai Tak Development Area ("KTDA"), details of which were set out in the Administration's paper (LC Paper No. CB(2)1352/16-17(03)).

12. Members noted the background brief entitled "Development of the new acute hospital in Kai Tak Development Area" prepared by the LegCo Secretariat (LC Paper No. CB(2)1352/16-17(04)).

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Cost of the whole project

13. Dr KWOK Ka-ki expressed support for the construction of the new acute hospital. Noting that the new acute hospital was one of the projects under the 10-year hospital development plan ("the 10-year HDP") which the Administration had earmarked a provision of $200 billion for its implementation, Dr KWOK Ka-ki sought information on the estimated total cost of the new acute hospital project. Chief Manager (Capital Planning), HA ("CM(CP), HA") advised that HA had roughly estimated that the whole project would cost $50 billion in money-of-the-day prices. A more realistic estimate of the project cost would only be available after the completion of the detailed design works and having made reference to factors such as the price level of major construction materials.

14. While expressing support for the development of the new acute hospital, Dr Fernando CHEUNG considered that the estimated capital cost of the new acute hospital was exceptionally high when compared to the estimated costs for the development of North Lantau Hospital ("NLH"), Tin Shui Wai Hospital ("TSWH") and Hong Kong Children's Hospital ("HKCH"), which amounted to $2.5 billion, $3.9 billion and $13 billion respectively. CM(CP), HA advised that the calculation of the estimated cost of the project was based on, among others, the construction floor area of the new acute hospital and the rate of construction inflation. It should be noted that the construction floor area of the new acute hospital was more than 400 000 square meters, whereas that of NLH and TSWH was around 40 000 to 50 000 square meters. Expressing concern over the cost overruns of many major infrastructure projects in recent years, Dr KWOK Ka-ki requested HA to provide in writing a breakdown of the estimated project cost of the new acute hospital.

Admin/ HA

Role of the new acute hospital

15. Noting that of the 5 000 additional hospital beds under the 10-year HDP, around 2 400 beds would be provided at the new acute hospital, Dr Fernando CHEUNG expressed concern that the scale of the new acute hospital ran contrary to the international trend of hospital development that hospitals should be of smaller scale to better meet the healthcare needs of local communities or for the provision of a particular specialized service. In addition, the arrangement that about 70% of the additional hospital beds would be provided at the new acute hospital and other public hospitals in the Hong Kong and Kowloon regions had failed to address the service demand of the New Territories where there was a rapid population growth.

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16. Director (Cluster Services), HA ("D(CS), HA") advised that similar to the role played by QMH in the Hong Kong region and Prince of Wales Hospital ("PWH") in the New Territories region, the new acute hospital would provide not only cluster-based services for the catchment population of the Kowloon Central ("KC") Cluster which it belonged to, but also quaternary services to serve patients of the Kowloon region. Specifically, the hospital would house a neuroscience centre to provide tertiary and quaternary services of neuroscience. In addition, its Obstetrics and Gynaecology Department would play a complementary role to support the adjacent HKCH being developed at KTDA. As regards the longer-term healthcare needs arising from the population growth in New Territories, it should be noted that apart from the 10-year HDP, HA would start examining the hospital projects to be carried out beyond the 10-year HDP.

17. Dr KWOK Ka-ki asked whether HA would re-organize its neuroscience services, which were currently provided by different public hospitals causing manpower and resources being fragmented and scattered, following the setting up of a neuroscience centre under the new acute hospital. D(CS), HA advised that the key functions of the neuroscience centre would include, among others, developing and promoting new treatment that entailed advanced technology support, and providing a platform for research and professional training.

18. Dr KWOK Ka-ki expressed grave concern that most of the services of Queen Elizabeth Hospital ("QEH") would be relocated to the new acute hospital. Mr Jeremy TAM remarked that a majority of the catchment population of the KC Cluster might not be aware of the relocation, in particular that the Accident and Emergency ("A&E") service would no longer be provided at QEH. Mr POON Siu-ping and Ms YUNG Hoi-yan asked about the future use of the vacated site of QEH at the King's Park area. Mr WU Chi-wai sought clarification as to whether the role of QEH as an acute general hospital in the KC Cluster would be taken over by the new acute hospital, and whether the vacated site of QEH would remain for hospital use.

