

Market Sounding Exercise for the Supply of Information Technology Systems for the Chinese Medicine Hospital

Market Sounding Exercise Document

The Food and Health Bureau (“FHB”) is conducting a market sounding exercise to invite application service providers (“interested parties”) and other prospective companies, who may be interested in bidding for the supply of Information Technology (“IT”) Systems for the Chinese Medicine Hospital (“CMH”), to share their level of interest as well as experience and provision.

1 The Market Sounding Exercise

- 1.1 Through the Marketing Sounding Exercise (“MSE”), the FHB would like to understand potential bidders’:
 - a. Level of interest in the tendering exercise; and
 - b. Capability to undertake the exercise.
- 1.2 This is **not a pre-qualification exercise** to shortlist or prequalify any potential bidders **or part of a tendering process**. All information, views, and ideas of the respondent will be kept confidential and will not be used for any future tender evaluation exercise. Access to such information will be restricted to authorised personnel strictly on a need-to-know basis. Potential bidders who do not respond to the MSE will not be barred from the future tendering exercise.
- 1.3 All application service providers having capability and experience in developing healthcare related systems are encouraged to participate in the MSE.
- 1.4 In responding to the MSE, a respondent shall be deemed to have agreed to all the terms of this invitation. Respondents should note that the Government of the Hong Kong Special Administrative Region will not be responsible for any costs and expenses that may be incurred by respondents in response to the MSE.
- 1.5 Submission of any information such as product, functional and technical information is welcome.
- 1.6 Interested parties are encouraged to respond, as far as practicable, to the market sounding questions listed in **Proforma**. Relevant views and suggestions in relation to topics not mentioned in this document are welcome insofar as they are relevant and may enhance the completeness of the exercise.
- 1.7 Responses to the market sounding questions in **Proforma** should be returned to the FHB on or before **18 DEC 2020**.

Either by email to: tpkshek@fhb.gov.hk
(Attention: Mr. Tony SHEK)

Or by post to: Chinese Medicine Hospital Project Office,
Food and Health Bureau,
11/F, THE HUB, 23 Yip Kan Street,
Wong Chuk Hang, Hong Kong

(Attention: Mr. Tony SHEK)

- 1.8 The FHB will take stock of the suggestions and comments received through the MSE and fine-tune the system/ tender design as appropriate. Proposals from interested parties may be considered by the FHB in compilation of tender documents and specifications for the tender.
- 1.9 Interested parties shall check the CMH webpage under FHB's website regularly for any update on the MSE and progress of the exercise:
https://www.fhb.gov.hk/en/chinese_medicine/information_centre/index.html.

2 Background

- 2.1 The Chief Executive announced in the 2014 Policy Address that the Government had decided to reserve a site in Tseung Kwan O for setting up a CMH. The 2017 Policy Address stated the Government decided to finance the construction of the CMH and identify by way of tender a suitable non-profit-making organisation ("NPMO") to operate the CMH. CMH will be owned by the Government and the selected NPMO will operate the CMH.
- 2.2 The CMH would be positioned as the flagship Chinese medicine ("CM") institution leading the development of CM services and Chinese medicines in Hong Kong. It will be a change driver, promoting service development, education and training, innovation and research, and facilitating collaboration with both local and international parties.
- 2.3 The CMH with provision of 400 beds will provide a comprehensive range of CM services. Service types include pure CM services, services with CM playing the predominant role in collaboration with Western Medicine ("WM") and Integrated Chinese-Western Medicine ("ICWM") services. The scope of service to be provided in the CMH covers inpatient, day-patient, outpatient and community outreach services. It is the target for the CMH to commence services by phases starting between the end of 2024 and mid-2025.
- 2.4 Please refer to **Appendix I** for the brief overview of services, facilities, furniture and equipment of the CMH and the Planning and Design Brief via the link in Paragraph 2.5 below for the key design and planning directives and concepts of the CMH.
- 2.5 More information on the services provision and design of the CMH can be found in the following link:
https://www.fhb.gov.hk/en/press_and_publications/otherinfo/200900_cmhp/index.html.

