

醫院行政總監的話

我從事兒科服務已超過二十年，獲委任為香港兒童醫院的行政總監，令我可以全情貢獻我最投入和熟悉的兒科服務，實在深感榮幸。不少人說香港兒童醫院是兒科醫生和病童家庭半世紀以來的夢想，如今夢想成真，下一步是如何將我們的滿腔熱誠推動兒科服務邁向國際頂尖水平。



香港兒童醫院與全港兒科部門的願景一致，要在兒科的臨床服務、科研和培訓精益求精。我們已進入服務籌備階段，首項任務是要建立穩固和清晰的行政和臨床管治架構，並訂定健全制度確保在二〇一八年服務安全開展和順利銜接。我們既要提供優質和家庭為本的服務，亦要確保服務模式持續可行，資源足以承擔。我們當務之急是要建立一個實際可行的「軸輻模式」，包括制訂統一臨床指引、轉介安排共識和後續治療指引，確保病人在不同階段在合適的醫院得到適時治理。由於香港兒童醫院日後會接收其他醫院轉院的危重病人，我們需要建立穩當的緊急運送團隊。在今期通訊，不同的專科服務籌備專員會分享他們對於香港兒童醫院安全開展服務的看法。

我們亦知道要為病童提供全人治理，病人組織和慈善機構發揮重要角色。他們一向以來貢獻良多，我預見在醫院投入服務之後，大家將會更緊密協作。

香港兒童醫院全人上下一心，我們不單要為病童和家長建造一個友善的環境，更將積極的信念和希望的種子植根於醫院。讓我們攜手向前，一起迎接未來的挑戰和機遇。

李子良醫生

香港兒童醫院行政總監



Message from HCE

Being a paediatrician for more than 20 years, I feel truly blessed with the opportunity to be appointed as Hospital Chief Executive and dedicate myself to where I am most devoted and versed in — the paediatric services. Many said Hong Kong Children's Hospital (HKCH) is a 50-year dream comes true for both paediatricians and families of sick children. Now the dream is becoming a reality. How do we prepare ourselves to move forward from streams of profound affection to world-class paediatric services?

In HKCH, we share the vision of achieving excellence in clinical, research and training in Paediatrics together with Paediatrics Departments over the territory. We are now at the commissioning phase, and our first task is to build up strong and clear corporate and clinical governance with robust systems so as to ensure safe start and transition of service in 2018. Whilst providing quality and family-centered care, the service model should also be affordable and sustainable. To reach this destination, we have to fulfill a few imminent tasks. We have to build a pragmatic and realistic Hub-and-Spoke model which consists of protocol-driven care, consensus referral as well as successive care guidelines. This ensures patient is being cared in the right places at the right time. Since HKCH is admitting critically ill children transferred from other hospitals, we need to build up a competent emergency transport team. In this Newsletter, the commissioning service coordinators of different disciplines will share their views of how to assure a safe service commencement in HKCH.

We will also be mindful of the roles of patient groups and other charitable foundations in ensuring a holistic care for our sick children. They have been contributing all along and we will work even more closely with them in the years to come when HKCH is in operation.

HKCH provides a congenial environment for sick children and parents, nevertheless, the positive energy and seeds of hope are beyond a physical premise. It is planted in the hearts of everyone who join hands to build HKCH. Let's forge ahead with passion to tackle new challenges and embrace new opportunities.

Dr. T L LEE

Hospital Chief Executive, HKCH



香港兒童醫院的臨床服務範疇 Clinical Services in HKCH



兒童麻醉及
心臟麻醉科
Paediatric
Anaesthesiology
& Cardiac
Anaesthesiology



新生兒科
Neonatology



耳鼻喉科
Ear, Nose
& Throat



病理科
Pathology



兒童心臟及
心胸外科
Paediatric Cardiology
& Cardiac Surgery



神經外科
Neurosurgery



放射科
Radiology



兒童深切治療科
Paediatric
Intensive Care



眼科
Ophthalmology



兒童腎科
Paediatric
Nephrology



兒童外科
Paediatric
Surgery



兒童腫瘤科
Paediatric
Oncology

More
Services...

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香港兒童醫院的安全啟動及過渡

Safe Start and Transition for HKCH

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Paediatric Medicine



新生兒科 Neonatology

照顧新生嬰兒是一件令人興奮和滿足的事情。我們熱切期待新生命的降臨，同時亦會扶助他們踏上生命的旅程。這段出生的歷程充滿了挑戰，小生命要經歷前所未有而又極複雜的生理轉變與適應，並不是每一位都能安然過渡。在危急關頭，嬰兒需要適時和適切的搶救、穩定、及緊隨其後的輔助治療，配備高質素的环境設施和醫療團隊，才可平安回到父母身邊，開展往後的生命之途。而香港兒童醫院於服務開展初期，亦會像嬰兒剛出生時一樣面對各種的挑戰。只有同事之間的良好協調、擁有共同的願景及共建嶄新的服務模式，香港兒童醫院才可達到和諧無間的過渡。透過互相扶持、正向思維及員工的參與，香港兒童醫院的發展基礎便建立得更深厚更穩固，好讓兒科的醫療水平與學術成就更精益求精。