19. USFH assured members that the redevelopment at the vacated site of QEH would be for medical use. An initial thought of HA was to develop the site into a major ambulatory centre. The detailed planning for the redevelopment would be worked out at a later stage having regard to the healthcare service demand nearer the time. D(CS), HA supplemented that it was expected that the ambulatory centre would not only partner with the Kwong Wah Hospital ("KWH") and the Kowloon Hospital to serve the catchment population of the KC Cluster, but also provide a range of territory-wide day services given its central and accessible location to

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patients. As regards the provision of the A&E services, it should be noted that QEH was in close proximity to KWH. Hence, part of the A&E service needs currently being taken care of by QEH could be met by the expanded A&E Department of the redeveloped KWH, of which the redevelopment works were underway. HA had consulted the relevant district councils on the proposed construction of the new acute hospital and the related arrangements. Mr Jeremy TAM requested HA to provide a written response to explain in detail on how the expanded A&E Department of the redeveloped KWH could meet the increase in A&E service demand arising from the relocation of the A&E services of QEH to the new acute hospital.

Admin/ HA

20. Ms YUNG Hoi-yan asked about the measures to be put in place by HA to minimize the disruption to the clinical services of QEH arising from their relocation to the new acute hospital. CCE, KCC, HA advised that the initial plan was to first relocate the non-emergency and ambulatory care services (e.g. outpatient and day intervention services), to be followed by the acute services (e.g. A&E, intensive care and emergency operating theatre services).

21. Mr POON Siu-ping asked if the service commencement of the new acute hospital would help shorten the long waiting time for public healthcare services in the KC Cluster. Mr HO Kai-ming was concerned about how the new acute hospital could help relieve the heavy workload of the Kowloon East ("KE") Cluster, in particular in addressing the healthcare needs of residents in Kwun Tong. Mr SHIU Ka-fai expressed support for the development of the new acute hospital which, in his view, could help meet both the healthcare needs of the newly developed KTDA and the adjacent old districts such as Kowloon City, Kwun Tong and To Kwa Wan.

22. D(CS), HA advised that in terms of hospital beds, the new acute hospital would provide 2 400 inpatient and day beds, which would be around 400 beds more than the number of beds currently provided by QEH. Other than the redevelopment of KWH with 350 additional beds which had already commenced, another public hospital development project for the KC Cluster under the 10-year HDP was the redevelopment of Our Lady of Maryknoll Hospital which would provide, among others, 16 additional beds. For the KE Cluster, expansion of United Christian Hospital was already underway and expansion of Haven of Hope Hospital was in the pipeline, both with additional hospital beds. In the longer term, HA planned to further expand Tseung Kwan O Hospital in order to address the long-term demand for hospital services in the Sai Kung and Tseung Kwan O districts.

23. Dr KWOK Ka-ki asked whether the oral maxillofacial surgery and dental unit of the new acute hospital would be equipped to support the

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provision of special dental care services to meet the service demand of persons with disabilities, such as the availability of special anesthetic procedures. D(CS), HA advised that the new acute hospital was not the only option. HA would discuss with the Department of Health on the way forward as appropriate. USFH added that a four-year Pilot Project on Dental Service for Patients with Intellectual Disability had been implemented since August 2013. The Administration was evaluating the operation of the Pilot Project, and would continue to subsidize the participating organizations to provide the relevant dental service in the coming year for those patients who were already on the waiting list of the Pilot Project.