3 Project Overview

- 3.1 The key objectives of the IT Systems of CMH include:
 - a. provide comprehensive healthcare services to patients;
 - b. implement efficient clinical practice for clinicians;
 - c. enable better resources management for the hospital;
 - d. facilitate education, training and research in relation to the CM services; and
 - e. comply with the Government information technology security requirements such as having proper security management processes and controls to mitigate security risks in place.
- 3.2 To enable efficient and effective healthcare service delivery, the FHB plans to select suitable application service provider(s) for the supply of application software for the CMH. The planned IT systems are listed in Paragraph 4.2 below.
- 3.3 The planned IT systems shall enable sharing of patient health data and access to the Electronic Health Record Sharing System ("eHRSS") in accordance with the Electronic Health Record Sharing System Ordinance (Cap. 625).

3.4 The planned IT systems shall also enable data retrieval to facilitate education, training and research of the CMH where necessary.

Proposed Tender Design

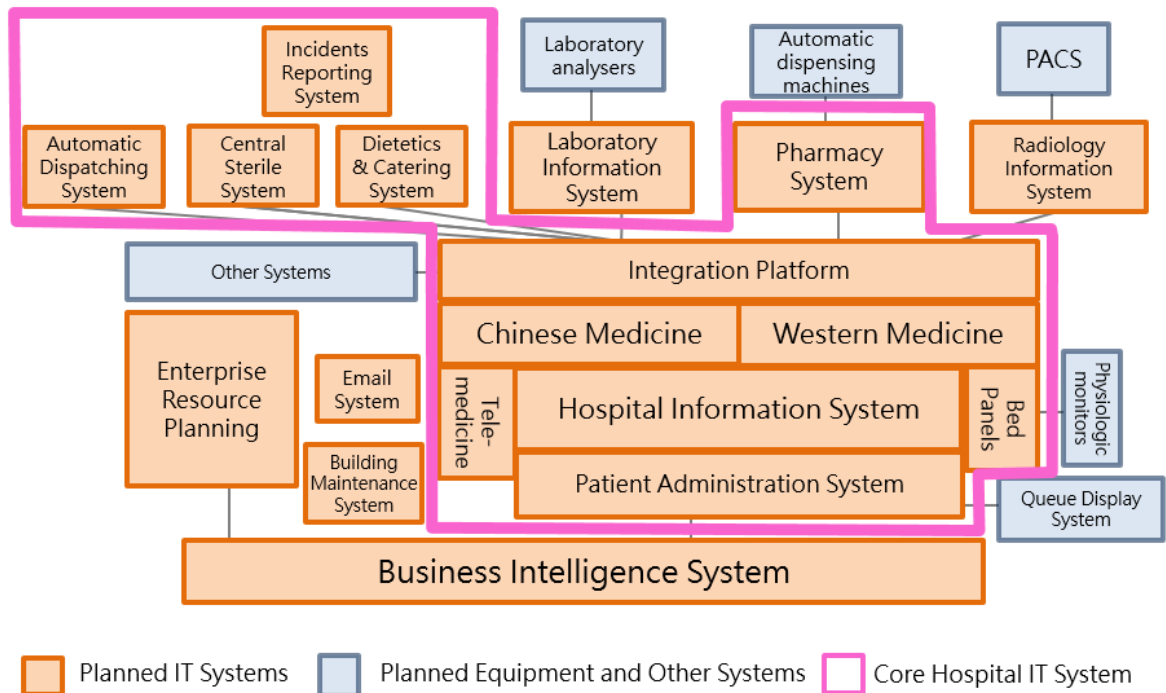
3.5 The planned IT Systems, mainly on application software, will be categorised into groups and the FHB plans to issue separate tenders by phases. It is planned that the 1st tender on core Hospital IT system would be issued in mid-2021 requiring the mandatory provision of all of the below listed systems under paragraph 3.6 and future system integration with all other Hospital IT systems.

