



二零二三年一月

JANUARY 2023

香港兒童醫院

Hong Kong Children's Hospital

通訊

NEWSLETTER

第二十二期

ISSUE

22

發·展
Growth



MESSAGE
FROM HCE

“一步一腳印”
Keep moving forward



2022年12月18日是本院開展臨床服務的四周年。我衷心感激政府、醫管局總部和九龍中聯網一直以來的大力支持，還有一班滿懷熱誠的同事，為醫院、為病童貢獻才幹和心力。

這幾年醫院經歷不少重要里程碑，特別是推行了一些施政報告和全港性項目，例如初生嬰兒代謝病和免疫缺陷病篩查、無創性胎兒染色體篩查、為六歲以下的智障兒童提供特殊口腔護理服務、成為香港基因組計劃其中一個夥伴中心、建立不常見疾病資料庫，及營運兒童社區疫

18th December 2022 marked the 4th anniversary of HKCH clinical service. I am grateful for the unfailing support from the Government, Hospital Authority Head Office and Kowloon Central Cluster, as well as the contributions of our committed and talented staff over the past years.

HKCH has achieved a number of important milestones, particularly in accomplishing various Policy Address and territory-wide projects, such as implementing newborn screening for inborn errors of metabolism and severe combined immune deficiency, non-invasive prenatal testing, the Special Oral Care Service for children under six with intellectual disability, being one of the partnering centres of the Hong Kong Genome Project, establishing the uncommon disorders database,

苗接種中心等。另外，我們的醫學遺傳科正密鑼緊鼓籌備接辦衛生署的醫學遺傳服務。

我們樂於實踐「虛心求知、同理關懷、會心微笑」的醫院文化。我們虛懷若谷，但會一直朝卓越醫療中心的目標奮進，繼續鞏固作為兒童心、腎、自體及異體造血幹細胞移植中心的位置，發展尖端治療技術，並就科研及培訓與大學緊密合作。

醫院行政總監
李子良醫生

and operating the Children Community Vaccination Centre. The transfer of Department of Health's Clinical Genetic Service to our Clinical Genetics Service Unit is also in the pipeline.

We are all pleased to practise our hospital culture of "Learning, Caring and Smiling". We are a humble team, yet we aim to build HKCH as a centre of excellence. We will continue to consolidate our position as a paediatric transplant centre for hearts, kidneys, and allogeneic and autologous haematopoietic stem cells, develop advanced therapies, and collaborate closely with universities in research and training.

Dr Lee Tsz-leung
Hospital Chief Executive

交棒

部門領導的傳承

PASSING
THE
BATON



Succession of
department
leaders

本院兩個部門最近均有主管更替。帶領兒童及青少年科渡過四個寒暑的陳志峯教授卸任後由黃明沁醫生接棒；而小兒外科則由譚煜謙醫生接替梁偉業醫生。

四位回顧當初如何排除萬難推展臨床服務，開創一個又一個先河，並分享未來計劃。

Two clinical departments in HKCH recently saw a change in their Chief of Service. After leading Paediatrics & Adolescent Medicine for four years, Prof. Godfrey Chan was succeeded by Dr Rosanna Wong. For Paediatric Surgery, the role was passed from Dr Michael Leung to Dr Peter Tam.

In this story, these doctors reminisced about how they have broken new grounds against the odds, and shared their plans for the future.



兒童及青少年科

PAEDIATRICS & ADOLESCENT MEDICINE



黃明沁醫生 (左) 感謝陳志峯教授為兒科打好基礎。陳教授分享，處事包容能讓同事有更大發展空間。

Dr Rosanna Wong (left) thanks Prof. Godfrey Chan for building a solid foundation for the department. Prof. Chan shares that holding a more accepting attitude would allow colleagues more room to develop.

兒童及青少年科是本院最大的臨床部門。首任部門主管陳志峯教授早在千禧年代已參與推動在香港成立一間兒童醫院：「這是幾代人的夢想！」到醫院終於落成，他便身先士卒，擔起重任：「我覺得建立醫院的文化很重要，如果一開頭做得不好，將來便很難修復。」

陳教授向來兼顧臨床、研究、管理和病人權益工作，總是從容不迫，但原來開院壓力不足為外人道。他坦言：「兒科服務調遷是前所未有的複雜，而病人轉了過來便沒有退路，我們要即時100%投入運作。當時我有很多牽掛，夜裡會收到電話要拆解各樣難題。直至開院兩年後，心臟科也搬了過來，我才敢鬆一口氣，可以釋懷。」

