



# Chapter I

## Health Administration

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## Health Administration

### 1. Organization of the Department

Under the direction of the Executive Yuan of the Republic of China, Taipei City was made into a national municipality in July 1967. The organizational structure of the Taipei Department of Health has been restructured several times as a result of changes in healthcare programs. In July 1992, the department was reorganized into its present form of seven divisions and eight offices. Division one is responsible for disease control, preventive health and the supervision of health centers. Division two manages the sanitation of business establishments, occupational health, health of foreign laborers and the health of residents affected by radioactive contamination. Division three is concerned with medical affairs, emergency medical care and psychiatric care. Division four focuses its attention on pharmaceutical affairs and the control of drugs and cosmetics. Division five manages nursing administration and long-term care. Division six is responsible for health promotion, health education and training and Division seven manages food sanitation and nutrition. The Administrative Services oversees evaluations and management of documents, general affairs and

payment. The Laboratory carries out tests for public health and food sanitation. The Planning Office is in charge of health planning, research and development, international cooperation and the management of municipal hospitals. The Systems Administration office operates health and medical information systems and supervises the subordinate organizations in their use of the information systems. The Office of Statistics collates and compiles vital and administrative statistics. The Accounting Office prepares budgets and conducts audits. The Personnel Office takes care of manpower resources and the Government Ethics Office is responsible for the control and investigation of corruption, maintenance of security and discipline of government employees.

In addition to these offices and divisions, the Department also oversees a municipal hospital system that includes, Zhongxing Hospital, Renai Hospital, Heping Hospital, Women and Children Hospital, Yangming Hospital, Zhongxiao Hospital, Wanfang Hospital\* and Guandu Hospital\*. Additionally, there is one psychiatric center, one chronic disease hospital, one traditional Chinese medicine hospital, one Venereal Disease control institute, and 12 district health centers with a total staff of 5,622 persons. Altogether, the hospitals (excluding Wanfang and Gandau hospitals) have 3,913 beds. (\* Under Private Management)

Figure 1-1-1 Organization of the Department





## 2. The Staff

### (1) Current Staff Situation

Within the Health Department, the current manpower totals 4,419 persons (excluding employees of WanFang and Guandu Hospitals.) Among the total, 16 (0.36%) are appointed staff, 697 (15.78%) are recommended staff, 402 (9.10%) are authorized staff, 103 (2.33%) are hired employees, and 3,201 medical staff (72.43%).

### (2) Current Staff Educational Situation

Within the Department and its subordinate organizations (excluding the Wanfang and Guandu hospitals), 266 (6.02%) hold either master's or doctorate degrees; 1,600 (36.21%) are university graduates; 2,010 (45.49%) are junior college graduates; 534 (12.08%) are graduates of senior high schools or vocational schools; and 9 (0.20%) are of other educational backgrounds.

### (3) Current Staff Examination Qualification Situation

To qualify for employment at all the units of the Department of Health (excluding Wanfang and Guandu Hospitals), examinations are required. Among the department's employees, 1,054 (23.85%) have an advanced examination qualification, 892 (20.19%) have a regular examination qualification, 65 (1.47%) have a specialized examination qualification, 316 (7.15%) have primary or upgraded examination qualification, and 2,092 (47.34%) are hired based on other regulation requirements and degrees.

## 3. Health Expenditures

The budget for health and medical care for 2003 was NT\$ 5.04 billion, accounting for 3.41% of the City government budget, and health fund was NT\$ 12.4 billion.

Final accounting for health and medical care for 2003 was NT\$ 4.84 billion, accounting for 3.43% of the City government expenditure, and health fund expenditure was NT\$ 11.86 billion.





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## Chapter II

# Household Health Management

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# Household Health Management

## 1. Management of Health Centers

### 1. Supervision of Health Centers

#### 1) Monthly Meetings of Directors of Health Centers

Meetings with health center directors and division chiefs are held on a monthly basis for communication and coordination.

#### 2) A Review and Evaluation Meeting of the Work of Health Centers

On December 24, 2003, a review and evaluation meeting was held, during a retreat, to review the achievements of the Department and the health centers. 36 awards were given to health centers for their excellence in regular review, annual policy promotion and special achievements. Group discussions were conducted in the session to facilitate the re-organization of the Department.

#### 3) Consumer-Oriented Services at Health Centers

- (1) A "For Your Convenience Center" was set up in each health center to provide the public with access to all services of the center through a single window. The Department performs nonscheduled review to ensure the quality of services.
- (2) Health centers are checked by telephone each month to test if telephone inquiries, made by the public, are handled properly.
- (3) An assessment of the health centers'

services to the public is made jointly with the Council of Research, Development and Evaluation of the City Government each year. Health centers are required to make corrections and improvements as necessary.