3.6 The core Hospital IT system includes Hospital Information System, Pharmacy System, Patient Administration System, Bed Panel Display System, Telemedicine System, Dietetics and Catering System, Incidents Reporting System, Automatic Dispatching System, and Central Sterile System. Tender on the supply of infrastructure and hardware of IT system for CMH would be conducted in later stage.

3.7 The application service provider for the supply of core Hospital IT system of the CMH will be the prime system integrator to ensure proper integration of all other systems listed in Paragraph 4.2 below. The prime system integrator shall provide an integration platform for interfacing medical/non-medical equipment and related devices to facilitate seamless operation.

4 IT Systems Overview

4.1 The diagram below illustrates the overall picture of the planned IT Systems for the CMH:



4.2 The purpose and functions of the planned IT Systems are summarised in the table below:

	System	Purpose	Key Functions (not exhaustive)
1	Hospital Information System (“HIS”)	The HIS shall support inpatient, outpatient and community outreach settings of	<p>Features common for CM and WM:</p> <ul style="list-style-type: none"> - Patient administration; • Interface with Patient Administration System

	System	Purpose	Key Functions (not exhaustive)
	(part of core Hospital IT system included in the first tender)	patient care management for both CM and WM.	<ul style="list-style-type: none"> - Interface to the Pharmacy System and clinical decision support system; - Scheduling (physician, consultation, outpatient); - Manage nursing services; <ul style="list-style-type: none"> • Facilitate and record all nursing assessment, examination and intervention procedures including medication and blood including blood products administration • Schedule nurse shifts with absences and overtime management • Create/block/amendment/re-schedule of nurse schedule by authorised clinical staff • Allow nurses to make request to block and reschedule on personal schedule • Search nurse schedule for authorised clinical staff • Generate nurse schedule by (not limited to) day/week/month and/or nurse • Generate "to-do" checklist for nurses and alert nurses for "to-do" item • Support handover of nursing duties • Support and allow easy configuration of scheduling rules - Manage integrated rehabilitation services; and <ul style="list-style-type: none"> • Facilitate and record all assessment, examination and intervention procedures • Schedule allied health services - Monitor conditions of patients in high dependency unit. <ul style="list-style-type: none"> • Connect to physiological monitoring system <p>Features for CM:</p> <ul style="list-style-type: none"> - Electronic medical record; <ul style="list-style-type: none"> • Capture consultation note, drug allergies, history of adverse drug reactions, diagnosis and procedure (with coding), discharge summary, etc. • Provide medication to allergy information safety checking • Record all clinical and intervention procedures • Facilitate clinical data consolidation and data upload to eHRSS - Medication order entry (Prescription); and <ul style="list-style-type: none"> • Create medication order entry and generate electronic prescription - Clinical order entry. <ul style="list-style-type: none"> • Display alerts and warnings from safety checks on drug allergies, herb-drug interactions, antagonistic or incompatible combinations (including 十八反) which are specific for CM, overdoses, etc. • Order integrated rehabilitation services • Order clinical consultation

	System	Purpose	Key Functions (not exhaustive)
			<ul style="list-style-type: none"> • Interface and record results of other clinical and ancillary systems <p>Features for WM:</p> <ul style="list-style-type: none"> - Electronic medical record; <ul style="list-style-type: none"> • Capture consultation note, drug allergies, diagnosis and procedure (with coding), discharge summary, etc. • Provide medication to allergy information safety checking • Record all clinical and diagnostic procedures • Facilitate clinical data consolidation and data upload to eHRSS - Clinical order entry; <ul style="list-style-type: none"> • Display alerts and warnings from safety checks on drug allergies, drug-drug interactions, herb-drug interactions, overdoses, etc. • Create clinical orders such as radiological examination, blood test, etc. and update to electronic medical record with clinician diagnosis and clinical notes • Order clinical consultation • Interface and record results of other clinical and ancillary systems - Medication order entry (Prescription); <ul style="list-style-type: none"> • Create medication order entry and generate electronic prescription • Display alerts and warnings from safety checks on drug allergies, drug-drug interactions, herb-drug interactions, overdoses, etc. - Operating theatre surgeries recording; and <ul style="list-style-type: none"> • Manage surgery worklists and scheduling • Send operation report, post-operation examination and observations to electronic medical record - Endoscopy services, and electrophysiology and respiratory assessment services management. <ul style="list-style-type: none"> • Manage worklist and scheduling • Record procedures and examination and observations to electronic medical record and send report
2	Pharmacy System (part of core Hospital IT system included in the first tender)	The Pharmacy System shall support the management of Chinese medicines (CMs) and Western drug. The system shall cover the management on production of CMs and the drug vetting, packing, dispensing, drug supplies, order and	<p>Features for CMs:</p> <ul style="list-style-type: none"> - Verify electronic prescription generated by HIS for CMs; - Support medication decision for CMs; - Create inpatient, outpatient and community outreach electronic prescribing order entry and discharge prescription for CMs; - Support conversion of dose between Chinese herbal medicine and granules which are concentrated; - Support medication scheduling for CMs;