要安全地開展服務，香港兒童醫院的新生兒科需要配備充足的人手、適當的工作時間規劃、與地區醫院共同制定並接納的雙向轉介模式及完善的緊急病童轉院運送系統，以滿足患者的各種需要。此外，人才培訓和發展、科研和經驗分享，也要惠及到全港的兒科服務及病人。因此，我們需要共同努力，跨區簡化臨床服務、建立更強大的網絡以優化臨床管治及促進醫護人員的團隊合作。最後，我們的嬰兒亦即我們的下一代，將會大受裨益。

我們只要謹記最初的抱負和願景，攜手努力，定能夠克服過渡期間所帶來的轉變與挑戰。

Taking care of babies is always exciting and rewarding. We welcome them and help them embark on their life journeys. Sometimes, illness falls upon them and their lives are at stake. This is especially when they are just born, because of complex transitory physiological adaptation required. Timely, well-organized resuscitation, stabilization and subsequent individualized care are critically important. Most of them survived well, sometimes miraculously. Learning from these, we are meticulously cautious with the inception of HKCH coordinated service. Transition involves good coordination, vision sharing, work flow design re-engineering and orchestrated teamwork. Mutual support, positive thinking and staff engagement help in solidarity, jointly contributing and molding the future network, tightening the link, broadening and deepening the foundation. With these, we can achieve better performances, clinical outcomes, medical care advancements and academic pursuits.

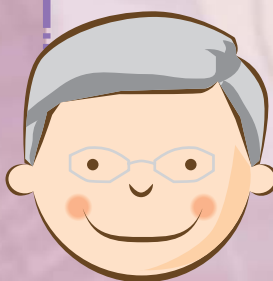
To have safe start, HKCH neonatal services (as part of the network) need to have safe level of staffing, safe working hour arrangements, and mutually agreed reciprocal referral system with all regional hospitals, empowerment program and strong transport team, to meet the needs of patients handled. Opportunities and resources for professional development and reflective learning and experience sharing, in form of research, audit, and education, are vital, to benefit the whole of HK. We can thus work together and streamline our clinical services across HK territory wide, to build a stronger network with tighter support, better clinical governance and collaboration, and fostering the team working among health care professionals. At the end, our babies, and thus our future generation, will benefit from our concerted effort with their health and welfare being our focus.

Let's share our vision and work together. Dedication always trumps perceived problems during early transition.



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Dr. NS KWONG
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Co-ordinator





兒童心臟及心胸外科 Paediatric Cardiology and Cardiac Surgery

隨著香港兒童醫院將在2018年開始投入服務，兒童醫院的心臟內科和心臟外科屆時會提供全面性的第三層架構醫療服務，包括了全港兒童心臟外科手術、在先進整合式心導管手術室內進行的心臟導管介入式治療、不同形態心律不齊介入式治療和治理複雜先天性心臟病。要能夠提供這樣複雜和高端的醫療服務，精幹的跨部門團隊是必要的。團隊成員包括心臟科醫生、心臟外科醫生、心臟科麻醉師、重症科專科醫生和其他專科同事，大家將共同協力去為病童提供有效和高效率的服務。

一個安全的起步點不單止需要足夠的人手、適切的培訓和齊備的設施，還需要在準備階段中與同事作出不同程度的溝通，以回應病人和同事的問題。當然，一個詳細的運作計劃書以及與有關團隊的分享和討論尤其重要，而香港兒童醫院的成功關鍵將有賴卓越的領導和行政支持。

With commencement of service in 2018 at the HKCH, the paediatric cardiology and cardiac surgery program will provide a territory-wide comprehensive tertiary service including all paediatric cardiac surgery, catheter-based interventional catheterization in a state-of-art hybrid catheterization laboratory, intervention for various forms of cardiac arrhythmias and management of complex congenital heart disease. To provide such a complex and high risk clinical service, a multidisciplinary team including highly specialised cardiologists, cardiac surgeons, cardiac anesthetists, intensivists, and other specialists are needed. The cooperation and collaboration of all relevant specialists are essential to provide an effective and efficient service.

A safe beginning of the service will necessitate not only provision of adequate manpower with well-trained staff and good facilities, but also staff engagement at all levels during preparation and being ready to address to problems that arise for both patients and staff. A detail operation plan has to be drawn up and good communication and understanding among all involved teams is of utmost importance. Indeed, good leadership and unfailing support from the administration are key to success of the HKCH.



