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### 多少間醫院設羈留病房？

全港共有兩間醫院設有羈留病房，分別是伊利沙伯醫院和瑪麗醫院。圖中的羈留病房屬於伊利沙伯醫院，1992年投入服務，僅伊院可接收男、女在囚人士。



### How many hospitals have custodial wards?

There are two custodial wards in Hong Kong, one at the Queen Elizabeth Hospital (QEH) while the other one at Queen Mary Hospital. The QEH custodial ward (photo), established in 1992, is the only custodial ward eligible for both male and female inmates' admission.

## 公立醫院有幾趣

### Fun facts of public hospitals

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### 醫院收藏清朝牌匾？

東華醫院有150年歷史，歷史瑰寶處處可見。院內的李兆忠紀念大樓本身為一級歷史建築，樓高六層，每一層都掛著巨大牌匾，部分更出自清朝光緒年間，有過百年歷史。



### Are there Qing Dynasty plaques in hospital collection?

With a history of 150 years, Tung Wah Hospital is a museum of historical treasures. Li Shiu Chung Memorial Building, which is a grade one historic building with six storeys in the hospital, is decorated with huge plaques on each floor. Some century-old plaques can even be dated back to the reign of the Guangxu Emperor of the Qing Dynasty.

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### 殭屍在醫院有個約會？

位於瑪麗醫院護士宿舍A座地下大堂的「懷舊閣」，收藏多件不同年代的醫療用具及護士制服。這件「殭屍袍」不是萬聖節服飾，而是昔日護士在冬天穿著的披肩。

### A date with Dracula in hospital

Located at G/F, Block A, Nursing Quarter, Queen Mary Hospital, the 'Reminiscence Corner' displays a collection of medical instruments and nurse uniforms of different eras.

This 'Dracula cape' is not a Halloween costume but a tippet for nursing staff in winter in the old days.



### Was an operation named after Hong Kong?

In 1955, Dr A.R. Hodgson, Professor of Department of Surgery of the University of Hong Kong, performed the 'anterior spinal fusion' to treat spinal tuberculosis with the assistance of Sister Mary Gabriel O'Mahony (photo), a physician from Ruttonjee Sanatorium. The treatment method earned the reputation in the West, and was named the 'Hong Kong Operation'.



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### 有手術以香港命名？

1955年，香港大學外科教授 Dr A.R. Hodgson 在律敦治療養院內科醫生紀寶儀修女（圖）協助下，推行「前路清創及融合術」，治療脊柱結核，獲西方稱譽為「香港手術」。

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### 全港面積最大和最小的公立醫院在哪裡？

兩間都位於沙田區！面積最大的是威爾斯親王醫院（左圖），佔地超過25萬平方米；最小的是白普理寧養中心（右圖），只有約2,800平方米。



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### 從前有間虎豹醫院？

肺結核1932年肆虐香港，商人胡文虎及胡文豹捐款興建醫院。當年長洲醫院英文全名為 St. John Ambulance Association Haw Par Hospital，Haw Par Hospital 中譯為「虎豹醫院」，時至今日，正門仍然保留著這個英文名字。因應長洲地勢環境，醫院常備獨有的「鄉村車輛」，提供非緊急病人運送服務。



### Was there a Haw Par Hospital in the past?

Back in 1932, tuberculosis raged in Hong Kong. With the donation from businessmen Aw Boon Haw and Aw Boon Par, St. John Ambulance Association Haw Par Hospital was built. The hospital is currently known as St. John Hospital, yet the name 'Haw Par Hospital' remains visible at its entrance. Owing to the landform in Cheung Chau, 'village vehicles' are available for the provision of non-emergency transfer service.

今 Present

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### 再見「大牛龜」

瑪嘉烈醫院心臟介入治療中心手術室今昔對照。科技發展一日千里，90年代俗稱「大牛龜」的電腦屏幕已被「薄 mon」取代，提供更清晰精準的手術影像。



昔 Past

### A farewell to CRT monitors

The operating theatre at the Cardiac Intervention Centre of Princess Margaret Hospital has undergone tremendous changes over the years. With the advancement of technology, the Cathode Ray Tube (CRT) monitors have been replaced by LCD monitors to provide sharper and more accurate operative images.

### Where are the largest and smallest public hospitals in Hong Kong?

Both hospitals are located in Sha Tin District! Prince of Wales Hospital (left), with an area of more than 250,000 square meters, is the largest hospital in Hong Kong, while Bradbury Hospice (right) covering only 2,800 square meters is the smallest one.



## HA 30年始終前行

### Walking side by side for 30 years

過去30年，醫管局一步一腳印，茁壯成長，走過這段崎嶇的路，全賴專業優秀的同事無私奉獻。《協力》訪問了四組不同職系的同事，有父女、有醫患、有師徒，不難從他們身上發現一種共同的特質：不論崗位、自身遭遇或外在環境如何，都懷著以病人福祉為重的信念。過去30年，順境逆境，同事仍堅守崗位，始終如一；未來的日子，大家繼續秉持這個信念，始終前行！

With the full dedication of its team of professionals, the Hospital Authority (HA) has overcome numerous challenges over the past three decades. To mark its 30<sup>th</sup> anniversary, HASLink has interviewed colleagues from different disciplines and relationships, including a father and daughter, a doctor and patient, and mentors and mentees. Their stories are different but spirit is in common: Whatever they encounter in their work or personal lives, they strive to safeguard patients' health and wellbeing. During the past 30 years, colleagues have been through good times and bad, yet their determination in delivering quality services remains robust ever. We shall demonstrate our continuing commitment to make headway in the coming decades.

**對**醫生來說，沒任何事比病人康復更令人鼓舞。威爾斯親王醫院實習醫生潘俊圖是白血病康復者，曾接受該院時任兒科部門主管李志光醫生的治療。當日的小病人變成同事，李志光形容是一份好好的禮物，口罩也藏不住滿臉笑意。

時間回到10年前，李志光記憶中的潘俊圖冷靜乖巧，化療過程雖苦，他都肯配合。「他試過因血管栓塞，要連續三個月早晚在皮下打抗凝血針，都一一捱過。」

看似堅強的少年，其實也有情緒起伏。潘俊圖說：「起初實在受不了，我怎會患上這種病？幸好醫生願意聆聽我的擔憂記掛，例如可否先完成考試，萬一口腔潰瘍應否拆掉本身的牙箍等。」當年的人和事潛移默化，讓他學會對病人有耐性和同理心，無論多忙都會抽時間聆聽病人。他感慨道：「醫生每日見很多病人，但對病人來說，能否痊癒、舒不舒服就全靠這個醫生，令我覺得醫生要有責任感，要易地而處。」

李志光認同：「醫生往往從自己角度出發，認為我給予病人最好的，為何他不接受？其實我們認為最好的，他未必覺得最好。我們做醫生是幫人，不是增加病人痛苦。」

李志光現為香港中文大學兒科學系教授，同時於香港兒童醫院血液及腫瘤科擔任名譽顧問醫生。他指兒科在過去30年進步很大，相繼發展出不同副專科，醫生可更專注處理各種「奇難雜症」，亦促成不少新治療和研究。現在也多了嶄新的診斷方法去找出病因，如基因檢測。對於複雜病症，更會採用跨專科團隊模式診治，不同專科的同事一起商討最佳的治療方案。

醫護培訓亦更趨嚴謹。李志光笑說：「我40年前做實習醫生時，便被差派為病人抽取肝臟活組織。上司只叫我打開細針包裝的說明書，自己看看怎樣做，現在根本無法想像！」現今醫管局嚴格規定醫護人員需接受訓練和考核，才可進行高風險程序，保障病人安全。

醫生除了醫病也醫心。擁有雙重身分的潘俊圖覺得，醫護人員比以前更著重病人及家屬感受，會主動溝通，給予支援。李志光補充：「以前把病人治好就可以讓他出院，現在我們講求提升生活質素，例如用不同方法舒緩病人不適，專職醫療同事和非政府機構亦會照顧病人和家屬的心理需要，評估家居環境是否能配合等，實踐全人治療。」

即使時代變遷，恆久不變的是醫護人員幫助病人的心。李志光曾遇過一個移植骨髓後白血病復發的病童，「當時我們都打定輸數，與父母商量後，便停止了所有創傷性治療。」誰知病情竟慢慢好轉，多年來亦再沒復發。「我不相信奇蹟，但這件事提醒我，人人對治療的反應都不一樣，作為

# 醫生最好的禮物

## The greatest gift to a doctor



威院1991年進行第一宗兒童骨髓移植，李志光醫生（右）與該名病童攝於兒童癌症病房。  
PWH performed its first bone marrow transplant on a child patient in 1991. Dr Li (right) was pictured with the patient in Children's Cancer Centre.

醫生，可做的都應盡量去做。」李志光期望本港發展更多新療法，例如基因治療，讓先天性疾病如地中海貧血、白血病患者毋須再接受長期治療。

醫生的最好禮物，就是病人康復，活出精彩人生。

**F**or doctors, there is nothing more heartening than seeing a patient recover. Dr **Brian Poon**, a leukaemia survivor, is now an intern doctor at the Prince of Wales Hospital (PWH). When he was diagnosed ten years ago, he was treated by Dr **Li Chi-kong**, the Chief of Service of the hospital's Department of Paediatrics at the time. Smiling behind his mask, Dr Li is delighted to have his former patient become a colleague and describes it as a gift.