	System	Purpose	Key Functions (not exhaustive)
		stock of both CMs and Western drug.	<ul style="list-style-type: none"> - Provide CMs pharmacy notes, written and dictation for CMs; - Support patient specific alerts on overdose warning, allergy alerts, contraindications, adverse drug reactions, drug-drug interactions, herb-drug interactions, drug allergies, antagonistic or incompatible combinations which are specific for CMs, etc. at the point of prescribing; - Monitor storage condition of CMs; - Automatic stock management system; <ul style="list-style-type: none"> • Support tracking of CMs • Support smart stock management - Manage the compounding of CMs into different dosage forms; - Manage simmering and packaging of decoctions including tracking sample CMs retention that had been decocted or compounded; and - Support medication dispensing and administration for CMs. <p><i>(Note: CMs include Chinese herbal medicine (中藥材), granules (顆粒) and proprietary Chinese medicine (中成藥))</i></p> <p>Features for WM:</p> <ul style="list-style-type: none"> - Verify electronic prescription generated by HIS for WM; - Support medication decision for WM; - Create inpatient and outpatient electronic prescribing order entry and discharge prescription for WM; - Support complex medication scheduling for WM; - Provide pharmacy notes, written and dictation, for WM; - Support patient specific alerts on overdose warning, allergy alerts, contraindications, adverse drug reactions, drug-drug interactions, herb-drug interactions, drug allergies, etc. at the point of prescribing; and - Support medication dispensing and administration for WM.
3	Patient Administration system ("PAS") (part of core Hospital IT system included in the first tender)	The PAS shall record the patient demographic, visit histories, enable appointment bookings, registration, queuing, revenue collection, admission and discharge details, and mortuary management. Mobile applications and web portal shall be provided for patients to manage	<ul style="list-style-type: none"> - Patient master index; <ul style="list-style-type: none"> • Pre-register patient • Facilitate standardised patient master index data maintenance • Be able to check and update patient's eHRSS status - Appointment booking; - Physician scheduling; - Inpatient admission, discharge and transfer ("ADT"); <ul style="list-style-type: none"> • Process inpatient ADT including ward and bed allocation - Patient billing and charging;