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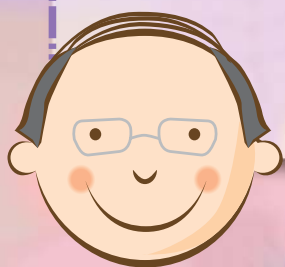
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兒童深切治療科 Paediatric Intensive Care



韓錦倫教授
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Prof. Ellis KL HON
HKCH Commissioning Service
Co-ordinator

建立香港兒童醫院，讓許多兒科醫生、護士、病童和他們的家庭真正能實現了一個50年的香港夢想。其實深圳市和烏魯木齊早已有兒童醫院，香港雖然遲了一點，亦即使我們決定不以「卓越中心」為名，我們仍感到自豪的，就是一班在不同崗位共同努力實現這個目標的同事。許多熱心的同事已經貢獻出無數年月去實踐，使這夢想成真。其中經歷的一切一切都印象深刻，令人難以忘記。

香港市民和孩子們享受高水準的公共醫療體系。事實上，死亡率和發病率是東南亞最低的地區之一。危重兒童疾病包括新生嬰幼兒，先天和後天心臟病，腫瘤，外科和腎科等等。這些都是兒童醫院投入服務時第一階段將建立的重大分科。這些團隊照顧的病童很需要兒科危重護理的支援。一個強大的兒科危重病急救醫學（PCCM）服務是很重要，亦是這些重要的副專科安全運行成功的關鍵。

鄭醫生是我們的新生嬰幼兒科協調主任，他說得好：「具有良好的協作、共同的使命及願景、重新設計工作流程以及協調的團隊，才可以達到更卓越的臨床療效、學術進步」。就此我們的兒科腫瘤協調主任一陳教授也確保本地兒童血科及腫瘤科醫生在兒童醫院未落成前已經合作無間，氣氛良好。

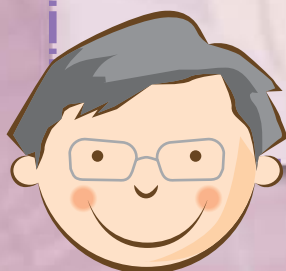
隨著「軸輻式網絡」制度，我們對香港市民服務只會走得更好。在香港兒童醫院將作為樞紐而所有地區醫院的兒科部門就如輻條，各自發揮功效和特性，使車輪轉動，讓兒童醫院運作暢順。輪輻必須共同努力，沒有輪輻，就沒有輪子運行。如果沒有輪軸，我們就像一盆散沙。現時全港有八所公立醫院設有兒童深切治療病房（PICU）。香港情況與海外截然不同，我們只需要數分鐘內前往附近地區醫院就可以得到緊急和危重護理。現有兒科重症監護專家及許多已受訓員工都團結起來，準備為香港兒童醫院提供這項服務。為了確保一個安全啟動和過渡的服務，首先，我們必須保留這些表現卓越的同事，不要讓他們漸漸流失。建立適當的就業崗位和專業認可實在刻不容緩。現在距離香港兒童醫院投入服務已迫在眉睫，我們理應立刻招募及整合PICU團隊，保證我們有足夠的專科及資深同事維持有水準的服務，支援其他亞專科，共同服務病情危重的兒童。

To many paediatricians, doctors, nurses, sick children and their families, it is truly a realization of a 50-year Hong Kong dream to have our own children's hospital. Given that Shenzhen and Urumqi have their own children's hospitals, we are certainly a bit late in kicking off. Although no longer called a "Centre of Excellence", we pride ourselves in being able to work together in concerted efforts to achieve this. It is impressive that many enthusiastic colleagues have put in endless hours, weeks and even months to make this possible.

Hong Kong citizens and children enjoy a public health care system with high standards. Indeed mortality and morbidity are among the lowest in our region. Critical childhood illnesses include neonatal, congenital and acquired cardiac diseases, oncological, surgical and renal conditions, among others. These are major subspecialties to be established in the first phase at the Children's Hospital. Children cared by these teams are likely to be critically ill and call for pediatric intensive care support. A strong Paediatric Critical Care Medicine (PCCM) service is pivotal to the success and safe running of all these important subspecialties.

Dr Kwong, our neonatology coordinator, says it well : better performance, clinical outcome, medical care advancement and academic pursuit can only be possible with good coordination, vision sharing, work-flow design re-engineering and orchestrated teamwork. Prof Chan, our paediatric oncology coordinator, assures us that a collaborative atmosphere has been formed among local paediatric haematologists /oncologists long before the beginning of HKCH.

With the "Hub-and-Spoke" system, our service to the Hong Kong people can only go better. The HKCH will serve as the Hub and all regional hospitals being the spokes to enable the wheel to turn. The Hub and Spokes must work together. Without the spokes, there is no wheel to run. Without the hub, we are like a pile of sand (一盆散沙). There are 8 existing Paediatric Intensive Care Units (PICU) that have been serving Hong Kong. Unlike overseas, we only have to travel within minutes to a nearby regional hospital to receive immediate emergency and critical medical care. The existing paediatric intensivists and many trainees are united and prepared to provide this service for HKCH. To have a safe start and transition, first and foremost, we must retain these great colleagues and not to allow them to drift away to the private sectors. Employment posts and recognition must be created now. Time is running short. The PICU team must be formed now, and not one year later, in order to rest-assure all our subspecialty colleagues.