另一個挑戰是讓來自五湖四海的同事盡快融合，而兩間大學的人員身處同一屋簷下亦是破天荒。陳教授盡力做到公平、知人善任和加強溝通：「選擇來這裡的，都是有熱誠的同事。我的職責是分配資源，支持不同團隊的好計劃，不會偏袒某一方，希望公帑運用得宜，而同事上班是開心的。」回顧任內工作，他給自己70分，自言建立了文化雛形，團結各方，沒留下大遺憾。

Paediatrics & Adolescent Medicine is the largest clinical department in HKCH. Its first Chief of Service, Prof. Godfrey Chan, was part of the force advocating for a children's hospital in Hong Kong since the 2000s. "It was the dream of generations of paediatricians." When the hospital was finally ready to open, he took up the challenging position, "Because it was so important to build a good hospital culture. If we started off on the wrong foot, it would be difficult to change later."

Prof. Chan always seems to take everything in stride, balancing clinical work, research, management and patient rights advocacy with a calm demeanor. Little did one know about his pressure during the early days. "The complexity of paediatric service translocation was unprecedented. Once patients were transferred here, there was no undo button. We must operate at 100%. I was constantly worried and people would call me at night for various problems. Only after Cardiology moved in two years later was I able to feel a sense of relief."

Another challenge was to integrate staff coming from different hospitals and align their practice. Having two universities working under the same roof was also a first. Prof. Chan upheld the principles of fairness, open communication, and putting the right people in the right seats. "Colleagues who choose to come to HKCH are full of passion. My task was to allocate resources to support the good service proposals by different teams impartially to ensure public money was well spent. I also hoped colleagues would feel happy working here." Prof. Chan gave himself 70 marks, saying he has left no big regrets and the culture in his mind has already taken shape.

黃明沁醫生本身負責新生兒科及腸胃科。籌劃服務的經驗在她心中埋下種子，驅使她承擔更大責任：「我了解到醫院不同層面運作的廣和深，很想為醫院作出更大貢獻，並用另一個身份去支持同事的成長與發展。」

黃醫生形容剛上任的心情，就像第一次踏入新醫院一樣興奮：「我見到每個團隊都作出多方面發展，無論是院內的跨

Dr Rosanna Wong has been in charge of Neonatology and Gastroenterology. The commissioning experience motivated her to take on a bigger responsibility. "After learning about the breadth and depth of different aspects of hospital operation, I wish to contribute more to the hospital and support colleagues' growth and development in another way."

Dr Wong is excited for her new role, "All our teams have many developments going on, from multidisciplinary services within HKCH

專科服務，還是與地區醫院的支援合作，都是環環相扣，能夠見證確實很有意義。」

她期望提升醫生的知識及技能，例如安排駐院醫生到其他醫院的兒科輪調，並恢復海外培訓，與國際專家交流學習，擴闊眼界。她亦期待與啟德新急症醫院的兒科互相配合，為兒童提供更全面的服務。

to collaboration and mutual support with regional hospitals. It is really meaningful to witness all these happenings."

To enhance doctors' clinical knowledge and skills, Dr Wong plans to arrange rotation for residents to the paediatric departments of other hospitals, and resume overseas training and exchanges to broaden doctors' horizons. She also looks forward to working with the new acute hospital in Kai Tak to provide a more comprehensive service to children.



兒童及青少年科轄下服務 Services under Paediatrics & Adolescent Medicine

- ▶ 心臟科 Cardiology
- ▶ 重症治療運送科 Critical Care Transport
- ▶ 皮膚科 Dermatology
- ▶ 內分泌科 Endocrinology
- ▶ 腸胃科 Gastroenterology
- ▶ 血液及腫瘤科 Haematology & Oncology
- ▶ 先天性新陳代謝科 Metabolic Medicine
- ▶ 新生兒科 Neonatology
- ▶ 腎科 Nephrology
- ▶ 腦神經科 Neurology
- ▶ 兒童深切治療部 Paediatric Intensive Care Unit
- ▶ 舒緩治療科 Palliative Care
- ▶ 呼吸科 Respiratory Medicine
- ▶ 風濕及免疫科 Rheumatology & Immunology

小兒外科

PAEDIATRIC SURGERY



“

我行醫多年，來到兒童醫院發覺天外有天！人人都分享自己領域的知識，跨專科合作氛圍很強。病人是大家有份的，包括讚賞和責任，這是我在這裡最深刻的體會。

HKCH is a whole new world to me. Multidisciplinary collaboration is so strong with everybody sharing their expertise selflessly. All teams have a share of our patients, including appreciation and responsibility.