	System	Purpose	Key Functions (not exhaustive)
		appointments, drug collections, payments, etc. in order to streamline patient journey.	<ul style="list-style-type: none"> • Support multiple pricing structure including package pricing • Support multiple billing format including interim bill, final bill, combined bill, etc. • Print invoice summary including doctor fees, procedure charges, meals, etc. • Collect payment by various modes such as credit card, cheque, and cash • Interface to accounting modules - Insurance module; - Budget estimation and costing; - Bed and ward management; <ul style="list-style-type: none"> • Maintain the record of bed occupancy status • Assign patient to ward room and beds with preferences • Track patient ward transfer and maintain patient discharge information • Schedule cleaning, housekeeping and maintenance activities at the ward - Queue management; - Referral/ follow-up / waitlist management; - Mortuary information system; and <ul style="list-style-type: none"> • Process management of body move-in and out with cross-match mechanism • Capture and record death information • Chamber monitoring and management - Support report and analysis of information and data.
4	Bed Panel Display (part of core Hospital IT system included in the first tender)	The Bed Panel Display shall cover display management of patient's details and vital signs.	<ul style="list-style-type: none"> - Support patient information display, e.g. patient's particulars, dietary information; - Support patient monitoring such as display of vital signs (e.g. pulse, respiratory rate and blood pressure); and - Support and allow easy configuration of patient monitoring rule.
5	Telemedicine (part of core Hospital IT system included in the first tender)	The Telemedicine shall enable remote consultation with patients via Internet channels.	<ul style="list-style-type: none"> - Schedule appointments; - Enable audio and video conferencing; - Generate and document clinical records; and - Being accessible through a web browser on a computer or a mobile device.
6	Dietetics and Catering System ("DCS") (part of core Hospital IT system included in the first tender)	The DCS shall cover hospital food and catering services, support meal planning by dietitians, meal ordering by ward staff and patients and facilitate the meal preparation, stock management as well as costing administration.	<ul style="list-style-type: none"> - Patient diet order entry; - Menu management; - Meal order entry; - Nutritional and dietary analysis; - Production scheduling and consumption forecasting; - Resources management; - Procurement and stock management; and - Management reporting and analysis.

	System	Purpose	Key Functions (not exhaustive)
		DCS is an operational system designed to enhance the efficiency and effectiveness of hospital daily dietary and food services operation.	
7	Incidents Reporting System (part of core Hospital IT system included in the first tender)	The Incidents Reporting System shall cover reporting of hospital related incidents pertaining to patients, clinical services, equipment and environment and support follow-up actions for subsequent incident management.	<ul style="list-style-type: none"> - Record details on clinical and non-clinical incidents; - Incident status enquiry and monitoring; and - Disclose findings from the enquiry on the adverse events.
8	Automatic Dispatching System ("ADS") (part of core Hospital IT system included in the first tender)	The ADS shall support the management of phlebotomist services, domestic services, porting services and transportation services within hospital including but not limited to patient transportation, document delivery, healthcare related materials and equipment transfer etc. ADS provides electronic order booking at wards and departments, orders tracking monitoring and management facilities at control centre.	<ul style="list-style-type: none"> - Electronic patient or order based booking using HIS or ward/department workstations; - Mobile orders notification; - Real time update of orders progress; - Automatic orders management on orders assignment, tracking and monitoring; - Order scheduling and enquiry; - Support phlebotomists services ordering and tracking; - Dispatch management; and - Management reporting on performance and resources utilization.
9	Central Sterile System (part of core Hospital IT system included in the first tender)	The Central Sterile System shall cover the management of sterilization, storage, assembly and distribution of medical supplies for the hospital.	<ul style="list-style-type: none"> - Tracking of assets and instruments automatically through central sterile services department ("CSSD") processes and logistic flow; - Provide real-time overview of the whereabouts of instruments; - Process event control that prevents failures in the recycling process; - Integrate to CSSD management software; and - Support reporting and analysis.

	System	Purpose	Key Functions (not exhaustive)
10	Radiology Information System ("RIS") and Picture Archiving and Communication System ("PACS")	The RIS shall support radiology examination workflow from appointment, patient registration, attendance, to examination reporting integrated with PACS and image modalities on patient worklist, on image acquisition and sharing.	<p>RIS:</p> <ul style="list-style-type: none"> - Create and manage order entry for performing a procedure; - Receive radiology request order; - Perform scheduling of the ordered procedure; - Manage the modality worklist automatically; - Manage the interpretation workflow by maintaining the worklist of the radiologists automatically; and - Interface with contract-out services including order entry and report uploading. <p>PACS:</p> <ul style="list-style-type: none"> - Interface with all radiology modalities via Digital Imaging and Communications in Medicine ("DICOM") standard; - Support storing of images (lossless and lossy); - Allow web access; - Support query and retrieve; - Provide purge, archive and move images lists by user-defined criteria; - Share images outside of PACS; and - Provide a patient-centric view of all patients' images with easy to use DICOM viewer.
11	Laboratory Information System ("LIS") and Blood Bank Management System	The LIS shall support laboratory investigation process from specimen registration, results entry to report endorsement, and interfaced with laboratory analysers on result uploads.	<ul style="list-style-type: none"> - Process laboratory test requests; <ul style="list-style-type: none"> • Manage job order received from the clinical order entry or ancillary application and task information of the laboratory • Perform specimen/sample scheduling • Record data at time of sample arrival into the digital logs • Provide integrated barcoding and sample identification - Monitor the test workflow; - Manage instrument booking; - Track samples, reagents, consumables or other assets within the laboratory; - Interface to laboratory instruments; - Maintain laboratory test results maintenance; <ul style="list-style-type: none"> • Document patient samples being tested in the digital worksheets during a given procedure • Print and generate test reports - Manage blood bank; <ul style="list-style-type: none"> • Manage inventory with blood requisition, issuance of blood, discarding of expired/unsuitable blood and blood including blood products administration • Track source of blood and component • Check for availability of matching blood group - Maintain quality control request; - Maintain reference table; <ul style="list-style-type: none"> • Create and update reference information including panels, doctors, items, specimen groups, devices,