兒童腎科 Paediatric Nephrology

對於香港兒童醫院這個大型項目來說，服務安全和質素是兩個最關鍵的因素。根據「軸輻模式」，我們將特殊的腎病個案，如血液透析、器官移植和難以醫治的腎小球性腎炎症，集中在香港兒童醫院進行治療；而一般的腎病個案，如尿道感染和簡單的腎小球性腎炎，保留在各區醫院進行治療。兒童醫院和其他醫院會加強緊密的聯繫以確保腎兒獲得適切無縫治療，這包括兒童腎科醫生的交換及受訓醫生的輪調、腎病共同醫治指南及其他有效的溝通方式等。這個聯繫對保證服務的安全和質素尤為重要。兒童腎科服務要做到安全啟動和過渡，保證

人手的充足亦不容掉以輕心，特別是兒童腎科醫生、腎科受訓醫生和腎科護士。同時，他們亦需要規劃完善的設施和其他專科提供充分的支援（例如放射科、兒童外科、麻醉科、兒童深切治療）及專職醫療部門（包括臨床心理學家、營養師、社工、職業治療師和物理治療師）。此外，兒童腎科服務的安全啟動和過渡也需要不同部門的共同規劃。除了兒童腎科的臨床工作小組以外，兒腎部門管理委員會亦已成立並於2016年6月舉行第一次籌劃會議。

HKCH is a mega-project. Safety and quality are of prime concerns. We follow the hub and spokes model with management for special nephrology, such as dialysis and transplantation and difficult glomerulonephritis, being concentrated at HKCH and general nephrology, such as urinary tract infection and simple glomerulonephritis, being localized at other Hospitals (OH). Tight links between HKCH and OH will be strengthened through exchange of paediatric nephrologists (PN) and rotation of trainees, common management protocols and other communication means. The links contribute much to safety and quality. To have a safe start of paediatric nephrology service, sufficient manpower especially PN and nephrology trainees and nephrology nurses are essential and they should be working in a well-planned infra-structure and are adequately supported by other specialties (such as Radiology, Paediatric Surgery, Anaesthesiology, PICU) and allied health disciplines (such as clinical psychologists, dietitians and social workers as well as OT and PT). To ensure safe start and transition, planning with input from different parties are necessary. In addition to the Clinical Work Group of Paediatric Nephrology, the newly established "Commissioning Department Management Committee" had held the first meeting in June 2016.



謝紀超醫生

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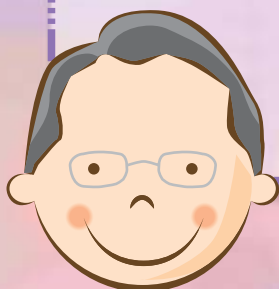
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兒童腫瘤科 Paediatric Oncology

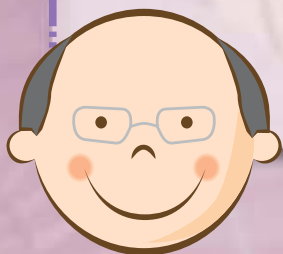
還有不足兩年的時間，我們將見證香港兒童醫院投入服務。當中一個艱鉅的挑戰就是如何安全和無縫地過渡及實現我們的臨床服務。正如詩人約翰·多恩說：「沒有人是在大海上獨踞的孤島...」，持份者之間的團隊精神是首要的。這合作無間的氣氛早在落實香港兒童醫院之前已在本地兒童血液科／腫瘤科醫生之間存在了，這點可以透過共同製訂的臨床治療方案和常規指引中反映出來，我們並且有一個準確的本地病人數據庫，可共同分享臨床數據。此外，我們更定期舉辦合併臨床審計會議。在籌備香港兒童醫院工作其間，我們也協調了電子處方表格和護理工序。再者，我們鼓勵各單位之間醫務人員的交流，藉以促進彼此的理解和經驗分享。然而，我們明白到在與其他專業服務融合過程中，仍然存在着困難，如臨床支援服務來說，在香港兒童醫院將暫未能提供放射治療服務，因此我們要規劃好可行的病人轉介計劃來應付將來香港兒童醫院的需要。本着專業精神和各參與者的無私奉獻，我們對解決大部分問題仍抱樂觀的態度。

In less than 2 years time, we will witness the commencement of service of HKCH. How to achieve a safe and seamless transition of our specialty is a daunting challenge. We all know that "No man is an island entire of itself...." (*John Donne*), an united team spirit among all the stakeholders is a must. A collaborative atmosphere has been formed among local paediatric haematologists / oncologists long before the beginning of HKCH. It can be reflected by our common treatment protocols and practice guidelines. We share our clinical data and have an accurate local data base. Furthermore, combined auditing meetings of all units have been held at regular period. In preparing for the HKCH, we harmonize our electronic prescription forms and nursing practice. We also encourage exchange of medical staff between units so we can facilitate mutual understanding and exchange of experience. However, the difficulty remains in our amalgamation with other specialties. Since some of the supportive services such as radiation therapy will not be available in the HKCH, a feasible logistic plan has to be established before the starting of the HKCH. With the professionalism and selfless devotion of all involved parties, we are optimistic that most problems can be solved.