### 2. Home Visit Healthcare

Health center staff members regularly make home visits. Priority is given to aboriginal citizens, members of moderate and low-income families, psychiatric patients and senior citizens. During home visits, screenings for blood pressure, urine sugar, albumin and cholesterol are made, and emphases are placed upon the transferal and follow-up of abnormal cases. This year, 10,799 visits to aboriginal citizens, 11,225 to citizens with low income, 5,433 to senior citizens, and 24,417 to psychiatric patients were made.

## 2. Health Information Management

### 1. Health Information Services

The Systems Administration Office is primarily responsible for the planning, supervision, promotion and review of health information services and implementation, as well as the coordination of matters concerning the National Health Information Network. In recent years the Department have been working on the integration of information platforms to facilitate a better public health information program. Developments and achievements are as follows:



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- 1) Online Health Services (initiated by the Department of Health of the Executive Yuan):

This program, whose launch is scheduled in 2004, is meant to facilitate a comprehensive and integrated national health online service system, with which citizens have an easy access to one-stop portal with all kinds of service. Information regarding health care is also available on the worldwide web.

- 2) Development of the National Health Information Network:

- (1) The Department has been maintaining previous systems and developing new ones, with major breakthrough this year. In 2003, a web-based public health system was launched that includes household health management, psychiatric health management, business health management, and career health management with a more user-friendly interface. In the future, the Department will see to the needs of different offices and policies and establish corresponding systems.

- (2) The Department has upgraded its computer equipments and built a network for the health centers in the 12 districts. The previous host-client structure has been replaced by a web-based interface, and all information is stored in databases so that the Department and all health centers can share and integrate information more rapidly.

## 2. Development of the Health Information System

In recent years, due to radical environmental change, human beings are attacked by abrupt diseases, among which SARS posed an unprecedented challenge to citizens in Taiwan. Facing such unpredictable threat, the Department is devoted to a more multi-faceted prevention system that is capable of dealing with various emerging problems and the integration of public health information to perfect the network.

- 1) Development of Information Management Systems

The chaos caused by SARS shows that only by fully implementing health care policies can we effectively protect our citizens. EOC (Emergency Operations Center) has been established to facilitate decision-makers with information and resource allocation when an outbreak occurs. The functions of EOC has been significantly enhanced by the systems developed by the Department, including "Communicable Diseases Prevention Information System", "Inventory Management System", "Electric Bulletin Board" etc., together with the existing systems, EOC is well-equipped to handle any coming challenges. Apart from developing new systems, the Department kept updating existing ones such as Health Examination for Senior Citizens and Long-term Care.

- 2) Computerization of Document Processing

To improve efficiency and reduce processing time, an automated document processing and management system



has been introduced. A personnel management system was developed, based on fingerprint identification. Every staff member has access to an e-mail account to facilitate the flow of information.

### 3) Internet Services

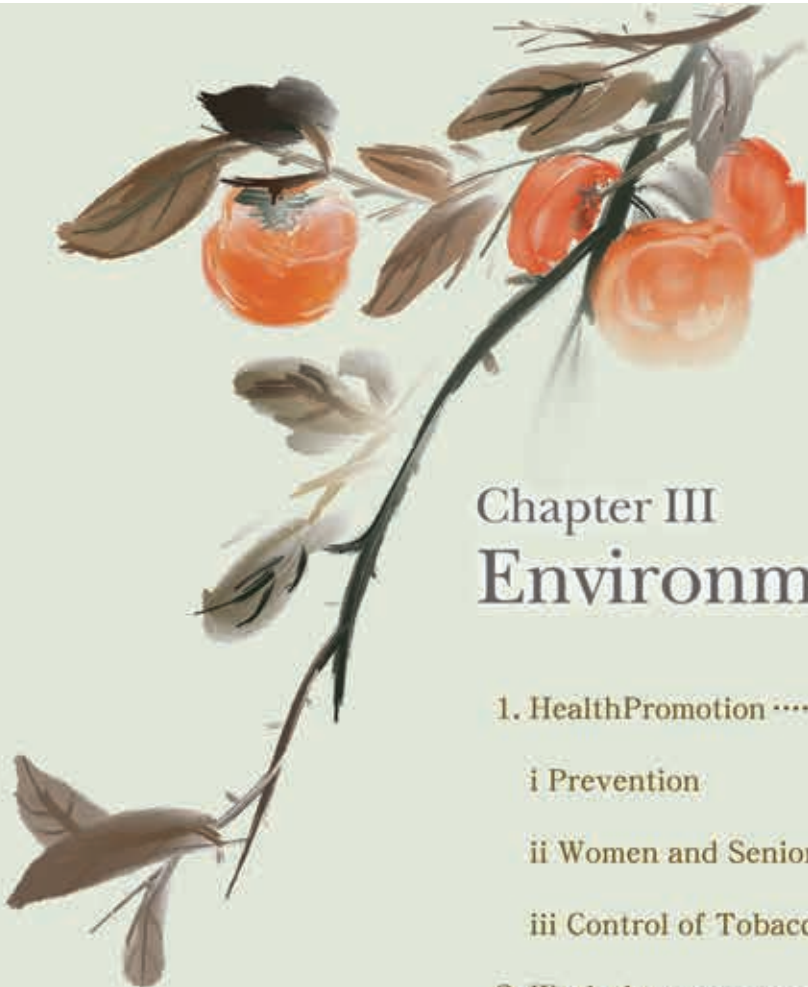
Websites are available now for all kinds of information, including information about the Department, its functions, news releases, information of hospitals, application forms, health information, etc. This year, a SARS section is added to the website to provide information such as daily report of the City and of WHO and other information, and links to SARS-centered websites in other countries. Another specific section is dedicated to the promotion of safety in health care, providing citizens and health care organizations with legal knowledge and system know-how, in the hope that