	System	Purpose	Key Functions (not exhaustive)
			<p>instrument group, International Classification of Disease (“ICD”), Systematized Nomenclature of Medicine (“SNOMED”), postcode, department, profile, etc.</p> <ul style="list-style-type: none"> - Management information and reporting; and • Provide reporting and enquiry functions for test requests, test results and patient information - Interface with contract-out services including order entry and report uploading.
12	Building Maintenance System	The Building Maintenance System shall support the management of hospital maintenance activities which include planned/scheduled maintenance, ad-hoc/emergency maintenance and preventive maintenance.	<ul style="list-style-type: none"> - Asset management; - Enable the recording and monitoring of all building maintenance activities; - Operates in real time with the following functions; and <ul style="list-style-type: none"> • Maintenance order • Maintenance management • Preventive maintenance - Reporting and analysis.
13	Business Intelligence	The Business Intelligence shall collect data from all clinical and non-clinical systems for analysis and perform data-mining to support service operation, risk management, forward planning and resource utilization.	<ul style="list-style-type: none"> - Capture unstructured data such as administrative, clinical and biomedical data from different sources and consolidate into repository with structured data format; - Build big data repository using patient records from the Electronic medical record; - Perform real-time analysis and monitoring on service demand and supply; - Perform clinical research and clinical audit; - Perform predictive analysis; - Perform cognitive analysis to provide insights; and - Reporting and analysis.
14	Enterprise Resource Planning (“ERP”) system	The ERP system shall streamline and integrate key business processes such as finance and accounting, human resources, supply chain management and risk management.	<ul style="list-style-type: none"> - Enable the integrated management of key business processes to streamline and automate the operations of the CMH as far as possible; - Customised to the operations of the CMH with flexibility for future customisation; - Allow appropriate authorities to monitor, review and approve key activities where necessary; - Facilitate decision-making process with the generation of real-time reports containing the necessary information; - Finance and accounting functions include general ledger, payables, receivables, fixed asset, revenue management, expense management, cash management, fund management, planning, budgeting, and controlling and costing, and ensuring regulatory compliance, with an aim to maximise cost savings;

	System	Purpose	Key Functions (not exhaustive)
			- Supply chain management functions include procurement and materials management, inventory management, e-sourcing, contract management, asset management, and supplier management; and - Human resources functions include recruitment, compensation and benefit administration, leave management, payroll, retirement and pension plans, taxation management, performance review, talent and training management, work scheduling and general HR functions.
15	Internal Email System	The internal email system shall facilitate information exchange and communication of staff with high level of security and protection.	- Standard and confidential email services; - Contact management; - Calendar management; - To-do task management; and - Offline archive.
16	Other systems	Other equipment and ancillary systems supporting frontline operation.	- E.g. Digital Display System: a central system to control and manage multimedia materials to be broadcasted, interface with HIS or other systems may be required.