Accessibility of the new acute hospital

24. Referring to the Enclosure to the Administration's paper, Ms YUNG Hoi-yan asked whether any pedestrian subways, in addition to the proposed link bridge, would be constructed to connect the two sites of the new acute hospital. CM(CP), HA advised that the construction of the planned Central Kowloon Route, which would mainly be formed by tunnel, had made the construction of pedestrian subways in the area concerned infeasible. Hospital staff and the public could make use of the link bridges connecting the two sites of the new acute hospital and HKCH to access to the three buildings. Separately, there would be service subways connecting HKCH and the two sites of the new acute hospital to support the operation of the two hospitals, such as transportation of medical supplies.

25. Ms YUNG Hoi-yan was concerned about whether there would be adequate public transport facilities, such as buses and public light buses, to facilitate accessibility of the new acute hospital. Holding the view that the estimated cost of the proposed preparatory works of the new acute hospital, which stood at $1,150 million in money-of-the-day prices, was on the high side, Mr WU Chi-wai asked whether the preparatory works would cover traffic impact assessment for the hospital sites. He remarked that during the public consultation exercise on the proposed Environmentally Friendly Linkage System for Kowloon East, there were divergent views on the need and the alignment of the proposed elevated monorail system. Hence, any traffic impact assessment should cover both the scenarios of adopting the monorail proposal after the detailed feasibility study or otherwise.

26. CM(CP), HA explained that the estimated cost of the proposed preparatory works of the new acute hospital, being mainly the consultants' fees, would cover site investigations, minor works and surveys; as well as consultancy services for carrying out the outline sketch design, detailed design, preparation of tender documents and tender assessment for the main

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works of the whole project. As regards the transport network serving the new acute hospital, HA would communicate with the relevant government departments at a later stage with a view to strengthening the bus and public light bus services to the new acute hospital and HKCH, and exploring whether any of the proposed elevated monorail stations could be better positioned to facilitate public access to these hospitals. In addition, the planned Central Kowloon Route would improve the connectivity of KTDA with adjacent districts such as San Po Kong and To Kwa Wan. Mr HO Kai-ming pointed out that the completion of the Central Kowloon Route project, together with the other sections of Route 6 (i.e. Trunk Road T2 and Tseung Kwan O – Lam Tin Tunnel), might be later than the completion of the new acute hospital project which was currently targeted to be in 2024. He urged the Administration and HA to ensure the accessibility of the new acute hospital upon its commissioning.

Timetable for completion of the project

27. Expressing support for the proposed construction of the new acute hospital, Mr POON Siu-ping called on the Administration to expedite the completion of the whole project. Mr Jeremy TAM asked about the reason why the Administration and HA did not stick to the original plan to carry out the construction works of the new acute hospital in two phases, so that at least some 800 hospital beds could be in operation upon completion of the phase one development in 2021 to meet the healthcare needs of the community.

28. Cluster Chief Executive, Kowloon Centre Cluster, HA ("CCE, KCC, HA") advised that the latest proposal of carrying out the construction works of the new acute hospital in one go had the support of the frontline staff. Given that individual patients might require services from a number of clinical specialties throughout the course of their illness, such arrangement would optimize the effectiveness, quality and continuity of care for patients receiving medical services at HA. In addition, this would obviate the need to split the healthcare manpower into two teams to respectively take care of the patients at the new acute hospital and QEH.

29. Mr POON Siu-ping enquired about the manpower requirement for the commissioning of the new acute hospital. D(CS), HA advised that with the increase in the number of publicly-funded degree places in various healthcare disciplines in recent years, it was expected that there would be adequate healthcare manpower to meet the commissioning of the new acute hospital.

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Conclusion

30. In closing, the Chairman concluded that the Panel did not object to the submission of the proposal to the Public Works Subcommittee ("PWSC") for consideration.

[At this juncture, the Chairman informed members of his decision to extend the meeting for 15 minutes beyond its appointed time to allow more time for discussion.]

V. Redevelopment of Prince of Wales Hospital, phase 2 (stage 1) – Preparatory works

[LC Paper Nos. CB(2)1352/16-17(05) and (06)]

31. The Chairman reminded members that in accordance with Rule 83A of the Rules of Procedures, they should disclose the nature of any direct or indirect pecuniary interests relating to this funding proposal before they spoke on the subject.