潘俊圖（右）在香港兒童醫院看見癌症病童在病房中駕駛著玩具車，令他感受到醫院環境和服務比起自己做病人時大有改善。  
左為李志光醫生。  
Brian (right) saw a child patient riding a toy car in the ward of HKCH. He was impressed by the improvement in hospital environment and services over the years. To his right is Dr Li Chi-kong.

Chemotherapy is tough and painful, but Dr Li recalls that Brian was calm and cooperative while undergoing treatment. "Brian overcame a lot during the journey. For instance, he had to endure anticoagulants injection under the skin for three consecutive months due to vessel blockage," Dr Li says.

Beneath his calm exterior, Brian was anguished and anxious. "I couldn't accept at first and kept asking 'why me?'" He says. "I had a lot of worries too. Could I complete my exam before starting the treatment? Should I have my dental braces removed when mouth ulcers appear as a side effect? I was fortunate to have doctors who were willing to listen to me and address my concerns." Having that first-hand experience, Brian has developed patience and a sense of empathy for patients. Now, he makes time to listen to his patients, despite the busy schedule. "A doctor sees many patients in a day, but a patient only has one doctor to rely upon," he reflects. "I believe doctors should be responsible, and put themselves in patients' shoes."

Dr Li agrees, "Doctors usually make decisions from their perspectives and believe they already offer patients the best option. However, patients may not think the same.

We as doctors need to bear in mind that we are here to help, not to do any harm."

Dr Li is currently a professor in the Department of Paediatrics of The Chinese University of Hong Kong, and an Honorary Consultant in the Haematology and Oncology unit of Hong Kong Children's Hospital (HKCH). He reckons that the development in paediatrics over the past 30 years has been extraordinary. Subspecialisation allows doctors to focus more on treating difficult and uncommon diseases, and contributes to the development of new treatments and research. Besides, new diagnostic tools such as genetic tests are now available to identify the culprit behind diseases. In the case of complex conditions, a multidisciplinary approach would be adopted to formulate the best treatment plan for patients.

"When I was a houseman 40 years ago, I was assigned to do a liver biopsy. My senior just told me to read the instruction manual and do it myself! Can you imagine?" Dr Li jokes. Nowadays, the Hospital Authority has strict guidelines on high-risk medical procedures. Practitioners must undergo appropriate training and assessment in advance to ensure patient safety.

A good doctor treats the whole person, not just the disease. Brian says healthcare workers today care more about the feelings of patients and families. They are more willing to communicate and proactively provide support. Dr Li echoes, "In the old days, we just cured the patients and then discharged them, but now we emphasise quality of life and holistic care. For example, we look for ways to relieve patients' discomfort, collaborate with allied health professionals and NGOs to address their psychological needs, and conduct home assessment to suggest practical modifications.

Despite medical advancements, the goal of helping patients remains unchanged. Dr Li recalls a leukaemia patient who had a relapse after bone marrow transplant. "We expected to lose him any time. After discussing with the parents, we stopped all aggressive treatments," he says. Surprisingly, the little fighter got better bit by bit and eventually recovered. "I don't believe in miracles, but this case reminds me that every patient responds differently to treatment. As doctors, we should try our very best to save lives." Dr Li is looking forward to the emergence of more new treatments, such as gene therapy in Hong Kong, which may benefit patients with congenital diseases like thalassemia and leukaemia.

Seeing patients recover and live a fruitful life is the greatest gift a doctor can ask for.

如果說前線醫護團隊是為病人征戰、對抗病魔的戰士；那麼工程部支援員工就是打磨兵器，提供最佳環境予前線團隊作戰的幕後功臣。明愛醫院工程部一級監工董耀南（黑哥）和二級監工蘇偉健（健哥），論盡30年的醫院設施管理變遷，惟員工緊守崗位、默默支援的精神，始終如一。

黑哥1976年加入明愛醫院，先在消毒房任職消毒操作員，半年後他發現對機電設備有興趣，經修女安排調職至工程部，「當時部門實行師徒制，由於資源不多，部門只有八人，有如家庭式運作，負責整間醫院的設施維修工作。」時至今日，部門發展成逾40人的團隊，明確分工，包括風火水電及建築。健哥2017年加入團隊，與黑哥同屬電器部。

### 從口耳相傳到維修天書

2017年，黑哥夥拍健哥上陣，負責每五年一次的固定電力裝置檢測。這個大項目需截斷醫院大樓的電力供應，並啟動後備供電系統，以維持醫院正常運作。「黑哥常說，做事不能只想一步，還要想第二、三步，而溝通則有助我們分析得更全面。」健哥說，檢測前兩三個月便需與其他部門溝通協調，講解檢測過程、如何維持正常電力供應及應變方案等。

「30年前我們是靠個人天分、累積經驗和前輩口耳相傳心法，來處理日常維修及緊急事故。遇上緊急事故，真是震過貓王！」黑哥手執部門維修手冊，翻了一翻，「口傳經驗容易有遺漏，所以醫院投放許多資源建立良好管理制度。這本天書結合了前人經驗、現代設施管理指引及應變方案，定時更新，人人可閱。」

### 從維修到設施管理

30年間，醫院工程部的角色蛻變，由以往「壞了便維修」，演變成醫院設施管理，工作涵蓋法規及牌照申請、巡查檢測、保養維修、評估設施壽命、科技應用、能源效益管理、可持續發展等，這全是現代醫院管理的重要領域。



董耀南（左）與蘇偉健認為可持續發展是現代醫院設施管理的重要一環。  
Tung Yiu-nam (left) and Ken So say sustainability is key to the hospital facility management.

黑哥笑言：「以前有人質疑，醫院是治病的地方，談甚麼環保和可持續發展。其實醫院是社會一份子，利用高能源效益科技和設施，不但可節省能源，還能提升設備系統的穩定性。資源用得其所，是多贏局面！」

不論於任何年代加入，二人都認為，工程部最大目標是確保醫院服務運作安全暢順，讓病人安心治病，「我們一直緊守崗位！」



明愛醫院工程部猶如大家庭。  
The big family of the Maintenance Department of CMC.

# 工字出頭

## The men behind successful facility management

# 設施管理的幕後功臣

If the frontline clinical staff are warriors who fight for patients, supporting staff in the Maintenance Department are then the blacksmiths who forge weapons and offer the best working environment. Tung Yiu-nam, Works Supervisor I, and Ken So, Works Supervisor II, from the Electrical Workshop in the Maintenance Department of Caritas Medical Centre (CMC) talk about the transformation in hospital facility management in the past 30 years. Despite the changes in operation, their professionalism has never changed.

Tung joined CMC in 1976. At first, he worked as a sterilisation operator. Half a year later, he realised his keen interest in electrical and mechanical services. He was later transferred to the Electrical Workshop in the Maintenance Department with the help of a nun. “Back then, I was an apprentice in the department. We only had limited resources. With eight people in the team, we worked as a family to maintain the facilities of the whole hospital,” says Tung. Nowadays, the department has become a team of 40 people. Each has their own specific duties, including all building services and capital works. Joining the team in 2017, Ken started working in the Electrical Workshop with Tung.

### From word of mouth to a book of wisdom

In 2017, Tung and Ken joined hands to conduct the periodic inspection, testing and certification for fixed electrical installations for a cycle of every five years. The power supply of the hospital was switched off and the emergency backup power system was activated to ensure smooth operation. “Tung always says that we have to think several steps ahead. Efficient communication is vital for a more comprehensive analysis,” says Ken. Around two to three months prior to the inspection, they had to

communicate and coordinate with various departments on inspection procedure as well as maintaining a stable power supply and contingency plan.

“30 years ago, when carrying out daily maintenance and handling emergencies, we relied mostly on ourselves, our past experiences and words of wisdom from our seniors. To be honest, we were uptight with trembling limbs when we were caught up in an emergency!” With a maintenance service manual on his hands, Tung says, “The meanings always get lost by word of mouth. So the hospital had devoted resources to establish a comprehensive management system. This book of wisdom is an invaluable collection of past experiences, guidelines for modern facilities management and contingency plans. It is updated from time to time and is made available for everyone in the department.”

### From maintenance to facility management

In the past 30 years, the role of the Maintenance Department has transformed from merely corrective repair to hospital facility management. The job duties include ordinance compliance and license application, regular inspection, maintenance, assessment of facility life cycle, technology application, energy efficiency management, sustainability and so on. These all are important for modern hospital management.



黑哥（右一）說早年的工程部實行師徒制。  
Tung Yiu-nam (first right) says apprenticeship was adopted in the Maintenance Department in the past.

Tung says, “In the past, some may question that hospital is a place for curing, why do we talk about eco-friendly and sustainability? Hospital is in fact an inseparable part of our society. With the application of energy-efficient technology and facility, not only can we save energy, but also improve the stability of the systems. Wise utilisation of resources creates a win-win situation!”

Regardless of joining the department in different decades, both of them believe that the ultimate goal of the Maintenance Department is to ensure stable hospital services for patient recovery. “We will remain professional and dedicated ever!”

# 兩代護理情

譚婉儀提到爸爸從事寧養工作，隨即作出敬佩手勢，譚耀輝笑逐顏開。Yuen-yee expresses admiration for his father as she talks about his works in hospice care, bringing a smile to John's face.