5 Disclaimer

- 5.1 This document is for reference and for the purpose of collecting market information only.
- 5.2 This is **not a pre-qualification process** for the supply of the IT systems of the CMH **or part of a tendering process**. Any parties who have not responded to this MSE will not be barred from bidding for the subsequent tender(s).
- 5.3 This document does not constitute any offer or invitation/solicitation of any offer in connection with the exercise described herein. Neither this document nor any activities in connection therewith shall create any legal obligations or liabilities in any way on the part of the FHB or the Government of Hong Kong Special Administrative Region. Neither this document nor anything contained herein shall form the basis of any contract or commitment whatsoever. Any purchase will be subject to subsequent tender(s).
- 5.4 In responding to the MSE, a respondent shall be deemed to have agreed to all the terms of this invitation. Respondents should note that the Government of the Hong Kong Special Administrative Region will not be responsible for any costs and expenses that may be incurred by respondents in response to the MSE.
- 5.5 The final functional requirements are subject to subsequent tender(s).

6 Enquiry

- 6.1 If you have any question, please feel free to contact the following personnels :
- a) Ms. Amber LAM, Senior Systems Manager (Chinese Medicine Hospital Project Office) at email address amberlam@fhb.gov.hk or telephone number (+852) 2205 2353; or
- b) Mr. Tony SHEK, Systems Manager (Chinese Medicine Hospital Project Office) at email address tpkshek@fhb.gov.hk or telephone number (+852) 2205 2199.

Brief Information on Service Provision, Premises and Facilities, and Furniture and Equipment of the Chinese Medicine Hospital

The CMH (“the Hospital”) will be integrated into the existing healthcare system as a hospital with CM predominant mode of operation. The document provides a brief overview of the services, facilities and furniture and equipment of CMH.

1 Service Provision

- 1.1 The services provided by the Hospital will cover primary, secondary and tertiary care as well as the development of specialised CM services.
- 1.2 On the scope of hospital services provision, the Hospital will have inpatient, day-patient, outpatient and community outreach services.
- 1.3 The Hospital will provide a comprehensive range of CM services. Service types include pure CM services, services with CM playing the predominant role in collaboration with WM and ICWM services:
 - (1) Pure CM Services

Pure CM services will be provided based on the theory of traditional CM with a comprehensive range of CM diagnosis and treatment methods, including Chinese medicines, acupuncture, cupping, moxibustion, bone-setting and the like.
 - (2) Services with CM playing the predominant role in collaboration with WM
 - (a) CM will be the dominant component of medical care. The attending CM Practitioners will provide diagnosis and treatment according to CM theory while supported by WM medical practitioners through WM methods.
 - (b) If the patient has multiple diseases, the attending CMPs will provide treatment according to CM theory, while the WM medical practitioners will monitor and handle the adjuvant conditions, so as to achieve the goal of holistic care.
 - (c) In the sequence of assessment, diagnosis, interventional treatment, patient outcome evaluation, CM will be the dominant component of medical care, while at different stages being supported with WM where indicated.
 - (3) ICWM Services

In the design of ICWM programmes, collaboration will be on specific patient types or diseases where CM (playing the predominant role) and WM would be integrated into the care protocols based on the strengths of both treatment types to achieve the desired patient outcome.
- 1.4 The hospital services will cover episodic, chronic, complex diseases, convalescence, rehabilitation, palliative care, health maintenance and preventive care and other disease categories.
- 1.5 To ensure that the Hospital will develop along the CM predominant model to fulfil its missions and functions in promoting the development of CM including Chinese medicines in Hong Kong, the following services will not be provided:
 - (1) Accident and emergency services;
 - (2) General anaesthetic surgical services;
 - (3) Intensive care services; and
 - (4) Child delivery services.