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Prof. Godfrey CF CHAN
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Co-ordinator



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科

Paediatric Surgery



耳鼻喉科 Ear, Nose & Throat

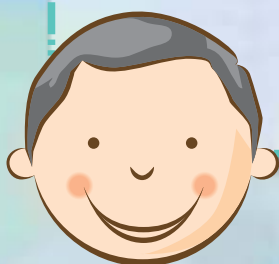
香港兒童醫院的成立對於眾多的兒科服務來說，是一個令人振奮的進步，它能集中和提供優質的專業醫療服務，這正是孩子們及其家庭所需要的。在香港特別行政區政府及醫院管理局的通力合作下，經過不斷的艱苦和挑戰，成立兒童醫院的夢想終於實現了。醫院管理局轄下的七個醫院聯網耳鼻喉專科部門將會結集人力資源去提供全面耳鼻喉專科服務。除了複雜和罕見的疾病將因多個專業領域投入而得到有效的品質管理，一般個案也能因而得到所有適當的兒科配套設施，以及專注的照料。此外，國際及本地大學的夥伴合作，以及基本及臨床研究亦將會成為我們服務的核心目標中不可或缺的一環。

For the many in Paediatric services, the HKCH is an exhilarating advancement for the focused and quality care which our children and their families are in need of. It was a dream but is now made reality via the hard and challenging work of HA's and the HK Government's. For ENT, with a central core manpower, all seven cluster departments will be contributing their specialist expertise in Paediatric ENT to the service at HKCH. Aside from the improved management of difficult and rare cases requiring multidisciplinary input, the routine cases too can receive better focused care with all the appropriate paediatric supporting facilities which would translate into improved quality management. International partnership, partnership with our local universities and basic and clinical research would be very much part of the core objectives in our service.



石偉棠醫生
專科服務籌備專員

Dr. Victor ABDULLAH
HKCH Commissioning Service
Co-ordinator



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科

Paediatric Surgery



神經外科 Neurosurgery

將於2018年投入服務的香港兒童醫院，標誌著香港醫療發展的一個重要里程碑。這將會是香港第一間致力為兒童謀福祉的醫院。

神經外科將會是香港兒童醫院提供的其中一項醫療服務。目前，患有神經外科疾病的兒童分散在各區醫院接受治療。由於每個地區醫院的病人數量不多，任何一區的醫院都難以有足夠數量的病例為基礎，來提升小兒神經外科的醫療技術水平。

有見及此，香港兒童醫院的神經外科將根據臨床需要分階段提供服務。將來，除了個別需要立即接受治療的急症病人（如頭部創傷者）外，全港七個神經外科中心將會轉介患有神經外科疾病的兒童到香港兒童醫院接受治療。

此外，各地區醫院的兒童神經外科醫生將會合作並組成團隊，在小兒神經外科的各個領域，例如腫瘤科、功能性手術及癲癇手術，發揮各自的專長為病人提供綜合性和高素質的醫療服務。

我們希望打破不同專科之間的隔閡，以相輔相成的服務模式為其他兒科副專科服務提供一個參考，為特殊病患者打造一個能夠獲得最佳治療的醫療環境。

HKCH, which will be opened in 2018, is a significant milestone for Hong Kong. This will be the first hospital in Hong Kong dedicated to the well-being of children.

The neurosurgical community is excited to be part of this big project. Currently, children with neurosurgical conditions are being managed in regional hospitals, scattered in various clusters. Because of the small number of patients in each cluster, it is difficult for any regional hospital to have the require critical mass to excel in the field of paediatric neurosurgery.

Neurosurgical service at the HKCH will be provided in phases, depending on the clinical needs. All seven neurosurgical centres in Hong Kong have agreed to transfer patients requiring neurosurgical interventions to the HKCH, except emergency conditions that require immediate interventions such as head injuries.

Furthermore, paediatric neurosurgeons from regional hospitals will cooperate and work as a team, contributing expertise in various areas of paediatric neurosurgery such as oncology, functional and epilepsy surgeries.

We hope this can set a model for other sub-specialties in breaking down barriers between different centres, so patients with a particular problem is treated in a place with the best experience.