- 梁偉業醫生
Dr Michael Leung

“

一個部門的繼任安排很重要，由前線、中層以至主管都要及早規劃。我也要開始物色接班人。

Early succession planning is important for a department. My job to find a suitable successor starts now.

- 譚煜謙醫生
Dr Peter Tam



離任之際，梁偉業醫生整理舊物時發現一封2013年的電郵。「當時有人叫我為兒童醫院的手術室給點意見，後來才知道原來責任這麼大！我每星期要審閱一疊厚厚的圖則，還要採購大小儀器，連地面負重和一個插頭都要理，最繁複是配置複合式心導管室，簡直嘔心瀝血！」

然而比這更艱鉅的，是如何趁機重整小兒外科網絡。「爭取持份者支持不能一廂情願，要靠誘因和信任。大家最終的願景是全港會有三個小兒外科中心——瑪麗和威爾斯醫院為地區提供第二層和急症服務，如盲腸炎、腸套疊和腹膜炎手術；兒童醫院處理全港的奇難雜症，如腫瘤、新生兒、唇顎裂等手術，同時兼顧所屬地區的急症。」

經過十年努力，部份整合工作已經完成，如伊利沙伯和聯合醫院的小兒外科已調遷過來兒童醫院。近來另一大進展，是在管治架構裡清晰劃分了六個分科（即泌尿、唇顎裂、腫瘤、肝膽、胸肺和血管外科），每個團隊都包括兒童醫院、威爾斯和瑪麗的醫生，一同為病人提供服務，並負責各自的服務發展、質素提升、培訓和科研。

梁醫生總結：「像一場馬拉松，我們只跑了首十公里，何時到達終點視乎需求、人手、資源和科技，要靈活應變。」

剛接任部門主管的譚煜謙醫生同意：「我不會低估這件事的難度，但方向絕對正確。制度上的結合是第一步，我們要做到真正的融合。同事有臨床自主權和感受到被尊重，才會對部門有歸屬感。我會下放權力，讓團隊發揮各自的長處。」

譚醫生計劃盡快設立平台，讓各團隊的領導定期見面，協商政策，及早解決分歧，提高透明度。另外為免人手斷層，他將著力吸引新血：「由初級受訓醫生開始便要好好栽培。除激發他們的興趣，給予機會接觸特別病例，還會安排專責同事關心他們各方面的需要，提供支援，希望更多有潛質的人投身小兒外科。」

Before his departure, Dr Michael Leung stumbled upon an old email from 2013. "I was asked to give some advice on HKCH's operating theatres. I didn't expect it would become such a huge responsibility later on. I had to vet a pile of building layout every week. It also entailed equipment procurement and nitty gritty like floor loading and sockets!"

An even more painstaking task was to re-organise the paediatric surgery network. He said, "To get stakeholders' support, we had to offer incentive and trust. Otherwise it'd just be wishful thinking. The final consensus was that there should be three paediatric surgery centres in Hong Kong. Queen Mary Hospital and Prince of Wales Hospital would handle secondary and emergency cases (e.g. appendicitis, intussusception, peritonitis) in their respective regions, while HKCH would deal with complex cases (e.g. oncological, neonatal, cleft lip and palate surgeries) across the territory, as well as emergency cases in its region."

After a decade's effort, this vision has been partially fulfilled. For example, the paediatric surgery service of Queen Elizabeth Hospital and United Christian Hospital was already translocated to HKCH. Another recent milestone is the clear delineation of six sub-specialties (i.e. urology, cleft surgery, surgical oncology, hepatobiliary surgery, thoracic surgery, and vascular anomalies) in the governance structure.

Every team now consists of surgeons from HKCH, PWH and QMH who serve patients together. Each team also works on its own service development, quality improvement, training and research.

Dr Leung concluded, "We have only covered the first 10km of the marathon. Demand, manpower, resources and technology determine how close the finish line is. These factors will keep changing."

Dr Peter Tam, the new Chief of Service, agreed, "I won't underestimate the difficulty, but the direction is definitely correct. System integration is the first step, but what we need is true union. Colleagues are most concerned about having clinical autonomy and respect. I will take a decentralisation approach so that our teams can play to their strengths and have a sense of belonging."