## Like father, like daughter — Two generations of nursing care

屯門醫院臨床腫瘤科兼職註冊護士譚耀輝今年70歲，過去近半世紀肩負著護理使命，女兒譚婉儀亦跟他入行，任職基督教聯合醫院內科及老人科資深護師，二人並肩見證著醫護關係的變與不變。

### 醫生護士 有商有量

「以往病人入院時，會先由醫生收症，再由護士按醫囑提供護理；現在則由護士先為病人評估，再由醫生診症，安排治療。近十年，護士診所也擔當著重要角色，現在有很多病症都已經由護士跟進治療。」人稱譚爺的譚耀輝如此形容過去40多年護理角色的演變。

「聽爸爸說，從前都是以醫生的意見為主；而我現職的老人科，醫生和護士則有商有量，會一起研究病人的照顧計劃，醫生很尊重護士意見。」誠然，醫護協作相輔相成、密不可分。「護士 care for the disease and family（關顧疾病及家人），醫生做 cure the disease（醫治疾病）。」譚婉儀以「Care and Cure」生動地點出醫護和而不同但又互相配合的地方。

屯門醫院2003年成立全港首間兒童及家庭哀傷輔導中心，譚耀輝在這裡遇上工作生涯中最難忘的人。一名女孩因父親患癌而變得自我封閉，與母

親關係疏遠。譚耀輝知道她喜歡游泳，卻得不到媽媽支持，所以不斷鼓勵她繼續游泳。後來女孩在運動會游泳比賽勇奪金牌，更將自己珍而重之的獎牌寄了給譚耀輝。

「那時爸爸花了很多時間在這名小女孩身上，我和妹妹都有吃醋，但內心又覺得爸爸好叻，就決定和她分享爸爸。」譚婉儀憶述。小女孩長大後仍偶爾與故人聯繫，或許這就是譚耀輝口中的緣分：「我常告訴女兒，照顧病人是緣分；陪他們走最後一步，都是緣分。」做老人科的譚婉儀對父親教誨銘記於心：「爸爸教我要易地而處，所以我會代入老人家的角度，試著吃糊餐、戴助聽器，體會做老人家的感受。」

### 黑暗過後會是晨曦

譚婉儀雖抱怨走到哪裡都被稱為譚耀輝的女兒，但也為有這樣的爸爸感到萬分自豪。譚耀輝2004年退休後以兼職形式繼續前線工作，六年前患上腸癌，幸好及時接受治療，手術後重返工作崗位，更以過來人身分與癌症病人分享抗癌心路歷程。譚婉儀縱擔心，但深知父親熱愛護理工作和不捨他的病人，也認同他的信念，能夠陪病人走一段路是「很magical（神奇）的事」，所以就沒有再堅持要他辭職。

對醫護人員來說，工作流程、護理技巧會隨著時日轉變，但這顆堅持服務病人的心，永遠不變。



John Tam has been a dedicated nurse for almost half a century. He is 70 years old and is currently a part-time Registered Nurse (Clinical Oncology) at Tuen Mun Hospital. His daughter, Tam Yuen-yee, followed his footsteps and is now an Advanced Practice Nurse (Medicine and Geriatrics) at United Christian Hospital. They stand shoulder to shoulder and heart to heart to witness the changes and development in nursing care in Hong Kong.

### Doctors and nurses in collaboration

John says, "In the past, doctors received patients on admission and we provided nursing care according to doctors' orders. It's the other way round now. Nurses assess patients first, then doctors give consultations and treat the patients. Nurse clinics have also played a vital role over the last decade and many cases are followed up by nurses." The role of nurses has changed significantly in the past four decades.

"My father told me that doctors' opinions matter most in the past, now in my department, we discuss patients' care plan together. Doctors fully respect our opinions," Yuen-yee says. "To put in simple words, I would say 'Nurses care for the patients and their families, while doctors cure the disease.'"

Tuen Mun Hospital set up Hong Kong's first Child and Family Bereavement Centre in 2003, when John found himself giving emotional support to a bewildered young girl whose father had been diagnosed with cancer. The girl was keen on swimming but had drifted apart from her mother after going through the traumatic experience in dealing with her father's illness. John encouraged her to do what she loved and she eventually won a gold medal in a swimming gala. To John's surprise, she gave the medal to him to show her gratitude. John described this as one of the most memorable experiences for him during his decades-long commitment to the nursing profession.

"My sister and I were jealous of that girl, you know, because our father spent so much time on her. But deep down, we were also proud of what he was doing, so we thought, ok we could 'share' our father with her." Yuen-yee remembers this girl's story very vividly.



譚婉儀說因當初父母都是護士，常常不在家，使她發誓不做護士，誰知她一直任職護士至今。Having both parents being nurses and often busy at work, Yuen-yee has once sworn of not being a nurse. However, it turns out that she has become one till now.

"I always tell my daughter that it is fate that connects us with different patients, and more so to be able to accompany them in their final journey," John says.

"Dad taught me to put myself in patients' shoes. That's what I do now in my work with my elderly patients. I try to taste minced and pureed meals and wear hearing aids to experience their worlds," Yuen-yee says.

### Every cloud has a silver lining

Although Yuen-yee 'complains' she was always referred to as John's

daughter, she is undoubtedly very proud of him. John retired from full-time nursing in 2004 and has worked part-time since then. Six years ago, John was diagnosed with cancer. Fortunately, the cancer was discovered at an early stage, John received timely treatment and has returned to work after surgery. He would now support his cancer patients using his own experience as a cancer patient.

Back then, Yuen-yee was worried about her father and wanted him to retire, but she had her struggle too. "I know how it feels to really want to be able to take care of our patients as long as we can. He aspires to walk alongside his patients and support them as long as he can. I think it is a very magical thing and I resonate with his values." Yuen-yee knows that giving up is not an option for his father and she does not insist that anymore.

Nursing skills and workflows may change with time, but the aspiration to care for patients is everlasting.

照片攝於1973年11月在九龍醫院舉行的運動會，可見譚耀輝是一名運動健將！This photo was taken in November 1973 during Kowloon Hospital's Sports Day. You may be able to tell from the photo that John has always been a good athlete!



# 復康路上

# 高科技與人情並重

**病**人踏出康復第一步，物理治療師肩負起規劃治療的重任。大埔醫院物理治療部部門經理劉福安（劉 Sir）和一級物理治療師黃曉嵐（Sally）分享多年來物理治療如何由以前指導病人做運動，邁進現時「高技術，高接觸」（high tech high touch）的發展方向。

劉 Sir 入行 34 年，因前上司讚賞劉 Sir 有愛心，希望他能留在公立醫院工作，因此他毅然放棄外闖開診所，並在 1998 年到大埔醫院協助成立物理治療部。至今他仍體態壯健，原來從早年工作開始已培養對體能的要求。「以前沒有太多資源和工具，常要搬動病人做練習，對體力要求高，體能自然訓練有素。」他打趣道幸好手上未跌過病人，不過以前醫院空調情況不太理想，每做完一節都揮汗如雨。

## 復康如打機有趣

現時治療已由昔日的沙包、彈弓等較傳統的方法和簡單的儀器，發展至今的高科技器材如機械輔助步行治療系統，每項儀器都有防跌系統確保病人安全。

「劉 Sir 常說聘請新同事要選有愛心的，要把病人當家人看待，因為知識可以教，但愛心和熱誠比學校成績重要。此外，他鼓勵同事從多角度思考，並給予空間發揮不同專長，如支持自組拍攝團隊，製作短片教病人做復康運動，部分短片更上載到醫管局應用程式 HA Go。」Sally 說。她八年前加入這部門，近年團隊應用虛擬實境技術，如跑步機步行訓練時播出影像，都是由同事到該區街市、行山徑等實境拍攝，讓病人恍如置身現場，提高訓練成效。平衡訓練配合電子遊戲，如要求病人踢腿，踢開螢幕中的障礙物，令病人感到治療如打機般好玩。

**High-tech and human touch go hand in hand in patient's recovery journey**



訓練加入虛擬實境技術，像玩電子遊戲，令病人更投入。  
Virtual reality technology is used to make rehab training more engaging for patients.

## 治療室裡的紅綠燈

High tech（高科技）固然重要，但劉 Sir 認為不能忽略 high touch（高接觸），即對病人的關懷。他以提供全面服務為目標：「我們不單照顧病人到出院，還要多想一步，例如他們回家後會遇到甚麼困難？有能力獨自出街嗎？」這驅使團隊為病人進行更多評估和訓練。

Sally 補充：「我們增加病人肌力、耐力和心肺功能訓練，更模擬生活場景，如以紅綠燈道具配合區內真實轉燈時間練過馬路，提升他們重回社區的信心。」

## 聯網重組打通各專科

近年提倡以病人為本的跨專科服務，劉 Sir 表示往時各專科較少交流，醫管局 2001 年重組醫院聯網後，有如「打通」不同專科，更有系統地以個案管理模式照顧病人。「跨專科合作研究個案，有助改善治療效果，更全面護理病人。」

同事不斷審視治療成效，兩人期望現時的病人電子紀錄有助大數據分析，將來可即時反映病人表現，助治療師作臨床決定。科技進步，最重要是讓治療師有更多時間照顧病人所需。

大埔醫院



Physiotherapists play a pivotal role in rehabilitation for patients on their recovery journeys. Titanic Lau, Department Manager (Physiotherapy), and Sally Wong, Physiotherapist I of Tai Po Hospital (TPH) reflect on the changes in physiotherapy services over the years, from giving simple exercise instructions to a 'high-tech and high-touch' approach.