何偉成醫生

醫療服務工作小組主席

Dr. Wilson WS HO
Chair of Clinical Work Group
for HKCH



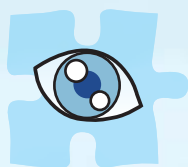
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Paediatric Surgery



眼科 Ophthalmology

不消兩年的時間，我們將會見證到香港兒童醫院開幕並投入服務。對於我們這群服務兒童的醫護人員，能夠參與這所醫院的協調及籌備工作是一個千載難逢的機會。小兒眼科實在有幸成為團隊當中的一分子。

許多小兒眼疾都是系統性疾病的一部分，大大超越了眼科專家所接觸的範疇。我們需要一個集不同專業的團隊支持，以提供高質素的服務給我們的兒科病人。

如果沒有良好規劃和團隊合作，在香港兒童醫院提供優質的眼科服務只會是一個空想。在世界級醫院開展一個全新的服務從來都不是一件容易的事，但我們有幸得到籌劃組及其他持份者的鼎力支持，此乃成功的關鍵。

要安全地啟動和過渡，我們需要將所有持份者團結起來。幸運的是，香港的小兒眼科醫生都願意於香港兒童醫院提供最好的眼科服務。我們亦已得到各大學和整個醫院管理局團隊的支持。香港眼科醫院亦將會於香港兒童醫院起步階段提供強大的支援。加上來自不同專業的專家共同支持，我相信小兒眼科團隊將會有美好的發展。

In less than 2 years' time, we will witness the opening of HKCH. To many of us who work with children, this is a once in a lifetime opportunity to take part in the commissioning project of this hospital. Our group is privileged to be part of the team.

Many paediatric eye diseases are part of different systemic problems beyond the understanding of an ophthalmologist. We need a team of experts in different specialties to support us in delivering a high quality service to our patients.

Dream will not come true without good planning and teamwork. Starting a new service in this world class hospital has never been an easy task, but we feel at ease to have the backup from the commissioning team and other stakeholders. Their tremendous support is the key to success.

To start safe with safe transition, we have to line up all stakeholders. Fortunately, the desire to deliver the best pediatric ophthalmology service in HKCH is unanimous among paediatric ophthalmologists in the territory. We have received support from the Universities and all HA teams. Hong Kong Eye Hospital will provide a strong back up for the future ophthalmology department in HKCH during its infancy and service will be introduced in phases. Together with the support from dedicated experts of different specialties, I am confident that the development of Pediatric Ophthalmology team will achieve an excellent development.



高德全醫生
專科服務籌備專員

Dr. TC KO
HKCH Commissioning Service
Co-ordinator



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Paediatric Surgery



兒童外科

Paediatric Surgery

小兒外科是其中一項發展得最快的外科專科。隨著近年微創手術、內窺鏡治療和介入放射學的進步，複雜的手術個案都能取得良好的治療成果。

成立副專科專門診治罕見的外科疾病已成為全球性的趨勢。本港的小兒外科轉介網絡已於2003年成立，而快將投入服務的香港兒童醫院則會成為第三層及第四層的外科轉介中心，使我們能夠為複雜的小兒外科手術個案提供專業的服務。

香港兒童醫院的小兒外科臨床工作小組已決定於2018年起，集中處理由現時的三個兒童外科中心轉移至香港兒童醫院的外科服務，包括新生兒外科、腫瘤外科、初次性唇顎裂及與腎臟移植有關的複雜泌尿外科手術。與此同時，香港兒童醫院還會負責為九龍中和九龍東聯網提供緊急的小兒外科服務。我們還會加強與其他兒童專科的合作，例如麻醉科、放射科、新生兒深切治療科及兒童深切治療科，使外科服務能夠順利和安全地過渡到香港兒童醫院。

Paediatric surgery is one of the fastest growing surgical specialties. With recent advances in minimal invasive surgery, endoscopic therapy and interventional radiology, better treatment outcome can be achieved for complex surgical conditions.

Sub-specialization development is the global trend for management of rare surgical diseases. In Hong Kong, the paediatric surgery referral network has been established since 2003. The opening of HKCH as a tertiary and quaternary surgical referral centre enables us to provide expertise services to children with complex surgical problems.

For transition of surgical services from current three paediatric surgical centres to HKCH, the Clinical Work Group of Paediatric Surgery in HKCH decided to concentrate operations on neonatal surgery, oncological surgery, primary cleft surgery and complex urology related to renal transplantation to HKCH in 2018. HKCH is also responsible to provide emergency paediatric surgery service in Kowloon Central and Kowloon East Cluster. Collaborations with other paediatric specialties, e.g. anaesthesia, radiology, NICU/PICU are essential for smooth and safe transition of surgery services in HKCH.