malpractice and other problems would be reduced. Still another section, with its focus on diabetes, offers medical care suggestions and means of prevention for the general public. Besides, to support the policy of "more online, less on-road", a lot more web-based services have been launched for the convenience of the general public.

### 3. Education and Training

A series of educational courses have been provided for the staff in order to improve the efficiency of operations.

- 1) Word 2000 Basics and Advanced, 18 hours for 23 participants.
- 2) Excel 2000 Basics and Advanced, 18 hours for 36 participants.
- 3) PowerPoint Basics and Advanced, 18 hours for 34 participants.
- 4) Windows 2000, 6 hours for 10 participants.



## Chapter III

# Environment Building

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## Chapter III. Environment Building

### 1. Health Promotion

#### i. Prevention

##### • Cancer Prevention

To help citizens understand and practice the principles of the prevention and control of cancer, including the importance of early detection and treatment, Pap-smear testing for cervical cancer, breast examination, screening of high-risk groups for liver cancer, colon-rectum cancer and oral cavity cancer programs have been implemented.

#### 1. Prevention of Cervical and Breast Cancer

- 1) Health centers work in collaboration with private organizations to focus on women who have not been examined for the last three years. Medical care institutions are encouraged to contract into this screening program. To improve screening rates, examination and screening specimen collection stations have been set up in communities. A project to promote Pap-smear screening has also been implemented to encourage medical care institutions to propagate the services and to set up speedy specimen collection clinics. So far, 20 district and above hospitals have participated in the project. In 2003, a cumulative total of 444,868 women were screened.
- 2) As for breast cancer, regular or requested meetings on breast self-examination are held by health centers in communities. In 2003, 17,583 women took questionnaires

and 5,729 took X-ray examinations, which identified 10 breast cancer cases. In addition to teaching and demonstration, specialists also offer breast examination services for 34,672 female citizens. In the year 39 medical institutions (21 hospitals above regional level and 18 clinics) took part in related campaign in December.

- 3) On December 29, employees of the health centers in the 12 Districts got together to share knowledge and experience in order to improve the quality and efficiency of their work.
- 4) To raise the patients and their families' quality of life after recovery and promote the general public's understanding toward prevention of cancer, on December 20, two symposiums with about 130 participants were held in Chang Gung Hospital, in which several specialists were invited to give speeches on the treatment and post-surgery medical care of cervical and breast cancer. Social workers were also present to provide suggestions and resources to patients and families. Furthermore, those who recovered from the illnesses were invited to share their personal experiences with the audiences to encourage the patients and families.
- 5) To encourage female citizens to make examinations and screenings regularly, the Department together with the Central Health Insurance Bureau provided gifts for women who accepted examinations and screenings in designated hospitals from January 1 to October 31, 2003. Winners won prizes from NT\$ 50,000 to an Easy Card (NT\$ 500), and a press conference for this event was held on December 8 in the Department.



**Table 3-1-1 Screening for Cervical Cancer by District, Taipei City, 2003**

Health Center	No. Screened	No. Positive (CIN1 and above)	Cancer in Situ	Invasive Cancer	No. Followed-up	Follow-up Rate
Total	65407	3578	120	334	3159	0.882895472
Songshan	8588	307	11	37	289	0.941368078
Xinyi	5557	294	12	23	271	0.921768707
Daan	7079	365	17	30	314	0.860273973
Zhongshan	7363	485	20	61	426	0.878350515
Zhongzheng	2870	204	7	12	184	0.901960784
Datong	2673	172	6	17	157	0.912790698
Wanhua	3907	281	11	18	220	0.782918149
Wenshan	5598	237	7	20	220	0.928270042
Nangang	2149	123	2	5	100	0.81300813
Neihu	4800	258	5	22	250	0.968992248
Shilin	5653	368	8	42	337	0.91576087
Beitou	4978	337	14	47	311	0.922848665
unknown	4192	147	0	0	80	0.544217687

Source: NTU Public Health Society

Note: Follow-up rate=Completed Follow-ups/CIN<sub>2</sub> and Above

## 2. Prevention of Oral Cavity Cancer

- 1) On December 3 ("No Betel Nut Day"), the Department launched a campaign in Taipei City Hall and had 670 citizens examined for oral cavity cancer. 94 suspected cases were found (4 cases of spots, 78 cases of OSF, and 12 cases with other signs).
- 2) Altogether in 2003, 52,407 citizens accepted examination, including 20,526 cases from high risk group, and 341 suspected cases were found, with 37 confirmed of oral cavity cancer.
- 3) With an aging population, preventive

measures for senior citizens become pivotal due to the limited resource and budget. Free oral examination for senior citizens has been offered since April, 2003, and in the year 49,370 senior citizens made use of such a service.