Titanic Lau has been a physiotherapist for 34 years. As his former supervisor reckoned that he is a caring person and encouraged him to stay in public hospital to take care of patients, he then gave up his plan to open a private clinic. He took up his role at TPH in 1998 and helped set up the hospital's Department of Physiotherapy. Till now, Titanic is still in excellent physical condition – something he attributes to the sheer levels of fitness required when he started out in the job. “Back then, there weren't many resources or much equipment to help,” he recalls. “We were often required to move patients when they were exercising which took a lot of physical effort.” Titanic jokes that he managed to perform his duties without dropping any patients but says he was soaked in sweat every time he finished a treatment session in old treatment rooms with poor air conditioning.

## Rehab exercise as fun as video games

Today, treatment methods and equipment have evolved from simple ones like sandbags and springs to high-tech equipment including a robot-assisted therapy system and fall arrest systems which ensure patient safety.

“The foremost quality Titanic looks for in new members is a caring personality,” says Sally who joined the team eight years ago. “Skills can be taught, so passion and care are more important than academic qualifications. We want our colleagues to treat patients as if they were their family members. Titanic also encourages us to think from multiple perspectives, and to apply diverse skills at work. For instance, we have set up a video team to produce videos that teach patients rehab exercises. Some videos are even uploaded to the HA Go app.” In recent years, the team has used virtual technology in its rehab training. In a virtual



昔  
Past



今  
Present

機械輔助步行治療系統（右）既幫助病人更有效進行步行訓練，亦減輕物理治療師體力負擔。  
Robot-assisted therapy (right) makes walking training more effective and reduces the physical strain on physiotherapists.

reality treadmill walking training, for instance, the videos are shot by team members in wet markets and on hiking trails, so patients feel as if they are exercising outdoors, which makes the training more effective. Elements of video games are incorporated to make balance training more engaging. Patients have to remove obstacles in their way to complete the exercises, making the routines more fun.

## Traffic light at treatment room

New technology is undoubtedly important but Titanic stresses

that the human touch cannot be neglected. So his team strives to offer a holistic service. “We not only take care of patients until they are discharged from hospital, but also take a step forward to consider what difficulties they might encounter afterwards. Do they have the ability to go out alone?” These questions drive the team to offer more assessments and training to prepare patients to leave hospital.

“We enhance patient training on muscle strength, endurance, and cardiorespiratory function,” Sally explains. “We even simulate real-life situations. For instance, a traffic light with a real timer is set up to practice crossing the road, which helps patients gain confidence in returning to the community.”

## Re-clustering to foster multidisciplinary collaboration

A multidisciplinary approach to rehabilitation has been adopted in recent years. Titanic observes there was limited communication between specialties before HA reorganised its structures in 2001, bringing specialties together and caring for patients systematically by case management. “Colleagues from different specialties now work and study cases together,” he says. “It improves the effectiveness of the treatment, and helps us provide holistic patient care.”

Colleagues constantly review the effectiveness of treatment. The duo believes that the implementation of electronic health record facilitates big data analysis, which will help reflect patients' performance instantly and assist therapists to make clinical decisions. Drawing on advances in technology can allow them to take better care of patients' needs.

1990

醫院管理局1990年12月1日根據《醫院管理局條例》正式成為法定機構。首屆醫管局大會由已故鍾士元爵士擔任主席。  
The Hospital Authority was established as a statutory body on 1 December 1990 in accordance with the Hospital Authority Ordinance. The first HA Board was chaired by the late Sir S Y Chung.



1996

於大型急症醫院推行臨床醫療管理系統，提高臨床服務效率。  
Implementation of the Clinical Management System (CMS) in major acute hospitals to improve the efficiency of clinical services.

2000

推行電子病歷，整合所有公立醫院及醫療機構的臨床部門資訊系統。  
The Electronic Patient Records System was established to integrate all HA information systems of public hospitals and institutions.

2001

將各聯網重組為七個醫院聯網，分別是港島東、港島西、九龍中、九龍東、九龍西、新界東和新界西。  
HA regrouped its hospitals and clinics into seven geographical clusters – Hong Kong East, Hong Kong West, Kowloon Central, Kowloon East, Kowloon West, New Territories East and New Territories West.

2003

本港3月爆發沙士，至5月底成功控制疫情；公立醫院六位同事不幸殉職。  
The SARS outbreak occurred in Hong Kong in March, and was contained by the end of May. Six frontline healthcare workers lost their lives during the epidemic fight.



從衛生署接管所有普通科門診診所，進一步發展家庭醫學及基層醫療服務。  
HA took over all General Out-patient Clinics from the Department of Health to further develop family medicine and primary care services.

逐步設立18區中醫教研中心。  
HA commenced the establishment of a total of 18 Chinese Medicine Centres for Training and Research in phases.

2006

推行醫療病歷互聯試驗計劃，為公私營醫療界別互通資訊邁出重要一步。  
In an important step towards information sharing between the public and private sectors, HA launched the Public Private Interface – Electronic Patient Record Sharing Pilot Project.

2007

實施嚴重醫療事件通報機制，進一步提高對病人安全的關注。  
The HA Sentinel Events Policy was introduced to tighten awareness about patient safety.

# 一路走來三十載

# Changing times

1991

正式接管所有由政府及補助機構管理的公立醫院和機構，同時開始負責管理撒瑪利亞基金。  
HA officially took over the management of public hospitals/institutions from the government and various subvented organisations, as well as began managing the Samaritan Fund.



1994

重組當時轄下的39間醫院與機構，以及48間專科門診中心，納入不同的醫院聯網管理。  
HA organised its 39 hospitals and institutions and 48 Specialist Out-patient Clinics into clusters.

2002

急症室實施服務收費，合資格香港居民使用急症服務每次收費100元。  
A service charge was introduced for Accident and Emergency services. The charge for eligible Hong Kong residents was HK\$100 per attendance.



2004

14間急症醫院設隔離病床，以提升公立醫院應付傳染病爆發的能力。  
Isolation beds in 14 acute hospitals were made ready to enhance HA's capacity to tackle any future infectious disease outbreaks.



2005

開始分階段實施藥物名冊，統一公立醫院及診所的藥物及用藥政策。  
HA began the phased implementation of a Drug Formulary system to standardise the drug policy and the use of drugs in public hospitals and clinics.

2008

展開研發第三代臨床醫療管理系統，以及醫管局數碼圖像計劃。HA commenced development of its third-generation CMS and the Filmless HA Project.

推出首個公私營合作計劃「耀眼行動」，資助合資格的病人於私營醫療界別接受白內障手術。The first Public-Private Partnership Programme, namely Cataract Surgeries Programme was launched to subsidise eligible patients receiving cataract surgeries in the private sector.



2013

開始在醫管局網頁公布個別專科門診輪候時間及白內障手術輪候時間。Specialist Out-patient waiting time of selected specialties and waiting time of cataract surgery were made available on the HA corporate website.

2014

東華醫院、屯門醫院及東區尤德夫人那打素醫院就特定病種推行中西醫協作先導計劃。The Integrated Chinese-Western Medicine Pilot Programme was launched for designated disease areas at Tung Wah Hospital, Tuen Mun Hospital and Pamela Youde Nethersole Eastern Hospital.



在觀塘、黃大仙和屯門區試行普通科門診公私營合作計劃，至2018年涵蓋全港18區。The General Out-patient Clinic Public-Private Partnership Programme was launched in three pilot districts namely Kwun Tong, Wong Tai Sin and Tuen Mun, with full coverage of 18 districts in 2018.

2016

九龍中聯網與九龍西聯網重組，廣華醫院、聖母醫院和東華三院黃大仙醫院重新劃分至九龍中醫院聯網。Re-delineation between Kowloon Central Cluster and Kowloon West Cluster was implemented. Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital were regrouped into the Kowloon Central Cluster.

發放公立醫院急症室等候時間。Provision of waiting time information of A&E departments to the public.

2019

推出一站式流動應用程式HA Go，方便病人預約門診及管理健康。HA launched the one-stop mobile app 'HA Go' to facilitate patients to manage their appointments and healthcare activities.

成立「持續發展專責小組」，檢視醫管局正面對的重大持續發展挑戰，以制訂機構未來的策略方向。HA established a Task Group on Sustainability to examine the major sustainability challenges of HA, with a view to formulating the future corporate strategic directions.

2020

1月23日本港出現首宗2019冠狀病毒病確診感染個案，公立醫院1月25日啟動「緊急應變級別」，實施一系列措施，加強感染控制，並集中資源應對疫情。Hong Kong recorded the first confirmed case of COVID-19 on 23 January. Following the activation of Emergency Response Level on 25 January in public hospitals, a series of measures were implemented to enhance infection control, and to consolidate resources to combat the pandemic.



2009

人類豬型流感大流行期間，實施一連串應對措施，包括設立指定流感診所。A series of measures were put forward during the human swine influenza outbreak, including the opening of designated clinics.