梁偉業醫生

專科服務籌備專員

Dr. Michael WY LEUNG
HKCH Commissioning Service
Co-ordinator





兒童麻醉及心臟麻醉科 Paediatric Anaesthesiology and Cardiac Anaesthesiology



周雨發醫生
專科服務籌備專員

Dr. YF CHOW
HKCH Commissioning Service
Co-ordinator

兒童麻醉科將提供廣泛並覆蓋全醫院的服務，包括臨床麻醉、手術室服務、圍手術期跟進方案、急救復甦、鎮靜以及急、慢性痛症處理。香港兒童醫院的兒童麻醉科專科服務將緊密結合質量保證、培訓和研究三大要素。

香港兒童醫院將於2018年投入服務，首先集中全港的兒童癌症、心臟和腎科的服務。兒童麻醉科配合開啟服務計劃，主要為支援對新生嬰幼兒手術、腫瘤手術、兒童心臟手術、心臟介入治療、唇顎裂手術和相關的腎臟移植的複雜泌尿科病例，以至九龍中及九龍東聯網的普通小兒外科服務。

香港兒童醫院配備現代的手術設施。在主手術室樓層內分別設有先進的綜合心臟及血管治療中心，內有心臟手術室及混合心臟導管室；並有兩所全方位數碼影像微創手術室，以及不同種類專科手術室：包括腦外科、骨科、眼科、耳鼻喉、頭頸科、牙科、皮膚激光及日間手術等等。

綜合圍手術期服務將以家庭為中心，為手術預備及術後病人提供「無壓力」入院及出院服務，促進能夠成功進行手術療程及康復。

手術室以外，例如放射科和腫瘤科的鎮靜和痛症管理問題，將由麻醉科醫生支援，以確保兒童接受不同的侵入性手術的安全性和舒適度。放射治療包括斷層放射治療會在香港兒童醫院以外處理，醫療團隊將為這些孩子制定一個可行的鎮靜支持計劃。

目前兒童麻醉科在香港是一個規模比較小的副專科，極需要發展人才以提供服務、培訓和研究。我們致力推廣共融的模式，鼓勵協同參與領導，促進合作交流，希望通過良好管治，建立完善的人力資源網絡，好讓全職和兼職的同事們，在同一屋簷下精益求精，盡展所長。

儘管極具挑戰性，能夠有這樣的機會去進一步發展這一副專科，並能與地區醫院，大學院校及各方持分者協作，我們將有一個扎實的開端。

Paediatric anaesthesia is a hospital wide provision covering clinical anaesthesia, operating room services, perioperative programme, resuscitation, sedation, acute and chronic pain management. Quality assurance, training and research are tightly bound to the subspecialty service in HKCH.

The current service plan for HKCH is to centralize children cancer, cardiac and renal services upon its service commencement in 2018. As such, anaesthesia at the start will support operations on neonatal surgery, oncological surgery, primary cleft surgery and complex urology related to renal transplantation, and paediatric general surgery service in Kowloon Central and Kowloon East Cluster. Paediatric open heart surgeries and cardiology interventional procedures will also be performed in the state of the art operating theatre and the hybrid catheterization laboratory which together form an integrated cardiac and vascular complex within the main operating theatre suite.

An integrated perioperative programme will be developed for a family centered and stress free admission and discharge after enhanced recovery from surgery.

Sedation and pain management outside operating theatres e.g. radiology and oncology procedures will be supported by anaesthetists to ensure safety and comfort of children undergoing different invasive procedures. As radiation therapy including tomotherapy will be outside HKCH, a feasible sedation support plan will be formulated for these children.

Currently, paediatric anaesthesia is a small subspecialty in Hong Kong. Manpower and talents are greatly needed for service, training and research. We would favour an inclusive model with participative leadership and good governance to foster collaboration exchanges and networking. Full time and part time colleagues altogether will strive for excellence under the same roof.

It is challenging to develop this subspecialty further; yet with this opportunity, and with the support and collaboration from regional hospitals, universities and various parties, we would have a solid beginning.



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Paediatric Service Related



病理科 Pathology

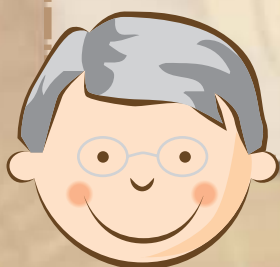
管理一間多元化的病理學化驗室並不容易，更甚的是要推動不同機構管治下的中央遺傳基因服務。我的工作包括管理香港兒童醫院的遺傳基因化驗室，特別是要協調先進技術平台（例如DNA微陣列和新一代基因測序系統）的臨床應用、SafeT21非侵入性產前檢測計劃及衛生署轄下的醫學遺傳科遺傳化驗服務。此外，還可能包括在商議中的初生嬰兒代謝病篩查計劃（化驗部分）。這個任務雖然有趣，但卻是既艱鉅及帶有挑戰性。相信只有透過各部門的合作、人與人之間的緊密聯繫和建設性的對話，才能實現我們的目標，那就是讓我們的兒童在香港兒童醫院裏有一個安全和無憂的旅程。

It has never been an easy job to operate a multi-disciplinary pathology laboratory, but even more so is to run a centralised genetic service with different governance. I have been given the task to supervise and in particular, to coordinate the operation of the genetic/genomic laboratory which houses the advanced technology platforms (e.g. DNA microarray and massively parallel sequencers) for clinical application, the SafeT21 programme for non-invasive prenatal testing and the Clinical Genetics Services under the Department of Health. Furthermore, there is the possibility that the newborn screening programme (laboratory part) for inborn error of metabolism may also be located in the hospital under the Department of Pathology. The task is formidable and challenging, albeit interesting. Only through multi-disciplinary cooperation and inter-personal liaison, and constructive dialogue are we able to achieve our goal, i.e. to provide a safe and worry-free journey for our children in the HKCH.