32. Members noted the paper provided by the Administration and the background brief prepared by the LegCo Secretariat for the subject under discussion (LC Paper Nos. CB(2)1352/16-17(05) and (06)).

Cost of the whole project

33. While expressing support for the phase 2 redevelopment of PWH, Dr Fernando CHEUNG was concerned about the estimated cost of the whole redevelopment project. CM(CP), HA advised that it was estimated that stage 1 of the phase 2 redevelopment of PWH, being a project under the 10-year HDP, would cost about $30 billion. Stage 2 of the phase 2 redevelopment of PWH was beyond the coverage of the 10-year HDP. Expressing concern that the development of the new acute hospital at KTDA and stage 1 of the phase 2 redevelopment of PWH would cost about $80 billion, the Chairman requested the Administration to provide in writing details on the use of the dedicated provision of $200 billion under the 10-year HDP and the projects covered under the plan.

Admin/ HA

34. Referring to a news report in early 2017 about an alleged corruption case on a works programme in PWH which involved an amount of $60 million, Dr Fernando CHEUNG urged HA to review its management and control mechanism for public hospital works projects. CM(CP), HA advised that the case referred to in the media report, which was under investigation of the Independent Commission Against Corruption, was a

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minor works programme. As regards capital works projects such as the phase 2 redevelopment of PWH, the Architectural Services Department would be the vote controller to ensure prudent and proper use of public funds.

Service provision during and after the phase 2 redevelopment of PWH

35. Ms YUNG Hoi-yan expressed support for the phase 2 redevelopment of PWH. Noting that stage 1 of the phase 2 redevelopment of PWH would provide 450 additional beds, Ms YUNG Hoi-yan asked whether HA could further increase the number of additional beds to be provided. Dr Elizabeth QUAT said that she was in support of the phase 2 redevelopment of PWH which she had long called for. She was, however, concerned about whether the service capacity of the redeveloped PWH was adequate to meet the growing healthcare needs of the New Territories East ("NTE") Cluster.

36. Cluster Chief Executive, NTE Cluster, HA ("CCE, NTEC, HA") advised that stage 1 and stage 2 of the phase 2 redevelopment of PWH would provide 450 and 400 additional inpatient beds respectively. In addition, the new block to be constructed during stage 2 of the phase 2 redevelopment of PWH would provide additional day beds to meet the needs of a growing number of elderly patients in the NTE Cluster. This apart, the 10-year HDP covered the expansion of North District Hospital in the NTE Cluster to provide 600 additional beds. Dr Elizabeth QUAT was concerned about whether there would be adequate healthcare manpower to meet the increased service capacity of the redeveloped PWH given the current manpower constraint of HA. USFH said that there was no cause for such concern as stage 1 of the phase 2 redevelopment of PWH would take years to complete.

37. Dr KWOK Ka-ki expressed support for the phase 2 redevelopment of PWH. In his view, the provision of inpatient convalescent and rehabilitation services in the NTE Cluster was inadequate. He asked whether the phase 2 redevelopment of PWH would address the problem. Ms YUNG Hoi-yan asked if the long waiting time for A&E services at PWH would be shortened following the phase 2 redevelopment of PWH.

38. CCE, NTEC, HA advised that in the NTE Cluster, convalescent and rehabilitation services were currently provided by Cheshire Home, Shatin, Shatin Hospital and Tai Po Hospital. In the meantime, HA was planning to enhance the service capacity of Cheshire Home, Shatin through minor works projects. Separately, it had been identified in the Clinical Services Plan for the NTE Cluster that there was a need to address the access block

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problem of acute hospitals (including PWH) whereby admitted emergency patients had to wait for a long time at the A&E Department before a bed was allocated to them in the inpatient ward by, say, improving step-down care which included, among others, convalescent and rehabilitation support to relieve the pressure of acute beds. An option was that the acute and rehabilitation services would be co-located at an integrated wing or on certain floors in the new block of PWH phase 2 redevelopment so that acute rehabilitation could be started as soon as the patient concerned was stabilized.