2010

修訂嚴重醫療事件通報機制，加入通報重大風險事件，進一步改善醫療事故的呈報機制。HA revised its Sentinel Events Policy to include serious untoward events to further improve the reporting mechanism for medical incidents.



2017

公立醫院實施新收費。The new fees and charges of public hospital services took effect.



2015

落實醫管局檢討督導委員會建議，在三年內推行超過100項措施，以改善醫管局的運作和服務。Implementation of the recommendations of the Steering Committee on Review of HA in three years, which involved over 100 action items for improving HA's operation and service provision.

多間公立醫院及機構啓用  
Opening of various public hospitals and institutions

1992

香港眼科醫院  
Hong Kong Eye Hospital

1993

東區尤德夫人那打素醫院  
Pamela Youde Nethersole Eastern Hospital

1995

黃竹坑醫院  
Wong Chuk Hang Hospital

1997

雅麗氏何妙齡那打素醫院及醫管局大樓  
Alice Ho Miu Ling Nethersole Hospital and the Hospital Authority Building

1998

北區醫院及大埔醫院  
North District Hospital and Tai Po Hospital

1999

將軍澳醫院  
Tseung Kwan O Hospital

2007

瑪嘉烈醫院的醫管局傳染病中心(本港傳染病的專科轉介中心)  
Infectious Disease Centre, the tertiary referral centre for management of infectious diseases in Hong Kong, at the Princess Margaret Hospital

2013

北大嶼山醫院  
North Lantau Hospital

2017

天水圍醫院  
Tin Shui Wai Hospital

2018

香港兒童醫院  
Hong Kong Children's Hospital



## Chairman: A people-centred approach to sustainability

今年12月是醫管局成立30年，回顧過去點滴之餘，也是時候為未來10年、20年甚至30年定下長遠發展計劃。主席范鴻齡去年上任後不久，已著手成立醫管局持續發展專責小組，制訂長遠持續發展模式。對醫管局未來發展，范先生已逐步勾劃出長遠藍圖，不過，整個過程中，人始終是最重要。

### 加強福利 增歸屬感

「同事流失對醫管局造成的損失很大，我們用了很多時間培訓，同事也在同一崗位一段時間，對工作很熟悉。」他指以護士為例，很多人入職後僅得一次晉升機會，年資五年以下的護士流失率較高，今後要改善晉升階梯、增加不同工作經驗的機會，並加強福利，增加歸屬感。

但單單增加人手供應也無法令服務供求取得平衡，范先生以「截上游、放下流、中間分流」十個字來解釋如何穩定服務需求。

### 十字建言 穩定服務需求

「截上游」即配合政府加強基層健康教育，讓市民及早進行檢查，掌握身體狀況。65歲或以上長者為公立醫院主要服務使用者，惟數據顯示，長期慢性病如糖尿病和心臟病患者年輕化，40至64歲人士使用公立醫院服務有上升趨勢，加重醫療系統負擔。及早幫助他們管理好健康，可望在源頭「截流」，減少入院。

另外，醫管局計劃增加日間醫療中心；由家庭醫學、普通科門診所處理部分較輕微病症，縮短專科門診所輪候時間。

「放下流」即加強院舍合作，擴大社區治療。有些情況穩定的長期住院長者，根本毋須繼續留院，可以返回社區生活，由醫護人員透過家訪等方式診症，騰出病床予其他有更大需要的病人。

「中間分流」其中一個做法就是研究加快分流部分公立醫院病人到私家醫院接受診治，如疫情期間，透過公私營協作計劃分流剖腹分娩等服務，范先生指將研究更多公私營協作計劃，縮短輪候時間。另一方面，亦計劃增加護士診所，由資深護士為病情穩定但需長期覆診的病人檢查及評估；發展智慧型醫院亦是「中間分流」其中一項措施，以科技代替人手，減輕同事負擔。不過，所有構思都必須得到同事及市民接受才可以成功推行。

### 感激同事堅守抗疫防線

細數醫管局的「成績表」，范先生說：「本港整體醫療質素全球數一數二，在彭博調查的效率指數名列前茅，2018年更取得第一，全賴同事盡心盡力為市民提供優質服務。」

范先生藉醫管局30周年向同事送上衷心感謝：「多謝所有醫管局同事，過去努力為香港市民服務，感激他們在抗疫期間出色的表現，幫醫管局一齊緊守最後防線。希望同事認同未來發展方向，一起落實，讓公營醫療服務持續發展下去。」

主席范鴻齡訪問片段  
Video of Chairman's interview



醫管局主席范鴻齡以「截上游、放下流、中間分流」，解釋如何穩定公立醫院服務需求。  
HA Chairman Henry Fan devised 'narrowing upstream, collaborating downstream and diverting midstream' to address the service demand of public sector.

The 30<sup>th</sup> anniversary of the Hospital Authority (HA) this December is a time to reflect on past achievements and, more importantly, to plan for the decades to come. Soon after taking up his position at the end of last year, Chairman **Henry Fan** set up a Task Group on Sustainability to formulate a long-term strategy. After drawing up his blueprint, he believes the most important attribute for the HA's future is its people.

### Fostering a strong sense of belonging

“The HA suffers a great loss through staff attrition because we spend a long time training our colleagues so that they are proficient in what they do,” Henry says. Take nursing staff as an example, most of them has only a single opportunity of promotion after joining the profession. As a result, the attrition rate for nurses with less than five years' experience is particularly high. The HA hopes that by improving the career progression pathway, giving greater work exposure, and offering better benefits, we will cultivate a greater sense of belonging.



醫管局研究透過公私營協作計劃、增加護士診所等措施，縮短病人輪候時間。  
The HA planned to shorten the patient waiting time by various measures such as Public-Private Partnership programme and nurse clinic.

However, improving employee retention will not by itself be enough to balance service demand and supply. To address this, Henry has devised a three-pronged strategy that involves narrowing upstream, collaborating downstream, and diverting midstream.

### Devising strategic plans to address service demand

Narrowing upstream is a tactic that involves boosting primary care education with a view to encouraging people to have medical examinations and identify health conditions at a younger age. The majority of users of public hospital services are people aged 65 or above, but statistics show that chronic diseases such as diabetes and heart diseases are more prevalent among people of a younger age. This means that hospital admissions among this younger age group will continue to increase, hence burdening the healthcare system. By managing their health earlier, hospital admissions could be reduced at source.

In addition, there are plans to increase the number of ambulatory care centres so that milder cases can be

handled by family medicine physicians and General Out-patient Clinics, thus shortening the waiting time for Specialist Out-patient Clinics.

Collaborating downstream involves extending community care by reinforcing partnership with Residential Care Homes for the Elderly. Beds would be reserved for patients in greater need while patients whose conditions have stabilised could be discharged and returned to the community, where they would receive home visits.

Diverting midstream, meanwhile, involves tactics including accelerating the transfer of some hospital patients to the private sector. During the pandemic, for instance, some women were referred to private hospitals to give birth by caesarean section through the Public-Private Partnership programme. Henry points out that an expansion of the programme would help shorten waiting times.

On the other hand, more nurse clinics to be in service is another way to divert the midstream,

as experienced nurses could help examine and assess stabilised chronic patients who need follow-up consultation. The development of smart hospitals is another key measure as technology could help ease workloads. Successful implementation of all these ideas, however, depends upon support from HA employees and the public.

### Gratitude to colleagues for diligent efforts amid pandemic

Reflecting on the HA's work, Henry says, “Hong Kong's healthcare system is one of the best in the world. According to the Efficiency Index by Bloomberg in 2018, Hong Kong was ranked as having the most efficient healthcare system in the world, thanks to the tireless efforts of our colleagues.”

He adds, “I would like to thank all my HA colleagues for giving their very best service to the people of Hong Kong. They have demonstrated profound dedication and professionalism to safeguard people's health during the fight against the pandemic. I call for your continuous support for our development to sustain and improve our public healthcare services in the years to come.”

## 醫道有段故

The Inside Stories of  
Hong Kong's Hospitals

早年被稱「山吞兒醫院」、「大西北醫院」的屯門醫院（屯院）在屯門區屹立30年，一步一腳印，現已發展成新界西醫院聯網的龍頭醫院。醫院曾經歷高山低谷、無數個屯門黑夜、應對多場重大意外事故，就讓前醫院籌備組兼院長劉少懷醫生及首任行政總監鄭文容醫生，細說醫院與社區密不可分的關係。

上世紀60年代，港英政府著手把屯門發展成為第一代新市鎮，以紓緩市區人口壓力。為貫徹自給自足的發展概念，政府1979年籌劃於屯門興建一所容納1,600張病床的急症全科醫院，是當時全世界興建中最大的醫院，目標為新界西北區居民提供服務。

屯院1990年3月8日開始接收住院病人；日間診療病房同年11月投入服務；而急症室1992年1月開始提供24小時服務。

### 驚心動魄的年三十晚

醫院啟用初期迎來重重挑戰，最令劉少懷醫生難忘的是1992年2月3日，正值農曆年三十，石崗船民中心爆發騷亂。難民打鬥，火燒營房，釀成24死100多人受傷，當中逾百人送往屯院救治。「當年醫院甚少談及災難搶救應變計劃，我在家看到新聞報道後，立即遙距指揮急症室等部門召喚醫護進行搶救、負責對內對外聯絡等。」

事件促使屯院著重加強應付突發事故的能力，並制定及參與各類事故應變方案，包括成為全港兩所指定的緊急輻射治療中心之一，以及參與赤臘角香港國際機場的緊急應變計劃。

### 無懼屯門黑夜

90年代的屯門區品流複雜，打鬥、劫案頻生。醫院常接收黑幫打鬥入院個案，病房內外擠滿前來探病的「社團兄弟」。鄭文容醫生憶述：「一名有背景人士跟我說：『醫生你不用怕啊！留在屯門的兄弟都很水皮，叻的兄弟都在油尖旺搵食！』事實上不論對方背景出身，我們也一視同仁，盡力提供治療。」

醫管局接收管理屯門醫院前，劉少懷醫生已加入醫院籌備組，其後出任院長。  
Dr Liu Shao-haei joined the Commissioning Team before the HA officially took over TMH. He was then the Medical Superintendent at TMH.