His immediate plan is to set up a regular platform where all team heads can meet to discuss policies and resolve differences in a more transparent way. Also, he targets to gather more new blood to ensure manpower continuity, "Talents have to be groomed early. When they come to HKCH for basic surgical training, we will try to inspire them by offering more interesting exposure, and arrange mentors to support their various needs. We hope more people would choose to become paediatric surgeons."



把握機遇 力求卓越

Seizing opportunities to REACH NEW HEIGHTS

李聯偉先生認為兒童醫院應扮演更積極角色，利用香港的國際聯繫，加上與內地關係緊密的獨特優勢，成為居中的交流平台，做大做強。

Mr John Lee believes HKCH could play a proactive role as an exchange platform by leveraging Hong Kong's international network and close relationship with the Mainland.

李聯偉先生擔任主席的醫院管治委員會，各成員在醫療、管理、學術、社區參與及籌募方面擁有豐富經驗，為醫院發展出心出力（註：另外兩位成員馬清鏗先生及鄧惠瓊教授因事未能出席拍攝）。

Chaired by Mr John Lee, the Hospital Governing Committee comprises of members with vast experience in healthcare, management, academia, community participation and fundraising (Members Mr Patrick Ma and Prof. Grace Tang are not pictured due to other engagements on the photo-taking day).



醫院管治委員會主席李聯偉先生憑藉其在公私營醫療及商界不可多得的經驗和人脈，一直帶領醫院邁步向前。對醫院未來發展，他心中有一張清晰藍圖。

With his wealth of experience and connections in the healthcare and commercial sectors, Mr John Lee, Chairman of the HKCH Hospital Governing Committee has been leading the hospital since its inception. He has a clear vision for the hospital's future development.

堅持信念 漸見成績

開院四年，李先生感受最深的是一班開荒同事的信念：「初時啟德甚麼也沒有，連交通吃飯也成問題，但為著下一代能享受更好的醫療，大家眾志成城，一一克服採購、服務調遷、團隊磨合、跨院跨專科合作等困難。」

他特別稱讚年青醫生肯多行一步：「他們將本身醫院的良好做法帶過來，同時在這裡實現理想，改善以往服務不足之處，令病童得到更佳的治療體驗。」

他樂見醫院的認受性越來越高：「之前有聲音質疑兒童醫院的成立，現在醫院做出好成績，得到病童和家長肯定，外面的醫生都知道我們的功能，會轉介病人過來。」

Concerted effort brings good results

Mr Lee is most impressed by the devotion of the colleagues who commissioned the hospital's services, "At the beginning, there were not many facilities in the Kai Tak area. Even coming to work and getting something to eat was an issue. But our staff had a common goal to provide a better healthcare for our next generation. They overcame so many barriers in procurement, service translocation and integration, as well as cross hospitals and specialties collaboration."

Mr Lee particularly admires the young doctors for walking extra miles, "They bring in good practices from their previous hospitals. They also take the opportunity to rectify some of the service gaps in the past to create a better patient experience."

He is also pleased to see the hospital's increasing reputation. "There were doubts about the HKCH before. Over the past four years, we have achieved satisfactory progress and earned the recognition of patients and parents. Private doctors also understand our function and refer patients to us."



李先生巡訪醫院，了解服務運作情況，聆聽同事需要。

Mr John Lee visits the hospital to learn about its operation and staff needs.

人才交流 重中之重

香港人口不多，李先生深信要成為卓越醫療中心，必須與世界各地及內地交流，汲取治療複雜病症的經驗。「我十分鼓勵同事參加國際會議，就算疫情亦可透過遠程模式去互動。」他更期望能邀請世界級專家來港，向同事傳授臨床造詣。

他建議將有關工作制度化：「兒童醫院可成立專責部門去統籌交流及培訓，給其他醫院的管理層一個清晰的對口，這

是醫院層面的正式聯絡渠道，而不是單靠個別臨床團隊去接觸。這樣溝通會事半功倍，我們也不會錯失一些良機。」

至於科研發展，他認為現階段主要是配合兩間大學，參與科研和國際間的研究，同事既可從中累積經驗，亦有助專業發展。「當人才和資源成熟時，我們期望醫院可主導兒科研究，到時要針對性做一些有價值的研究，別人已經在做的題目就無謂重覆。」

善款為發展添力量

兒童醫院慈善基金2019年成立，目的是透過籌募額外經費，改善病人服務與體驗、推動醫學研究、促進員工培訓及身心健康。李先生同時擔任基金信託委員會的主席。他表示：「雖然現在經濟環境比較困難，仍不時有大企業家問我兒童醫院有甚麼可以幫手。但我為人比較踏實，希望有實質的項目才去募捐，令善長有目的地去支持我們。」