## 3. Prevention of Liver Cancer

- 1) Liver Disease Prevention and Treatment Research Foundation offered free examination on March 10 in the City Hall. 1,895 City Government Staff accepted the examination, including 222 carriers of hepatitis B, 25 of hepatitis C, and 30 of



hepatitis B+C.

- 2) In 2003, the Department aimed to provide more than 5,000 examinations for citizens, and from October 9 to December 15, a total of 5,444 citizens accepted the examination, including 627 carriers of hepatitis B, 623 of hepatitis C, 13 of hepatitis B+C, 188 examined subsequently with ultrasound. Among them, 12 people were found with AFP abnormalities (3 confirmed with liver cancer and 7 with liver tumor).

#### 4. Prevention of Colorectal Cancer

- 1) In collaboration with Liver Disease Prevention and Treatment Research Foundation, the Department on March 10, 2003, offered free examination on colorectal cancer for employees of the City government. 2,128 people accepted the examination, and among them 86 were found positive.
- 2) With a target of 5,000 citizens, the Department in 2003 offered EIA examination for 5,844 citizens, among whom 142 (2.8%) were found positive.

#### 5. City Government Employee Health Plan

- 1) In the year 2003, the Department offered examinations for the City Government staff with a focus on liver diseases. Among the 859 people who accepted the examinations (including ultrasound, antigen of hepatitis, oral examinations, etc.), 467 were found with fatty liver, 128 with liver abscess, 79 with liver tumor, 55 with gallstone, and 130 suspected with other diseases.
- 2) A press conference for "Health Classroom for the City Government Staff" was held

on March 4, 2003. The Mayor hosted the opening ceremony, and led the staff to use the facilities. Altogether 150 people participated in the ceremony.

- 3) Conduct "Health Series Lecture Courses;" 550 participants.
- 4) Conduct "Weight Loss Courses;" 3 classes, 75 participants.
- 5) Conduct "Weight Loss Cooking Classes;" 3 classes; 85 participants.
- 6) Conduct "Health Classroom—Exercise Course;" 58 sessions; 793 participants.
- 11) A total of 1,741 participants joined in these activities, resulting in a total weight loss of 3,175 kg.

#### • Child Health

##### 1. Online Channels

Training sessions have been given to information administrators and users on January 24, 2003 and June 25, 2003, to facilitate the City's online birth reporting operation. At present, hospitals in the City report births via the Internet at a rate of 97%, which has already met the targeted 80%. Thanks to the Internet, human resource cost was greatly reduced by 51.71%.

##### 2. Follow-up of Congenitally Deformed Children

In compliance with the Department of Health's (Executive Yuan) policy for the follow-up of congenitally deformed children, all delivery hospitals are required to fill out records of congenitally deformed children and report them to the Department (handled by the Municipal Women and Children Hospital). The reports are then referred to the relevant health centers for follow-up.

In the year, 245 out of a total of 255 cases were provided follow-up, which means a completion rate of 96.1%.

### 3. Follow-up of Inherited Metabolic Disorder

Among the 162 cases of newborn babies with inherited metabolic disorder, 161 were given follow-ups, which can be translated into a completion rate of 99.3%.

### 4. Healthcare Services for Children

#### 1) Screening of Children for Development

In order to detect, early, children whose development may be retarded, screening of pre-school children is available at pediatric and family medicine clinics and hospitals. To improve the screening rate of children aged less than six years, screening is also conducted jointly by health centers and medical care institutions in kindergartens and nurseries with the aim of early detection and treatment of children with abnormal rates of development. In the year, a total of 102,763 children were screened and 793 children were suspected to have retarded development. They have been referred to the Taipei Early Treatment General Service Center for further assessment. 55 of the referred cases were confirmed cases.

- (1) A seminar was held on December 31, 2003, on the screening of pre-school children, with 250 participants from hospitals, kindergartens and volunteers' groups.
- (2) On April 14, 2003, the training sessions on the screening of pre-school children were given to 160 participants. In the year 2003, 94,851 children went to hospitals for screening, and

20,470 accepted the screening in kindergartens. So far the total reached 115,321, a steady growth compared to 50,695 in 2001 and 102,763 in 2002. To identify development disorder as early as possible, a reward system has been established for doctors, and hospitals were informed in November that parents and children should be told the importance of such preventive measures. To further deepen the understanding of related operations, on December 31 a second training session was given to another 260 participants from all levels of hospitals, kindergartens, health centers and family interviewers. In December, the Department also sent promotion materials to the health centers in the 12 Districts. Suspected cases were referred to and traced by Taipei Early Treatment General Service Center. From January to November, 582 suspected cases were found, and 45 among them were identified as positive.