1989年，屯門醫院準備投入服務。  
Tuen Mun Hospital was about to commence service in 1989.



公路左上方的魚塘正是屯門醫院所在地，攝於1973年。（相片來源：政府新聞處）  
This picture was taken in 1973. The fish pond by the highway was where the Tuen Mun Hospital located.  
(Source: Information Services Department)

### 努力「搵石仔」贏口碑

鄭醫生坦言，初期屯院服務尚未齊全，不但收到區內人士投訴，並不時被傳媒廣泛報道，難免打擊同事士氣。「初期有些同事怕被人取笑在『山吞兒醫院』工作。慶幸同事永不言棄，持續檢討改善和學習，提升醫療服務水平，醫院漸漸獲得市民認同，同事亦為自己是屯院人自豪。」兩位醫生都認為，屯院與社區同步成長，全賴同事密密「搵石仔」，累積成果贏得市民信任。

1989年，鄭文容醫生到屯院做「開荒牛」，出任兒科部顧問醫生；其後於1993年至2002年擔任醫院行政總監。  
Dr Cheng Man-yung was the Consultant of Department of Paediatrics of TMH since 1989, and was appointed as the Hospital Chief Executive of TMH from 1993 to 2002.

# 「山吞兒醫院」變身龍頭 屯院與社區同步成長

## TMH transformation: The path to leading hospital and beyond

Tuen Mun Hospital (TMH) has witnessed immense social and demographic changes since it opened in what was then a quiet corner of Hong Kong's northwestern New Territories three decades ago. In those days, along with rapid population growth, it had been at the centre of some exceptional incidents including a detention centre riot and a triad gang turf war. Dr Liu Shao-haei, the former Commissioning Team member cum Medical Superintendent of TMH and Dr Cheng Man-yung, the first Hospital Chief Executive of TMH, reflect on the hospital's extraordinary early years.

Tuen Mun was among the first wave of new towns created by the government in the 1960s to accommodate the city's booming urban population. In 1979, work planning began on an acute general hospital with 1,600 beds to serve the northwest regions of the New Territories. Remarkably, it was the biggest hospital project under construction in the world at that time.

The hospital admitted its first batch of inpatients on 8 March 1990. The Day Procedure Unit was opened in November of the same year, and the Accident and Emergency (A&E) Department commenced its 24-hour service in January 1992.

### A shock to the system

Dr Liu Shao-haei vividly remembers the Lunar New Year's Eve on 3 February 1992. That night, a riot broke out in the Shek Kong Detention Centre, during which 24 people died and more than 100 others were injured. Over 100 people were sent to TMH for treatment. "Hospitals rarely made emergency contingency plans in those days," Dr Liu recalls. "When I saw the news at home, I immediately deployed medical staff to A&E Department, and arranged manpower for internal and external communications."

The incident made TMH management realise the significance for contingency plans and measures. Today, the hospital is one of two designated Emergency Radiation Treatment Centres in Hong Kong and a key party of contingency planning for incidents at Hong Kong International Airport.

### Gangland encounters

Tuen Mun was a hub for brutal gangland brawls in the 1990s, and the wards of the new hospital were often crowded with gangsters visiting their injured buddies. Dr Cheng Man-yung remembers the bizarre reassurance he was given by one of the gangsters. "A triad member said to me, 'Doctor, don't be afraid. Our brothers in Tuen Mun are just lame. Our elites are all in Yau Ma Tei, Tsim Sha Tsui and Mongkok.' Of course, as medical practitioners, we provide the same care and professional treatment regardless of a patient's background."

### Building a healthy reputation

In its early years, TMH received its share of bad press as patients complained of inefficiencies and problems as the giant hospital settled into its stride. The negative coverage had an impact on staff morale, says Dr Cheng. "Some of our colleagues were reluctant to even admit they were working in such remotely located hospital," he says. "Fortunately, they never gave up to improve and strive to enhance the service quality, while the hospital was gradually gaining a better reputation and recognition. Colleagues were proud to be a TMH-er." The two doctors believe, with unstinting devotion of colleagues, TMH has moved forward with vision and won the trust of the community.

醫院歷史系列「醫道有段故」將會帶大家「暢遊」不同公立醫院，甞履甞躋，發掘醫院的故事。  
'The Inside Stories of Hong Kong's Hospitals' is a new series exploring with you the intriguing stories behind different public hospitals.



## 教學醫院計劃泡湯了 Teaching plans fall flat

上世紀80年代初，只有瑪麗醫院兼作香港大學醫學院的教學醫院。為了增加醫科生實習機會，政府曾擬將屯門醫院兼作教學用途。然而政府1983年檢視方案後認為，醫院兼作教學用途需修改興建計劃，以容納更多設施，不但會導致年年上漲的建造費大增，亦令工程延期兩年，故最終放棄計劃。



雖然教學醫院計劃擱置，但政府決定於屯門醫院開設護士學校培訓本地護士。1987年屯院還未落成，首批屯院學護需到九龍醫院護理學校（普通科）（即衛生防護中心現址）上課。Although the plan to make it a teaching hospital was set aside, TMH was chosen as the site for a nursing school. The first batch of TMH nursing students in 1987 had to attend classes at the School of General Nursing of Kowloon Hospital, i.e. current location of the Centre for Health Protection, as the construction of TMH was still underway.

## 一波三折的開院過程 Staff shortages hit opening

1989年本港出現移民潮，同時部分醫生因公營醫療環境不理想而轉投私人執業，以致醫護人員大量流失。當時的醫院事務署指，若情況惡化會延遲啟用屯門醫院。及後醫護人手安排就緒，醫院原訂1990年2月28日正式啟用，惟啟用前一週後備電力供應系統發生故障，需時維修。為了確保病人及員工安全，醫院確定電力系統無礙後，終於同年3月8日正式啟用。



When approaching the opening of TMH, the healthcare industry was hit by a shortage of medical staff caused by a tide of emigration from Hong Kong, as well as doctors leaning to private sector due to poor working environment in public hospitals. Commencement of TMH may have to be delayed. There were further hiccoughs when the backup power system broke down just a week before the hospital's scheduled opening on 28 February 1990. The hospital eventually opened on 8 March 1990 when the power systems were fully restored.

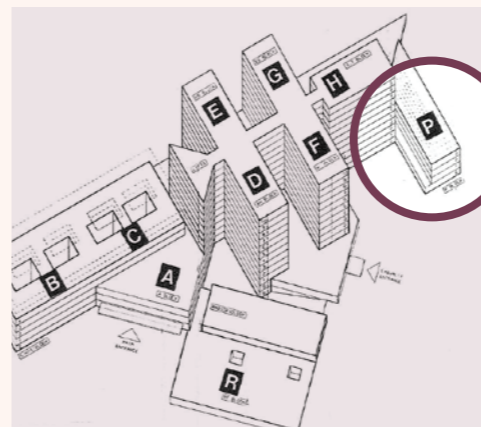
1991年1月10日，港督衛奕信爵士主持屯門醫院開幕典禮。Governor Sir David Wilson officiated at the opening ceremony of the hospital on 10 January 1991.



In the early 1980s, Queen Mary Hospital was the only teaching hospital for the University of Hong Kong's School of Medicine. To increase internship opportunities for medical students, the government at one stage planned to turn TMH into a teaching hospital. However, the review in 1983 concluded the hospital would require costly modifications to the original construction plans, so as to accommodate more facilities. This would not only increase the budget, but also delay the hospital's opening for two years. The plan was finally abandoned.

# 鮮為人知的屯門醫院

## P座地下前身是馬房 Horses were nearly hospital neighbours



屯門醫院的舊圖則中，曾將P座地下預留作養馬的馬房。原來因為馬血和人類血相近，病理科同事會以馬血種菌，再作病理分析。因此，屯院當年規劃了一個馬房養馬，方便抽血。不過，政府後來與香港賽馬會達成協議，由馬會提供馬血，養馬計劃因而告吹，而這個「馬房」就成為存放醫療報告的倉庫。

The ground floor of Block P at TMH was originally intended to be a stable block for horses. Horse blood is similar to human blood and often used by pathologists for experiments and analysis. TMH, therefore, planned to build a stable block where horse blood could be drawn, but later the government reached an agreement with Hong Kong Jockey Club to supply horse blood. The project never went ahead, so the building was used instead as a storage facility for medical records.