他有信心基金將來會發展無限。「我的心願是支持醫院每年舉行一次國際性研討會，探討兒科最新發展，亦讓每一個同事參與其中，提升士氣和歸屬感。」

推動科研發展是捐款的用途之一，例如「陳廷驊基金會臨床科研獎學金計劃」為前線醫生提供時間和資源進行研究，培育科研人才。圖為其中一位獎學金得主向發展夥伴及捐助機構「陳廷驊基金會」的代表介紹其研究項目。

Promoting medical research is one of the uses of donation funds. An example is The D. H. Chen Foundation Clinical Research Fellowship Program which offers frontline doctors time and resources to conduct research. One of the fellows is introducing his research project to the representatives of The D. H. Chen Foundation, Growth Partner and Funder of the Fellowship Program.

Donations make powerful impact

The HKCH Charitable Foundation was established in 2019. It aims to enhance patient service and experience, promote medical research, and support staff training and well-being. Mr Lee also chairs its Board of Trustees. He revealed, "Despite the economic downturn, many big enterprises still ask me what they could do to help the hospital. However, I am a pragmatic person. I prefer making fundraising appeals when there are actual projects on hand. Philanthropists also wish to make a direct impact with their donation."

He foresees the Foundation could do much more, "It is my wish to support the hospital in organising an international conference every year on the latest advances in paediatrics. Every staff could participate in this annual signature event. This will definitely boost staff morale and engagement."

特別營養配方資助計劃

李先生穿針引線，促成不少大型捐款項目，其中一項是資助有經濟困難的病童購買特別營養配方。

代謝病病童因身體不能分解食物中的某些物質如蛋白質，導致毒素積聚，可嚴重損害身體和智力。因此，他們要長期進食特別奶粉，以促進生長和控制病情，減低併發症機會。由於這些不屬公營醫療資助項目，病人需要自費。

九歲的 Waheed 是計劃其中一位受惠病童。他一個月大時突然病發，情況危急。他媽媽憶述：「醫生說他可能會死，經洗血後情況穩定下來，後來確診甲基丙二酸血症。」

Waheed 爸爸是全家唯一經濟支柱，初時還可勉強維持，但後來因工傷未能工作。媽媽說：「兒子要服用幾種營養配方，每日七餐，一個月便要六千元，我們實在負擔不起。他的病情亦不斷反覆，需長期住院接受治療。」

「一天護士說有善心人資助我們，那一刻真的十分開心。現在兒子已經回家，亦可以正常上學。」媽媽十分感謝善長的捐助：「短短兩個月，我已見到 Waheed 身體情況有改善。以前行五分鐘已說無力，現在卻十分精神，智力發展亦進步了。」



Special diet sponsorship programme

Mr Lee has helped to line up some major donations. One of them is designated to support patients with financial difficulties to purchase therapeutic diet.

Children with inborn errors of metabolism cannot break down certain components in food such as protein. This causes toxins to accumulate in their bodies, which may damage the brain and other organs. Therefore, they require long-term special diet for growth, disease control, and preventing complications. Since these special formulae are not covered by the standard hospital fees, patients are required to pay for themselves.

9-year-old Waheed is one of the beneficiaries of the sponsorship programme. He had his first disease onset at one month old, and his condition was very critical. His mom recalled, "The doctor said he might die. Luckily, he was stabilised after haemodialysis. He was then found to have Methylmalonic Acidaemia."

Waheed's dad was the breadwinner in the family but lost his job after an injury. "Waheed has been

prescribed several formulae which he has to take seven times a day. We really couldn't afford the monthly cost of \$6,000. He also kept having relapses and had to stay in the hospital for treatment," said Waheed's mom.



Waheed 每天要按時間表服用各種特別營養配方。
Waheed follows this timetable to take different types of special formula daily.

"One day, the nurse told us about the sponsorship programme. We were so thrilled. Waheed is already home now and can go back to school." She is grateful to the donor, "Waheed has been getting better in just two months. In the past, he would get tired after walking for just five minutes. Now he is full of energy. His intellectual development has improved as well."

有賴善長支持，本院為病童安排多元化活動和派發禮物，讓他們感受到歡樂和暖意，更積極面對治療。

Thanks to donors' support, HKCH is able to arrange a wide range of activities and distribute presents to patients. The joy and warmth could help them stay positive in the face of tough treatments.