39. Mr POON Siu-ping said that he was in support of the phase 2 redevelopment of PWH. He was, however, concerned about the possible disruption of the clinical services during the redevelopment period as PWH would remain functional at all times. CM(CP), HA advised that as an established arrangement, it would be stipulated in the contract of the project that the contractor concerned had to put in place measures to keep any disruption and pollution arising from the works to a minimum.

Car parking spaces of PWH

40. Noting that the affected non-clinical services of PWH would be relocated to the decanting building to be built at Shatin Hospital during the period of redevelopment, Ms YUNG Hoi-yan was concerned about whether there would be adequate car parking spaces for those staff who had to travel between the decanting building and PWH due to operational needs.

41. CM(CP), HA advised that the construction of the new Inpatient Extension Block of PWH at the site of the to-be-demolished Staff Quarters Blocks A, C, D and E and Lecture Theatre Building would lead to the closure of some parking spaces in PWH during the redevelopment period. Some 50 additional parking spaces would be provided at Shatin Hospital. Noting that stage 1 of the phase 2 redevelopment of PWH was targeted to complete in 2027, Mr POON Siu-ping considered that HA should provide the affected staff with shuttle bus service for travelling between the two hospitals. CCE, NTEC, HA assured members that appropriate transportation arrangement would be provided for those staff who had to travel between the decanting building and PWH due to operational needs.

42. Dr Pierre CHAN was concerned about the long-standing problem of shortage in parking spaces for staff members of and visitors to public hospitals. He called on the Administration to seize the opportunity of the redevelopment of various public hospitals to address the problem. CM(CP), HA advised that the planning for car parking spaces of public hospitals was based on, among others, the standard provision ratio of car

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parking spaces to hospital beds as set out in the Hong Kong Planning Standards and Guidelines. Given that the new service models of public hospitals would place greater emphasis on ambulatory care, HA would consider exploring with the relevant government departments the feasibility of reviewing the relevant standard which had been in force for years.

Conclusion

43. In closing, the Chairman concluded that the Panel did not object to the submission of the proposal to PWSC for consideration.

VI. Inpatient Medication Order Entry system

[LC Paper Nos. CB(2)1352/16-17(07) and CB(2)1427/16-17(01)]

44. USFH briefed members on the background of the development of the Inpatient Medication Order Entry ("IPMOE") system by HA, and Senior Health Informatician, HA ("SHI, HA"), with the aid of a PowerPoint presentation, briefed members on the implementation progress of the IPMOE system, details of the above were set out in the Administration's paper (LC Paper No. CB(2)1352/16-17(07)) and the PowerPoint presentation material which was tabled at the meeting (LC Paper No. CB(2)1427/16-17(01)).

Functions of the IPMOE system

45. Expressing grave concern about the UCH incident, Dr KWOK Ka-ki asked whether the IPMOE system would provide timely alerts and warning messages on drug-drug interactions and patients' drug allergy to avoid the recurrence of similar incidents. Referring to the UCH incident, Mr Charles MOK asked whether the IPMOE and/or other similar systems of HA had any artificial intelligence tools for performing analytics against the prescriptions made with a view to reducing the harm caused by medication errors. Mr LEUNG Kwok-hung raised a similar question.

46. D(CS), HA advised that the IPMOE system was part of HA's Clinical Management System ("CMS") to facilitate a closed-loop process for the prescription, dispensing and administration of medication. The current design of the prescription module was to support clinical decision making through the building up of a structured drug database of the patients concerned. SHI, HA supplemented that doctors could enter a patient's drug allergy and adverse drug reaction data and clinical alerts (e.g. patients' clinical conditions, medication profile, episode summary and procedures performed) into CMS. Entries of the above information would enable

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system screening and provision of alerts against medications prescribed to support doctors' clinical decision making. Dr Pierre CHAN pointed out that the content of the alerts depended on the data that had been entered into CMS. He stressed that it was incumbent upon the healthcare professionals to exercise their clinical judgement when making reference to the alerts of the IPMOE system.