## From teething troubles to flying high with medical firsts

## 首設病者服務部 促進醫患關係 Pioneering step in patient relations

醫務衛生署1988年計劃在公立醫院發展病者服務部，首設於屯門醫院。病者服務部負責向病人及家屬提供協助，處理他們就醫院服務或治療提出的意見、反映或投訴，擔當醫患之間的橋樑。時至今日，病人關係組已成公立醫院重要的恆常服務。

TMH was the first hospital to set up a patient relations office. The office was designed to be a bridge between the hospital and patients, and handle family members' requests for assistance, feedback on treatment and complaints regarding hospital services. Today, patient relations have become a regular and important feature in public hospitals in Hong Kong.



屯門醫院是首間設立病人關係組的公立醫院。TMH was the first public hospital in Hong Kong to set up a patient relations office.

## 設直升機停機坪 Helipad for air rescues



經直升機送抵醫院的病人會直接送往急症室搶救。Patients transferred to TMH by rescue helicopter land directly outside the A&E Department.

目前只有兩間公立醫院設有停機坪，分別是東區尤德夫人那打素醫院及屯門醫院，接收由直升機運送到院的病人。屯院的停機坪位於急症室門前的空地，只提供日間服務。醫院會為急症室醫護和支援同事提供培訓，又會安排他們到政府飛行服務隊進行模擬訓練。

TMH and Pamela Youde Nethersole Eastern Hospital are the only two public hospitals provided with helipad facilities for helicopter rescue service. The helipad at TMH is located outside the entrance of the Accident and Emergency (A&E) Department, which manages patients brought in by helicopter during daytime. The hospital provides training for clinical staff and supporting staff in the A&E Department, and staff are also required to attend the simulation training arranged by the Government Flying Service.

# HR App & HA Chat 升級版明年初登場

## Handy new features of HR App & HA Chat release in early 2021



人力資源應用程式 HR App 自 2016 年面世，深受同事歡迎，超過九成人已經安裝。HR App 會喺 2021 年 1 月進化成 myHR App，而 HA Chat 同時都推出新功能啦。

Launched in 2016, HR App is very popular and widely used by over 90% of our colleagues. It will soon be upgraded to myHR App with brand new features in January 2021. Moreover, novel functions are set up in HA Chat at the same time.

### 升級版 HR App 新功能 New features

自選版面字型顏色 Customisation

- ▶ 自選版面設計模式、字型大細、背景顏色  
Customise the app with your choice of layout, font sizes and background colours
- ▶ 自訂畫面小工具同「我的書籤」：更快更易睇到有用資訊  
Obtain useful information via Widget and 'myBookmarks'
- ▶ 全新溝通工具庫：方便睇 HA 電郵、收 HA Chat 訊息、開網上會議  
Access to HA emails, HA Chat messages and web conferences easily with the new communication panel
- ▶ 批核工具列：一站式批核假期、採購、津貼  
Allow one-stop approval of annual leave, procurement and allowance request in 'myApproval'
- ▶ Chatbot 人工智能小助手：幫手搵同事電話同職員餐廳餐牌，搵餐牌功能先喺廣華醫院、伊利沙伯醫院同總辦事處試行  
Search office phone number of colleagues and staff canteen menu by Chatbot (menu search function is piloted in Kwong Wah Hospital, Queen Elizabeth Hospital, and Head Office)



### HA Chat 新功能 New features

- ▶ 未安裝 HA Chat 嘅同事可用 myHR App 嘅 HA Chat Lite 接收訊息  
Receive HA Chat messages by HA Chat Lite in myHR App even if staff have yet to install HA Chat full version
- ▶ 可透過辦公室電腦登入網頁版 HA Chat  
Log in web HA Chat with office computer
- ▶ 支援電話、平板電腦同桌上電腦，同時登入 HA Chat  
Allow concurrent log-in from multiple devices such as mobile phone, tablet and computer
- ▶ 同 myHR App 一樣有 Chatbot 人工智能小助手  
Share the same function of Chatbot as myHR App

# 網購大型電器 職員合作社幫緊你

## Shop large electrical appliances online at Staff Co-op Shop

醫管局職員合作社引入咗大型電器出售，除咗價錢優惠，仲可以由供應商直接送貨到你屋企，亦包埋除舊服務，真係好方便呀！

Large electrical appliances are now put on sale in HA Staff Co-op shop! Apart from the special offer for HA Staff, home delivery can also be arranged with removal service of old item.

你可以瀏覽合作社網上商店或掃一掃 QR Code 了解貨品，然後透過報價表或以 Whatsapp 查詢報價等資料。

You can browse the products in the 'Large Electrical Appliances' category of the online shop, or simply scan the QR Code for quotation or submit enquiry via Whatsapp.

職員合作社網上商店「大型電器」網頁 'Large Electrical Appliances' in HA Staff Co-op Shop online shop



醫管局職員合作社網上商店手機應用程式：HA Staff Co-op shop mobile app:



# HA Go 新猷 管理健康好幫手

## HA Go: New features for healthcare management



一站式手機應用程式 HA Go 自面世以來不斷推出新猷，最近新增嘅功能更關顧埋家人，Helen 覺得好貼心呢！

The one-stop app 'HA Go' has been actively releasing new features since its launch. Helen found the newly included functions so thoughtful, enabling users to manage healthcare of their family members with a single app.



### 多功能「照顧者」 Multifunction 'Carer'

病人可以邀請家人或看護者成為「照顧者」，幫手查閱覆診期、康復訓練日程表同影片，仲可以支付醫院賬單；至於過敏紀錄、過去兩年的配藥紀錄都一目了然。大家亦可以隨時編輯「照顧者」同「我照顧的人」列表，一次過管理家人嘅醫療活動，咁就唔使擔心家中老友記唔記得食藥覆診啦！

Patients can invite family members or caregivers to be the 'Carer', who can view the patients' information including appointment details, schedule and videos of rehab exercises, dispensing drug records within two years and allergy records, as well as pay the hospital bills. Users can also update the list of 'Carer' and 'Who I Care' at any time, thereby managing the healthcare of all family members in one go.

### 簡易「預約普通科門診」 'Book GOPC' never been easier

而家可以透過 HA Go 「預約普通科門診」功能，為自己同他人預約全港任何一間普通科門診嘅診症時間，仲會顯示各區診所嘅診症名額狀況；加上 24 小時運作，方便大家隨時隨地輕鬆預約、查詢同埋取消診期。

Using the 'Book GOPC' function on 'HA Go', you can now make appointments for yourself or others in any General Out-patient Clinics (GOPCs). Users can also view the clinic quota status, enquire and cancel the consultation appointment anytime and anywhere with this round-the-clock service.



### 「醫管局與你」搬家了 New home for 'HA Touch'

另外提提大家，提供醫院診所聯絡電話、醫療收費、各科輪候時間等實用資訊嘅「醫管局與你」應用程式，已經整合喺 HA Go 成為其中一個單元，大家可以繼續經 HA Go 內嘅 HA Connect 瀏覽相關資訊。

In addition, the 'HA Touch' application, which provides useful information such as contact numbers of hospitals and clinics, medical fees and charges, as well as waiting time information of various specialties, has been integrated into 'HA Go' as one of the modules. You can continue to browse relevant information at module 'HA Connect' via 'HA Go'.

Helen 聽聞 HA Go 嚟緊仲有好多新功能，大家密切留意啦！

Helen heard that more useful features are coming in 'HA Go', so stay tuned!



# 全新新界東乳科中心投入服務

## New NTEC Breast Care Centre in service

**新**成立的新界東乳科中心位於北區醫院專科門診診所，9月底起分階段投入服務，提供由診斷、治療至術後跟進的一站式跨專科服務。乳癌診治複雜，往往涉及多個專科及專業，以往病人需在不同時段到訪不同部門甚至不同醫院，過程折騰耗時。新中心不但提供更舒適溫暖的環境，改善病人體驗，亦有足夠空間容納各個與乳癌相關的專科團隊，希望加快整個診治過程，做到「早診斷、早治療」。

乳科中心的建造費由已故前北區地政專員吳月齡女士透過北區醫院慈善信託基金慷慨捐贈。



中心內其中一間面積最大的診症室獲命名為「吳月齡乳科綜合診療室」。One of the largest consultation rooms in the Centre has been named 'Mona Woo Breast Integrated Consultation Room'.

The newly established New Territories East Cluster Breast Care Centre located at the Specialist Outpatient Clinic of North District Hospital started service in phases in late September, delivering patient care in a multidisciplinary one-stop model covering diagnosis, treatment and post-operation follow up. The treatment process of breast cancer patients used to be complicated as multiple specialties and professions were involved. Patients had to visit different departments and even different hospitals at different time points, the process of which could be very trying and time-consuming. Apart from providing a warmer and cosier environment to enhance patient experience, the new Centre can accommodate different breast cancer-related specialties and teams to facilitate the patient flow, achieving the goal of 'early diagnosis and early treatment'.

The construction cost of the Breast Care Centre was funded by the generous donation of the former North District Lands Officer the late Ms Mona Woo through the North District Hospital Charitable Foundation.