Talent exchange is key

Mr Lee pointed out, "Hong Kong's population is not big enough to accumulate complex cases. To become a centre of excellence, we need to learn from international and Mainland counterparts. I always encourage colleagues to join international conferences. Even under the pandemic, they can still interact with professionals from afar virtually." He also hopes to invite world class experts to HKCH to share their knowledge and skills.

He suggested a more systematic approach, "The hospital could set up a designated department to coordinate staff exchange and training activities. It will serve as the official channel to liaise with other hospitals, instead of relying on individual clinical teams'

connections. Communication would be more effective this way, and we would not miss some valuable opportunities."

As for research, Mr Lee believes the hospital should continue to complement the two universities and participate in different projects and international studies at the present stage. From these, colleagues could accumulate experience and further their professional developments. "When talents and resources are available, we hope the hospital would be able to take a leading role in paediatric research. When that time comes, we should focus on research projects with real significance, rather than repeating what others are already doing."

擁抱綠 A GREEN SPACE 療癒 已空間 for growing and bonding



種植需要愛心和耐性，
跟照顧病童一樣。

Love and patience are
vital to gardening,
same as taking care of
our patients.

- 園藝小組成員
Horticultural group
participant

召集人會挑選時令植物和蔬果，供組員種植，
大家見到努力後的收成都感到雀躍。

Seedlings of seasonal fruits and veggies are
distributed to participants to grow.

員工福利委員會及人力資源部最近成立了園藝小組，招募有興趣的同事參加，於A座四樓僻出充滿陽光生氣的小農圃，由召集人分享園藝知識，例如花草處理小撇步、人工授粉等。有些成員在上班前後都去探望和打理植物，仿如醫生巡房。委員會成員古德來醫生認為，活動加強了同事間的凝聚力：「大家十分投入，會幫別人的植物施肥淋水，甚至互送新的幼苗。」召集人之一羅春霞姑娘補充：「有同事會在假期回來整理和淋水，有些更在颱風前夕，一下班便趕往花園做好防風措施。」另一召集人高級職業治療師方少麗說：「園藝難度不高，較易獲得成

就感，我們希望每位同事都能樂在其中。」問卷調查發現，組員平均快樂指數有9.2分。組員文慧姑娘反映：「午飯後到花園灌溉植物是件放鬆減壓的事，可趁機平衡工作與生活。」

The Staff Welfare Committee and Human Resources Department recently set up a horticultural group. Interested staff can apply to join and the coordinators would teach them gardening basics and share hacks like hand-pollination. They visit the gardening space on 4/F of Tower A twice a day to tend to their plants, just like doing ward rounds. Committee member Dr Dennis Ku said the activity has strengthened the

bond among colleagues, "They help each other out in fertilizing and watering, and even gift one another seedlings." Mara Lo, one of the coordinators, added, "Some staff come back for the plants on their days off. On the eve of typhoons, some rushed to the garden after work to keep the plants safe." "Horticulture is not difficult. We hope colleagues could achieve a sense of accomplishment and get a kick out of it," said Sanne Fong, another coordinator. Participants averaged 9.2 out of 10 points in happiness in a survey. One of the participants Man-wai shared, "Watering the plants after lunch is a good way to destress and achieve work-life balance."

電子版
DIGITAL
VERSION



立即
掃描
SCAN ME!

如對本通訊有任何意見，歡迎電郵至
enquiry_hkch@ha.org.hk

Please send comments and suggestions to
enquiry_hkch@ha.org.hk

© 2023 醫院管理局版權所有
Copyright © 2023 Hospital Authority

編輯委員會 Editorial Board

主席：醫院行政總監李子良醫生

成員：麻醉及全期手術醫學科顧問醫生郭蕙漩、行政事務總經理郭慧敏、專職醫療行政經理陳娜智、護理部高級護士長馮靜雅、高級人力資源經理吳海寧

編採及設計（對外關係及籌募部）：杜蘊慧、董潔欣、吳文諾、溫嘉敏、邱雅鎔、繆焯琳、李寶欣

Chairperson: Dr Lee Tsz-leung, Hospital Chief Executive

Members: Dr Vansie Kwok, Associate Consultant (Anaesthesiology and Perioperative Medicine) | Miscelle Kwok, General Manager (Administrative Services) | Nerita Chan, Manager (Allied Health) | May Fung, Senior Nursing Officer (Nursing Services Division) | Elaine Ng, Senior Human Resources Manager

Editorial team (External Relations & Donation Management): Vivian To, Haze Tung, Mandy Ng, Kyra Wan, Karis Yau, Anson Miu, Bobo Lee