47. Mr POON Siu-ping enquired as to whether patients' sharable health data contained in the IPMOE system would be provided to the Electronic Health Record Sharing System if the patients concerned had joined the Electronic Health Record Sharing System. USFH replied in the positive.

Effectiveness of IPMOE system

48. Being a doctor in public hospital with hands-on experience in using the IPMEO system, Dr Pierre CHAN remarked that while the system had improved the efficiency and accuracy of drug dispensing and enhanced medication safety in public hospitals, it had increased the time required by doctors for clinical rounds and workload of nurses in drug administration. Dr KWOK Ka-ki was concerned about whether the implementation of the IPMOE system would create heavier workload to frontline doctors and nurses. Mr POON Siu-ping expressed concern in this regard.

49. D(CS), HA advised that the implementation of the IPMOE system had on the one hand minimized the need for doctors to prescribe drugs in handwritten form, and on the other hand improved the workflow of pharmacists and nurses in drug dispensing and administration. SHI, HA stressed that a proper balance had been struck between enhancing overall clinical safety and improving clinical workflow efficiency of different healthcare disciplines. For instance, the implementation of the IPMOE system had proven to be effective in avoiding errors associated with transcribing prescriptions and improving accuracy of patient identification during drug administration. Chief Manager (Nursing), HA ("CM(N), HA") admitted that it took time for frontline nursing staff to become familiar with the system. A three-hour training session would be provided for staff prior to the implementation of the system in a public hospital. Chief Pharmacist, HA ("CP, HA") advised that the turn-around time of drug dispensing in hospital pharmacies was reduced as medication orders were now in electronic form for direct access and handling of prescriptions was also prioritized according to the time of administration.

50. The Chairman asked whether HA had collected any feedbacks from doctors, nurses and pharmacists on the implementation of the IPMOE system, including whether there was a need to increase the manpower to

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cope with the increased workload; and if so, the actions that had been taken by HA to address the concerns raised. Mr Charles MOK considered that HA should take heed of the views expressed by frontline users for continuous improvement of the IPMOE system. D(CS), HA pointed out that the medical background of the post holder of SHI could help to ensure that the design of and enhancements to the IPMOE system would be from a user perspective. SHI, HA advised that the health informatics team had maintained regular communication with the healthcare disciplines concerned to gauge their views on the IPMOE system. In view of the feedback, the system had undergone continual system enhancements since it was first rolled out on a pilot basis in 2013-2014. For instance, doctors could now access to the system via a mobile application through a touchscreen tablet during clinical rounds, and nurses would be reminded through a system message the need of practising independent double checking before administration of dangerous drugs.

51. Mr Charles MOK asked whether HA had captured any data since the introduction of the IPMOE system for the purpose of analyzing whether its implementation had improved medication safety and clinical workflow in the hospitals concerned. The Chairman sought information on statistics to demonstrate the effectiveness of the system. SHI, HA advised that findings of an interim review on the implementation of the IPMOE system in three acute public hospitals had showed that there was a reduction in the number of medication incidents due to known drug allergy and drug-drug interactions. HA would conduct an overall review of the system after the system had been implemented in all acute hospitals. At the request of Dr Fernando CHEUNG, USFH undertook to provide the report on the interim review of the IPMOE system after the meeting.

Admin/ HA

52. The Chairman remarked that to his understanding, some tertiary institutions had encountered difficulties in teaching the use of the IPMOE system for nursing students in the clinical setting. CM(N), HA responded that HA was in discussion with the tertiary institutions concerned on the provision of training software and demonstration of the IPMOE system for teachers and students.

[At this juncture, the Chairman suggested and members agreed that the meeting be further extended for 15 minutes.]