## 相「縫」同行抗癌路 25 載

### 'Sewing for You' in the recovery journey for 25 years

**伊**利沙伯醫院癌症病人資源中心今年成立 25 周年，為癌症病人和家屬提供身、心、社、靈的支援。多年來，中心服務過千名病人，了解他們在抗癌路上的難處，並給予關懷，陪伴他們走過這段抗癌路。

「相縫同行 • 四分一世紀」是周年活動之一，由醫院職員和義工縫製棉帽和臨時海綿義乳，今年 12 月開始免費派發給癌症病人。一頂小小的棉帽看似微不足道，但對癌症病人來說卻有莫大幫助，不但可為病人身體帶來溫暖，更能溫暖他們的心。而且同事和義工可藉此發揮他們的手藝，幫助有需要的人，十分有意義。

It is the 25<sup>th</sup> anniversary of Queen Elizabeth Hospital Cancer Patient Resource Centre (CPRC) this year. CPRC serves cancer patients and their families by rendering physical, psycho-social and spiritual support. Over the years, it has reached over thousands of cancer patients as they struggle with their illness. Showing compassion and care, the centre walks together with cancer patients and their families in fighting against the disease.

'Sewing for You' project is a part of the anniversary activities by inviting staff and volunteers to sew the chemo caps and breast prosthesis for cancer patients. The finished products will be distributed to cancer patients for free starting from December this year. It is amazing that a small thing we do may bring a substantial impact on people in need. It does not only keep patients warm but also warm their hearts. Moreover, it is meaningful to staff and volunteers that they can help others by using their talents.

同事和義工縫製棉帽和臨時海綿義乳，協助病人度過抗癌路。Staff and volunteers sew chemo caps and breast prosthesis to ease patients' discomfort caused by treatment.



棉帽 Chemo cap



臨時海綿義乳 Breast prosthesis

# 預知的告別禮



**某**天下午，接近下班的時候，辦公室的門鈴突然響起，一位白髮婆婆慢慢走進「惜別間」，向我點一點頭，然後坐在梳化上看小冊子，我遂上前提提供協助。我說：「婆婆，有甚麼可以幫妳呢？」

婆婆說：「我想來看看我將要去的地方，因常聽人說這裡很恐怖，只是想提早了解一下。」

我嚥一下口水說：「那妳現在覺得恐怖嗎？」

婆婆淡然地回答：「最恐怖也只不過是這樣而已？」

婆婆繼續說：「我幾個子女都在外國，還有三個孫，但我已決定離世時一個也不通知，待長生店領回骨灰，撒完灰時才通知家人，因為我不想他們為這鎖碎事頻頻撲撲，大費周章，臨死還要花費一大筆，倒不如把省下來的金錢留給乖孫上大學好了！我還打算做『無言老師』，將自己捐給中大，用作教學用途，我希望走到人生盡頭時能回報母校。」

我接著回應：「妳一定是一個好媽媽和好婆婆，安排自己的最後一程時，還為家人設想，但是我的個人意見，妳儘管也聽聽吧。如果妳是我媽媽，在妳離開之時，我不能陪伴左右，我會有遺憾，感到很痛心。死亡，令大家忌諱恐懼，何不在人生最後一程讓一家人一齊面對，盡量珍惜相聚的時間？過程雖然令人傷心，但換來珍貴的最後回憶而不是遺憾，這樣妳也會走得安心一點吧！」

婆婆放空了一會，握著我手說：「嗯。我想我今天沒有來錯地方，天主會保佑你的，我要走了，那如何返回小巴士？」

看一看手錶，原來和婆婆已傾談了近一個小時，過了下班的時間。然後，我帶著她前往小巴士，一直望著她的背影漸漸離開。那一小時的對話、那慈祥的身影，至今我還忘不了。

潘俊傑  
殮房主任  
瑪麗醫院

# 訓練肌力

# 預防上肢運動創傷

## Strengthening muscles to prevent upper limb sports injuries

平日大家打網球、壁球和羽毛球等，因涉及上肢重覆的動作，如果姿勢不正確，可能導致運動創傷。伊利沙伯醫院矯型及創傷科部門主管李威儀醫生今次為大家講解常見的上肢運動創傷，並由一級物理治療師張偉玲教你預防創傷的練習。

Racquet sports such as tennis, squash, and badminton involve repetitive movement of upper limb joints and improper posture may lead to sports injuries. Dr Wilson Li, Chief of Service of Department of Orthopaedics & Traumatology, Queen Elizabeth Hospital, shares about common upper limb sports injuries, and Physiotherapist I Cora Cheung teaches us some injury prevention exercises.

### 手肘 Elbow

常見有網球肘，即外側伸展肌出現勞損；以及高爾夫球肘，即內側屈曲肌發炎。手肘會紅腫，伸展或屈曲時感疼痛。  
Common injuries are tennis elbow and golfer's elbow, which are inflammation of the extensor and flexor tendon origins respectively. Common presentations are pain and swelling at the tendon origin, exacerbated by extending or bending the elbow.

### 預防方法 Prevention tips

避免重複使用肌肉，多做伸展肘部和加強肌力的運動。  
Avoid repetitive muscle movement. Stretch and strengthen elbow muscles.



### 肩膀 Shoulder

揮拍動作不當，會影響上肢動力鏈，甚至令肩袖肌腱撕裂。患者會突然感到肩痛和無法用力。  
Improper stroke at racquet games would disrupt the kinetic chain or even cause rotator cuff tear in the worst case. Patients present with sudden onset of shoulder pain and weakness.

### 預防方法 Prevention tips

改善姿勢，做運動加強肩膀旋轉肌。  
Improve posture and strengthen rotator cuff.



### 手腕 Wrist

腕部伸展肌腱勞損，伸展時會感疼痛。另外，前臂和手腕反覆旋轉的動作會導致三角纖維軟骨複合體 (TFCC) 損傷，旋轉關節時感疼痛。  
Repetitive overuse of the wrist may cause tenosynovitis, which presents with pain upon exertion, while repetitive rotation of the forearm and wrist may cause ulnar wrist pain, as a result of damage to the triangular fibrocartilage complex (TFCC).

### 預防方法 Prevention tips

做運動增加軟組織彈性，並加強伸展肌和屈曲肌肌力，可減少勞損。使用護腕，加強前臂和手腕肌肉訓練，可保護 TFCC。  
Exercise to increase the flexibility of soft tissues. Strengthening the wrist extensors and flexors may prevent muscle strain. Protect TFCC by wearing a wrist guard and training the forearm and wrist muscles.



# 食得有「營」又幸福 *Eat healthy, eat happy*

**適**逢癌症病人資源中心成立 25 周年，而伊利沙伯醫院醫護人員和營養師希望病人可以吃得健康又滋味，在 12 月推出新版食譜《煮出幸福的味道》。今次為大家介紹當中的淮山瘦肉炊飯，不妨與家人一起試試。

In the occasion of the 25<sup>th</sup> anniversary of Patient Resource Centre and in helping patients to consume healthy and appetising food, healthcare staff and dietitians of Queen Elizabeth Hospital have produced a newly revised edition of the cookbook 'The Taste of Happiness' in December. Try out the recipe below with your family.

## 淮山瘦肉炊飯 (四人份) Takikomi rice with yam and pork (4 servings)

### 材料 Ingredients

瘦豬肉 160 克	160g lean pork
鮮淮山 60 克	60g fresh yam
紅蘿蔔 1/4 條	1/4 carrot
鮮冬菇 3 隻	3 fresh shiitake mushrooms
杞子少許	dried goji berries
米 1 杯半	1 1/2 cups rice
清雞湯 250 毫升	250 ml chicken stock

### 醃料 Marinade

油 1 湯匙	1 tbsp oil
鹽 2 克	2g salt
生抽 1 湯匙	1 tbsp light soy sauce
糖 半茶匙	1/2 tsp sugar
料理酒 1 湯匙	1 tbsp cooking wine

### 做法 Method

- 瘦豬肉切粒，與醃料拌勻。  
Dice the pork. Add marinade and mix well.
- 鮮淮山和紅蘿蔔切絲，鮮冬菇切片、杞子洗淨。  
Finely shred fresh yam and carrot. Slice shiitake mushrooms. Rinse goji berries.
- 將雞湯和米放入電飯煲，瘦豬肉連醃料一同倒進鍋中，再放上其他材料。  
Pour chicken stock and rice into a rice cooker. Then add pork with the marinade. Top with the remaining ingredients.
- 炊飯完全煮熟後，攪拌至均勻，再多焗五分鐘，使炊飯更入味。  
Turn on the rice cooker and let it complete its cooking programme. Fluff up the rice and mix the ingredients evenly. Cover the lid and leave it on 'warm' setting for five more minutes.

### 營養錦囊 Nutrition tips

鮮淮山含豐富碳水化合物和纖維素，煮熟後質地變得軟脆，味道鮮甜，較容易進食。

Fresh yam is rich in carbohydrates and dietary fibre. It turns soft and sweet after cooking, making it a good choice for patients with poor appetite or swallowing difficulty.

可根據進食者的口味，搭配不同肉類和素菜，例如改用肉質較軟滑的雞脾肉和魚肉，同屬高蛋白質之選。

You may choose meat or vegetarian ingredients preferred. Apart from pork, you may also use chicken thighs or fish fillets which are rich in protein and tender in texture.

炊飯熟透後，可加入生雞蛋拌勻，然後多焗五分鐘直至雞蛋熟透，以增添蛋白質。

To boost the protein content, you may stir in an egg after the rice is cooked. Cover the lid for around five minutes until the egg is cooked through by the residual heat.



食譜由萬里機構出版 The cookbook is published by Wan Li Book Company Limited.



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