#### 2) Oral Examinations in Kindergartens and Nurseries

Serious tooth decay can have a negative impact on pre-school children's growth, chewing ability, pronunciation, nutrition levels and even emotional development. With the aim of preventing tooth decay and promoting oral health in young children, through the development of more effective programs, the Department has, since 1993, conducted oral health surveys and epidemiological surveys of tooth decay prevalence levels, by district, in kindergartens and nurseries.

A total of 45,567 children accepted



oral examination with the help of dentists in health centers or clinics. The results will be given to Community Dentists' Society for study. To standardize oral examination, training sessions were given on September 26, 2003 to 100 dentists.

### 3) Fluoridated Water Mouth Rinsing Demonstration Project

Fluorides are useful in promoting oral health, provided the application of fluoridated water continues for an adequate period of time. In accordance with its plan for the prevention of tooth decay in primary school children, in August 2000, the Department of Health, Executive Yuan, started a program in kindergartens to demonstrate mouth rinsing with fluoridated water. Since September 2001, children above the age of 5, under parents' approval, have been provided with fluoridated water once per week. In 2003, a total of 1,319 classes or 29,211 children participated. To facilitate the program, on September 15 and 16, 2003, seminars were held for 450 kindergarten teachers and health center employees.

### 4) Hearing Examination for Pre-school Children on Trial

Hearing disorder must be treated as early as possible, and it is widely believed that hearing disorder may result in future cognitive, social and emotional problems. Therefore, the Department provided hearing examination for pre-school children at the age of 3 to 5 from September to December 2003, and 5,600 children accepted the examination, which meant a 112% of target rate and 91% of transferal rate.

### 5) School Health Review

In 2003, the Department initiated its second School Health Review. The evaluation included care of eyesight, oral hygiene, student health data management, nutrition, health care education, accident prevention, and seven items related to communicable disease prevention. Qualifying schools received "Exemplary School Health Awards;" schools scoring 90% will receive the "Golden Exemplary School Health Award," which is valid for two years. Among the participating schools, 155 received awards on December 14, 2003 at the Sun Yat-Sen Memorial Hall. 136 schools were awarded the "Exemplary School Health Award" and 19 were awarded the "Golden Exemplary School Health Award."

#### ● Health Promotion for Adolescents

To promote the physical and mental health of young children and adolescents and to help them develop appropriate attitudes toward sexual relations, the Department of Health, Executive Yuan, provided subsidies to the Municipal Renai, Heping, Women and Children, Yangming, Zhongxiao and Guandu hospitals and the Taipei Medical University Hospital to set up health clinics for adolescents to provide counseling and medical care services on issues of physical and mental health. A case is subsidized NT\$ 400. In the year, 6,642 adolescents used these services.

Educational pamphlets and posters on sexual relations have been produced and videos have been purchased and distributed. Activities on sex education and contraception have been organized in schools and communities with the aim of preventing unwanted births.

Table 3-1-2 Health Clinics for Adolescents, Taipei City, 2003

Hospitals	No. of Persons		Sex			Reasons for Visit	Diagnosis	Remarks
	Clinic	School	Male	Female	Age			
<b>Municipal Yangming Hospital</b> WED 1:30PM	242	School Speeches: 2 Community Training: 144	119	123	<25	emotional problems, learning problems, interpersonal relations, behavioral problems, family problems	adjustment difficulties and depression, anxiety, refusal to attend school, conflicts in families, depressive disorders	
<b>Municipal Heping Hospital</b> WED, THU 9:00-12:00AM WED 1:30PM	1620	School Speeches: 22 Community Training: 3405 Consulting: 41	721	899	9-25	physiology, puberty, pregnancy and contraception, interpersonal relations, emotional behavior and retarded development, suicide	Physiological problems of puberty, pregnancy and contraception, emotional adjustment, retarded development, suicide, drug abuse	Media: 17 Print: 5 Press Conference: 0
<b>Municipal Women and Children Hospital</b> WED 6:00-9:00PM MON~SAT 5:30-9:30PM	1359	School Speeches: 91 Community Training: 20177 Consulting: 217	933	426	<25	menstrual problems, physiology of puberty, sex, interpersonal relations, problems of adjustment, sleeping problems	organic psychosis, schizophrenia, emotional psychosis, abnormal personality, anxiety, difficulties in sex-orientation identification	Media: 4 Print: 12 Press Conference: 2