黃傑輝醫生
專科服務籌備專員

Dr. KF WONG
HKCH Commissioning Service
Co-ordinator





放射科 Radiology

放射科技的進步為我們開拓了更多與時並進的診斷和治療方法。在放射科，我們必須謹守兩個輻射防護的基本原則：正當的理由與優化的程序。

正當的理由 — 「做正確的程序」 — 權衡潛在風險與預期得益。

優化的程序 — 「將程序做得正確」 — 將輻射劑量降至最低的合理水平（ALARA）。

雖然現時有其他不含放射性的造影技術（例如超聲波和磁力共振），但該等造影技術也有潛在的風險。因此，放射性檢查要先嚴格遵守相關的原則、規章和政策，才可適當及安全地進行。我們致力透過與各部門的交流、合作及協調，為醫護人員提供最大的支援。與醫院管理層的緊密合作是保障輻射安全和質量的重大要訣。其中包括採用成像設備技術以優化輻射防護、共創舒適的環境、確保質量、持續推行質量改進和臨床審計程序及嚴格遵守安全標準和規章。

Advances in radiological technologies have led to an ever-increasing number of applications in both diagnosis and treatment. In Radiology, we observe two basic principles of radiation protection: Justification and Optimization.

Justification - "Do the right procedure" - Weighing the expected benefits against the potential risks.

Optimization - "Do the procedure right" - Keeping doses "as low as reasonably achievable" (ALARA)

Alternative techniques that do not involve exposures to radiation (e.g. Ultrasound and MRI) also have their benefits and risks. Safe and appropriate use of radiological investigations requires stringent adherence to principles, protocols and policies. We aim to provide support to our clinical colleagues through multidisciplinary communication, collaboration and coordination. Partnership with hospital management is also the key to safeguarding radiation safety and quality, such as employing imaging equipment technologies for optimization of radiation protection, creating a non-threatening environment, ensuring that appropriate quality assurance, quality improvement and clinical audit programmes are in place, and adhering to safety standards and protocols.



邱麗珊醫生
專科服務籌備專員

Dr. Jennifer LS KHOO
HKCH Commissioning Service
Co-ordinator

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Paediatric Service Related



HKCH Staff Forum—May 2016

HKCH Staff Forum- A Dream Comes True

Our colleagues' support and participation are the keys to the development of the Hong Kong Children's Hospital. A staff forum was held successfully on 17 May 2016 at the HAHO with the participation of over our advanced recruited colleagues and 120 medical, nursing and supporting staff from various service units to be translocated to HKCH upon service commencement in 2018. Our Hospital Chief Executive (HCE), HKCH Commissioning Service Co-ordinators and the Commissioning Team took the opportunity to meet with our frontline colleagues. HCE began the staff forum by sharing the vision of achieving excellence in clinical, research and training in HKCH together with the Paediatric community across HA. There was also a sharing of latest development, colleagues were so excited to see the vivid presentation of the features of HKCH and the plans of our future "hardware" and "software" of different services including nursing, pharmacy, laboratory, radiology, integrated rehabilitation centre, allied health, human resources and hospital administration. Thank you to EVERY participants who contribute to make the HKCH dream possible and it will only be successful because of YOUR support!



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**HONG KONG CHILDREN'S HOSPITAL
RADIOLOGY COMMISSIONED TRAINING 2016/17**

**HKCH
NEURORADIOLOGY
SUMMER CAMP**

**August 12-13, 2016
(Friday & Saturday)**

Time & Venue
8:30am - 6:30pm
12/F Lecture Theatre, Block R, Queen Elizabeth Hospital

Invited Speaker
Dr Kshitij Mankad
Consultant Neuroradiologist, GOSH

Local Speakers
Dr Wilson Ho
Consultant Neurosurgeon,
Department of Neurosurgery, QMH

Dr Lee-Yuen Ko
Honorary Clinical Assistant Professor,
Department of Paediatrics &
Adolescent Medicine QMH, HKU

Dr Cheuk-Wing Fung
Associate Consultant,
Department of Paediatrics &
Adolescent Medicine, QMH

Day One

- Case presentation by trainees
- Cortical malformations
- Spinal malformations
- Childhood inflammatory diseases
- Update on HKCH Radiology
- Non-accidental injury
- Interactive workshop
- FRCP 2B exam techniques & trainee tutorial

Day Two

- Case presentation by trainees
- Brain tumours
- Paediatric neurosurgery for radiologists
- Neonatal encephalopathy
- Paediatric stroke
- Metabolic disease
- Neuroradiology in Neurometabolic and Neurodegenerative Diseases: A Clinician's Perspective
- Multidisciplinary discussion

Registration required
For full scientific programme & further enquiries: Miss Celia Lo 3517 5253 / loyp@ha.org.hk

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