Implementation progress of the IPMOE system

53. Mr POON Siu-ping called on the Administration to expedite the implementation of the IPMOE system in all public acute and non-acute hospitals, which was targeted to be completed by the end of 2021-2022.

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D(CS), HA said that it should be noted that implementation of the IPMOE system, which was continuously under enhancement, in different clinical settings would require customization. SHI, HA supplemented that it took time for each public hospital to make preparations for implementing the system. For instance, the hospital concerned had to provide training for its staff and ensure that its information technology infrastructure could support the running of the system. In response to Mr POON Siu-ping's enquiry as to whether the IPMOE system would only be implemented in public but not private hospitals, D(CS), HA replied in the positive.

54. Dr KWOK Ka-ki sought information about the total expenditure incurred for developing the IPMOE system. Mr LEUNG Kwok-hung was concerned about the total estimated expenditure for the whole project. He called on HA to allocate more resources to enhance the functionality of the system to prevent the recurrence of medication errors similar to that of the UCH incident. D(CS), HA agreed to provide in writing the expenditure incurred for individual development stages of the system. The Chairman said that HA should provide in its written response both the expenditure incurred so far for the development of the IPMOE system and the estimated costs for the future system enhancements.

Admin/ HA

Introduction of clinical pharmacy services

55. Dr Helena WONG noted that HA had initiated clinical pharmacy services in the specialties of oncology and paediatrics so as to reinforce pharmaceutical risk management for inpatients. She asked whether the services would be extended to cover other specialty areas, in particular nephrology so as to avoid recurrence of similar medication errors involved in the UCH incident.

56. D(CS), HA explained that riding on the system functionalities of the IPMOE system, clinical pharmacy services, which covered, among others, clinical screening of prescriptions, drug counselling for selected new cases and review of treatment protocols, would initially be provided for selected high-risk patient groups in inpatient setting. SHI, HA and CP, HA supplemented that treatment protocols for these patients was more complex and dosage of their medication depended on the conditions of individual patients. SHI, HA added that HA would develop a chemotherapy module under the IPMOE system to enable handling of complex chemotherapy regimens and protocols, and cover critical clinical parameters for cancer patients.

57. In response to Dr Helena WONG's enquiry as to the timing clinical pharmacists would review the medication orders, CP, HA advised that

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clinical pharmacists were part of the patient care teams in the inpatient setting. They would support and collaborate with other healthcare professionals during clinical rounds.

Medication safety for outpatients and discharged patients

58. Dr Fernando CHEUNG asked whether a module similar to the IPMOE system was available to facilitate the process of prescribing and dispensing drugs for outpatients. D(CS), HA advised that a Medication Order Entry ("MOE") system had been developed under CMS to cater for the prescription and dispensing of drugs for outpatients and discharged patients before the introduction of the IPMOE system. Dr Helena WONG requested HA to provide in writing information on the workflow of drug prescribing and the relevant monitoring mechanism under the MOE system for outpatients. The Chairman said that the Panel could arrange an on-site visit to enable members to have a better understanding of HA's CMS and its various systems if members wished to do so.

Admin/ HA

59. In response to Dr Fernando CHEUNG's enquiry about whether the availability of any electronic platform for patients and/or their carers to obtain information on the drugs dispensed and provide feedback on drug reactions, if any, D(CS), HA advised that HA had developed a mobile application to enable patients and/or their carers to scan the barcode on drug label for instant access to specific drug information. This apart, HA was working on an electronic platform to facilitate discharged patients and/or their carers to access to useful information on drugs and follow-up investigations. Mr Charles MOK called on HA to enhance publicity of its mobile applications.

VII. Any other business

60. The Chairman reminded members that the Panel would hold a special meeting on 22 May 2017 to receive views from members of the public on the subject of "Review on mental health". The next regular meeting of the Panel would be held on 19 June 2017 at 4:30 pm.

61. There being no other business, the meeting ended at 6:58 pm.

Council Business Division 2
Legislative Council Secretariat
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