<b>Municipal Zhongxing Hospital</b> TUE, FRI Morning  WED, THU, FRI Evening	477	School Speeches: 45  Community Training: 14  Consulting: 189	40	40	<25	reproductive and urinary diseases, sex problems, obesity, acne, learning obstacles, drug abuse, menstrual pain and other problems, behavioral disorders, difficulties in communication	sex counseling, relaxation, learning obstacles, sex education, reproductive and urinary diseases, control of body weight, care of skin	Media: 12 Print: 40 Press Conference: 0
<b>Municipal Renai Hospital</b> MON 9:00-12:00AM	156	School Speeches: 7  Community Training: 0  Consulting: 40	100	56	<18	reproductive and urinary diseases, sex problems, obesity, acne, learning obstacles, drug abuse, menstrual pain and other problems, behavioral disorders, difficulties in communication	sex counseling, relaxation, learning obstacles, sex education, reproductive and urinary diseases, control of body weight, care of skin	Press Conference: 2
<b>Municipal Zhongxiao Hospital</b> TUE~FRI 9:00-12:00AM TUE, WED 1:30-4:00PM	710	School Speeches: 301  Community Training: 4  Consulting: 54	177	135	<18	reproductive and urinary diseases, sex problems, obesity, acne, learning obstacles, drug abuse, menstrual pain and other problems, behavioral disorders, difficulties in communication	sex counseling, relaxation, learning obstacles, sex education, reproductive and urinary diseases, control of body weight, care of skin	Media: 2 Print: 8 Press Conference: 1

<p><b>Tri-Services General Hospital</b></p>	<p>704</p>	<p>School Speeches: 138 Community Training: 202 Consulting: 210</p>	<p>704</p>	<p>383</p>	<p>&lt;24</p>	<p>hemorrhoid, obesity, psychosomatics, development obstacles, sex counseling, urinary diseases, pregnancy and contraception, drug cessation, fear of examination</p>	<p>diseases of the respiratory, digestive, reproductive and urinary organs, skin problems, psychosis</p>	<p>Media (print included): 2</p>
<p><b>Municipal Guandu Hospital</b></p>	<p>1374</p>	<p>School Speeches: 13 Community Training: 194 Consulting: 13</p>	<p>903</p>	<p>471</p>	<p>&lt;26</p>	<p>reproductive and urinary diseases, sex problems, obesity, acne, learning obstacles, drug abuse, menstrual pain and other problems, behavioral disorders, difficulties in communication</p>	<p>sex counseling, relaxation, learning obstacles, sex education, reproductive and urinary diseases, control of body weight, care of skin</p>	<p>Media: 3 Print: 10</p>

●Genetic Health

1. Examination

Those who meet the following requirements (1,139 cases this year) were granted a subsidy up to NT\$ 1,500 when having examinations in designated hospitals:

- (1) Parents and newborn babies with G-6-PD deficiency, after confirmation, are granted a NT\$ 250 subsidy for each case.
- (2) Thalassemia:

(A)Husbands and wives with red blood cell volume less than 80 millimicro-micro liter.

(B)Babies whose parents are confirmed thalassemia carriers.

- (3) Individuals, or their relatives, within four degrees, suspected of genetic disorders.
- (4) Anomalies or abnormal stillbirth found during pre-natal care.
- (5) Other genetic disorder as the central government designates.



## 2. Pre-marital Health Examination

Persons to be married or newly married couples who have not become pregnant may receive a general health examination as well as an examination for communicable and genetic diseases. Citizens of low-income families, aboriginal, or mentally or physically disabled people are subsidized for such examinations up to a maximum of NT\$ 1,500 per case. Services are available at the National Taiwan University Hospital, Taipei Veterans' General Hospital, Chang Gung Memorial Hospital, Taipei Medical University Hospital, Cathay General Hospital, Pojen Hospital, Mackay Memorial Hospital, Shinkong Hospital, Taipei Municipal Zhongxing, Renai, Heping, Yangming, Zhongxiao and Women and Children Hospitals, the Army Songshan Hospital, Hongen Hospital, Taian Hospital, Wanfang Hospital, and the DOH Taipei Branch Hospital. In 2003, 2,787 persons received examinations.

## 3. Pre-natal Genetic Diagnosis

Any pregnant woman, meeting the following conditions, may apply for this service at one of the designated hospitals. Each case is subsidized NT\$ 2,000. Women of low-income families are subsidized NT\$ 5,500 per case. In 2003, 4,330 persons received examinations.

- (1) Pregnant women aged 34 and above;
- (2) Persons diagnosed or confirmed to have one of the following conditions:
  - (A) Both husband and wife are carriers of the same recessive disease gene;
  - (B) Either husband or wife has some type

of genetic disorder;

- (C) Individual whom previously has given birth to a child/children with abnormalities;
- (D) Family members with genetic disorders;
- (E) Through serum screening, the woman is found to have odds of suspected chromosome disorders higher than 1/270;
- (F) Fetus is suspected of abnormality through ultrasound screening.

## 4. Screening of Newborns for Metabolic Disorders

Designated hospitals and clinics participate in the screening program. Blood specimens of babies born in these hospitals and clinics are collected for screening. In 2003, 19,569 babies were screened.