2 Premises and Facilities

2.1 It is proposed that there will be nine storeys including a lower ground level in the Hospital. The following facilities will be allocated in the Hospital:

- (1) Inpatient and day-patient facilities
 - (a) Inpatient wards with a total of 250 beds including 4 beds for high dependency unit and associated isolation rooms;
 - (b) Day wards with a total of 90 beds;
 - (c) A paediatric ward with 40 beds including 10 day beds; and
 - (d) A Clinical Training and Research Centre (“CTRC”) with 20 beds.
The CTRC will have a patient monitoring area with inpatient and day-patient bed provision, drug storage and specimen processing area, clinical trial administration, and other associated patient and staff facilities.
- (2) Ambulatory care facilities
 - (a) Day wards with a total of 90 beds;
 - (b) General outpatient clinic;
 - (c) Referral outpatient clinic;
 - (d) Special disease centres;
 - (e) Private clinics; and
 - (f) Preventive care and health maintenance centre.
The outpatient area for the facilities mentioned above will consist of 70 consultation rooms and 45 intervention rooms.
- (3) Integrated rehabilitation
 - (a) Integrated rehabilitation therapy zone (physiotherapy and occupational therapy);
 - (b) Integrated rehabilitation support zone (clinical psychology, podiatry, prosthetics and orthotics, speech therapy, optometry, audiology, dietitian and medical social work); and
 - (c) A functional-based integrated rehabilitation centre is planned for the provision of physiotherapy, occupational therapy and other rehabilitation services.
- (4) Pharmacy facilities
 - (a) WM pharmacy; and
 - (b) CM pharmacy.
Night pharmacy rooms offering essential Chinese medicines and WM drugs outside operational hours of the CM and WM pharmacies will be provided to cater for the operational needs of the inpatient wards. The major components of the CM pharmacy will be dispensary area, decoction area, CM compounding area, herb and granule storage area.
- (5) Clinical supporting facilities
 - (a) Radiology services including magnetic resonance imaging, computed tomography scan, general radiography, fluoroscopy, ultrasound and picture archiving and communication system;
 - (b) Two endoscopy rooms with essential facilities for upper gastrointestinal, lower gastrointestinal and lower respiratory systems with a negative pressure room;
 - (c) Electrophysiology and respiratory assessment centre for electrophysiology studies covering, amongst other things, selective cardiac, respiratory and neuro-muscular functions;
 - (d) Core laboratory equipped, amongst other things, with chemistry analysers, haematology analysers and blood supply functions;
 - (e) Two minor operating theatres with essential facilities for procedures requiring no

- general anaesthesia;
 - (f) Central sterile supplies unit with basic facilities; and
 - (g) Mortuary with body storage facilities.
- (6) Training and research facilities
 - (a) 20 CTSC beds;
 - (b) Auditorium and Multi-function classrooms;
 - (c) Skill and demonstration laboratory;
 - (d) Teaching consultation rooms; and
 - (e) Chinese medicine library.
- (7) Community health and support facilities
 - (a) Outreach facilities;
 - (b) Kitchen and cafeteria;
 - (c) Purchasing and store;
 - (d) Linen and laundry;
 - (e) Housekeeping;
 - (f) Building amenities;
 - (g) Facility and plant management;
 - (h) Transportation and portering; and
 - (i) Car parking.
- (8) Administrative facilities for hospital administration, admission of patients and processing of medical records

2.2 Please refer to the following link for further detail as reference:

https://www.fhb.gov.hk/en/press_and_publications/otherinfo/200900_cmhp/index.html

- (1) Planning and design brief

The planning and design brief serves as a reference document setting out the key design and planning directives and concepts of the Hospital. It outlines the operational requirements of the rooms, departments and service units of the Hospital. As the design concept and mode of operation may evolve, this document is for reference only, and it is subject to change in the course of planning and design development.
- (2) Schedule of Accommodation

The Schedule of Accommodation of the Hospital is a consolidated brief of accommodation facilities and provisions taking into account the operational, spatial and locational requirements for the Hospital. Items listed in the Schedule of Accommodation are for reference only, and they are subject to change without notice.
- (3) Furniture, equipment and other items

A list of indicative forward procured equipment items is available at https://www.fhb.gov.hk/download/press_and_publications/otherinfo/200900_fne/e_fne.pdf for reference only. Forward procured equipment items are furniture and equipment items that have specific building and building services requirements or require special installation plans which have to be considered in the building design stage. The list does not represent a complete list of items under this category.