## 5. Screening of Pregnant Women for Down's Syndrome

Pregnant women may be screened for Down's Syndrome at the Municipal Zhongxiao, Renai, Heping, Yangming, Zhongxing and Women and Children's hospitals. A case is subsidized NT\$ 665. In 2003, 2,365 cases accepted the screening.

## 6. Induced Abortion

Women diagnosed or confirmed to have one of the following conditions may request subsidies for induced abortion at NT\$ 3,000 per case. In 2003, 9 cases were subsidized.

- 1) Women who become pregnant after either sterilization or IUD use and who have records to prove the case;



- 2) Women of low-income family who become pregnant due to compulsive sexual intercourse or seduction.

### 7. Subsidies for Male and Female Sterilization

Residents of the City, meeting one of the following conditions, may apply for subsidies for either male or female sterilization at NT\$ 2,500 for male, and NT\$ 10,000 for female sterilization. In the year, 8 cases were subsidized.

- 1) MR.
- 2) Psychiatric diseases.
- 3) Genetic disorders.
- 4) Certified handicapped certificate holders.
- 5) Citizens who are blind, deaf, mute, or with other serious disorders.
- 6) Other disorders.
- 7) Low-income citizens.

#### • Family Planning

Special group visits: Special groups are given special attention regarding child bearing. This special group includes handicapped persons, foreign brides, and mothers of young infants. 4,088 visits were made to provide these persons with guidance and health care.

### ii. Health Promotion for Women, Middle-aged and Senior Citizens

#### • Health Promotion for Women

#### 1. Health Promotion for Pregnant Women

- 1) Medical Care for Wives of Foreign Nationality
  - (1) On February 13, 2003, together

with several local associations and foundations, the Department held a conference to discuss medical care for wives of foreign nationality, including issues such as resource allocation and available services.

- (2) Follow-up visits and materials of medical information are provided for wives of foreign nationality who were registered. Professional help regarding family planning and physical examinations were given to promote genetic health and better demographic structure and quality. In the year, 916 brochures were mailed, 916 cases were followed up, 889 cases were closed, and the rate of completion was 97%.
- (3) A reporting system has been established based on pre-delivery visits so that professional volunteers of foreign nationality can provide pregnant wives consultation. In the year, 75 visits were paid with a case-closure rate of 100%.
- (4) Multi-lingual (primarily Vietnamese) materials on genetic health has been produced for 62 obstetrics and gynecology hospitals in the City as means of education, including phrase translation and brochures with knowledge for pregnant wives.
- (5) A team of volunteers of foreign nationality has been set up with 10 Vietnamese and Indonesian volunteers (and 5 of them have completed the 12-hour training sessions provided by the Depart-



- ment).
- (6) Health Care Center for Foreign Wives was set up and opened for operation on November 22, 2003, where pregnant wives of foreign nationality can get perfect care and sufficient information. The opening ceremony was witnessed by 120 wives of foreign nationality and their families, and until December 31 a total of 20 wives of foreign nationality has accepted pre-delivery examination.
- 2) Achievements regarding "Annual Program of Neonatal Period Care for Taipei City":
- (1) Prevention of premature delivery: On April 17, a symposium was given in the Municipal Women and Children's hospital in order to implement related measures.
- (2) Establish a EBMR-based medical care standard system.
- (3) The Department compiled domestic and foreign literature regarding pregnancy of high risks such as pregnancy induced hypertension, PROM, post-delivery bleeding, multiple pregnancy and premature delivery, which was then translated and reviewed by specialists, to serve as the guidelines for medical and nursing staff.
- 3) Follow-up for Pregnant Women:  
7 municipal hospitals were incorporated into a follow-up system for pregnant women in order to establish a reporting system and a database.

#### 4) Classroom for Newly-wed and New Mothers:

To help newly-wed and new mothers adapt to their new life and understand genetic health to shape a better family environment, lectures and symposiums were given, in which citizens were exposed to health care for pregnant women and new-born babies and family health concepts. In the year, 8 sessions were given, with 380 participants.

### 2. Health Care for Women

#### 1) Health Consultation for Women

- (1) With experts from the industry, academia and government, a special team was set up to have regular meetings to discuss health issues of women.
- (2) Together with Women's Right Promotion Association, the Department held conferences with focus on the issues of women's health in Northern, Central and Southern Taiwan. The conclusions of the conferences were given to the Bureau of Health Promotion.
- (3) Together with Taipei Women's Link, the Department invited experts to discuss issues on a more natural way of delivery.

#### 2) Supervision of Postpartum and Postnatal Health Care Centers

- (1) Each year, inspections are conducted in collaboration with the Public Works and Fire Departments, and the postpartum centers are encouraged to upgrade to become postnatal care

homes. So far (up to the end of the year) there are 12 such postnatal care homes (352 beds).

(2) Educational training were given to the staff in 2 sessions, with 40 employees from the district health centers and the Department participating.

3) Promotion of Breast-Feeding

(1) Hospitals were encouraged to develop a mother-infant-friendly medical care environment. They are assessed against 10 criteria, and if qualified, they receive certification. These 10 criteria are now widely used for the verification of mother-infant-friendly hospitals.

(2) So far 20 hospitals have been certified as mother-infant-friendly, and they provide a comfortable environment for breast-feeding. Besides, 20 organizations in the City (34.4% nationwide) won the national award of mother-infant-affinity.

(3) Breast-feeding rooms are being set up around the City. So far such rooms can be found in 101 locations, including 43 hospitals, 20 government buildings, 12 department stores, 8 schools, 9 recreation resorts, 9 private organizations.

(4) Promotion of Breast-Feeding Volunteers:

In collaboration with National Taipei College of Nursing the Department has been promoting breast-feeding by hosting conferences and recruiting

volunteers. There are now 109 volunteers in the 12 district health centers and 40 employees who are in charge of follow-up interviews and other administrative work. The educational training sessions were divided into 2 stages with 226 participants.

(5) The Department encouraged the staff and breast-feeding mothers to participate in the press conference hosted by the Bureau of Health Promotion, in which not only the promotion of breast-feeding was done, but the mothers had a chance to share their experiences with the general public. The Department held another press conference with the presence of leaders of the industry to encourage the creation of a more breast-feeding-friendly environment in the City.

(6) According to the survey made in the year by 25 hospitals, 50.6% of mothers fed their babies breast milk during their hospital stay, and the rate went down to 37.4% one month later and to 24.7% two months later.

3) Encouraging Expectant Father to Attend Delivery: As part of the criteria of hospital-evaluation, 25 hospitals in Taipei City has provided 209 classes for expectant fathers.

(1) 3,587 couples took the classes, which was 13.3% of the total deliveries.

(2) 43.9% of expectant fathers attended delivery, among which 32.2% took



the classes, and 67.8% didn't (5205 out of 7677 fathers).

## ● Health and Medical Care for the Elderly aged 65 and Older

### 1. Promotion

#### 1) Health Examination for Elderly People Above 65

- (1) Elderly people aged 65 and older, who have been residents of the City for more than one year, are entitled to one free health examination and follow-up each year at 25 hospitals under contract. In the year, 38,928 persons accepted the examination, with an examination-completion rate of 90.5%. The hospitals under contract, after evaluation, scored 87.3 on average, with the highest at 95.53 and the lowest at 76.53. Via telephone interview, the average score of the hospitals was 92.25, while the highest got 98 and the lowest got 89.1.

#### (2) Subsidies for medical costs

Co-payments for medical costs for the elderly visiting hospital-affiliated clinics, at health centers, are subsidized NT\$ 50 for each visit. In the year, 31,845 visits were subsidized.

#### (3) Community care and home care

Home services are made available to elderly people who are bed-ridden. In the year, 13,506 cases were offered services and 10,204 persons received home

visits.

- (4) Screening in the community for blood pressure, blood sugar and blood cholesterol was provided in all municipal hospitals with a screening rate of 17.45%. Besides, follow-up and professional training on abnormal cases was strengthened, and a 99.6% follow-up/trace rate was reached in the three-in-one examinations for citizens above 40.

#### 2) Middle Aged and Elderly Healthcare

- (1) For the care of middle-aged and elderly persons, the Department of Health led the way in Taiwan by establishing the "Taipei City Heart and Blood Disease Prevention Network" and the "Taipei City Diabetes Mutual Care Network." Consultants and other professionals were hired to draft medical training plans, care guides, an accreditation system, and health promotion methods. By the end of 2003, 99 institutions have acquired an accreditation from the "Taipei City Diabetes Mutual Care Network," and 809 healthcare workers have received individual accreditation. The "Taipei City Heart and Blood Disease Prevention Network" provided 148 institutions with accreditation and 1,027 healthcare workers with individual accreditation.
- (2) In line with World Diabetes Day, the Department held a series of concerts and speeches to improve patients' understanding toward nephropathy.

- (3) On World Heart Day, in Daan Forest Park the Department held a symposium featuring famous female figures and heart specialists to address issues regarding women's cardiovascular diseases.
  - 3) Care for the Unattended Elderly
    - (1) The Barthel index is used to assess the physical functions of the elderly referred by the Bureau of Social Welfare. Elderly people whose total scores are lower than 90, or who suffer from chronic diseases, are accepted for management. By the end of 2003, 1,807 elderly persons were accepted for management.
    - (2) Elderly people who live alone and who require healthcare, a two-way referral service is operated in collaboration with the social welfare departments. Services include regular phone calls, home visits, meal delivery, eating assistance, bathing, laundry, housekeeping, shopping and emotional support. In the year, help was provided 227 times.
- iii. Control of Tobacco Hazards**
- 1. During the year, 28 advertisements were found to be in violation of regulations and were prosecuted accordingly; 88 establishments were found to have failed to display no-smoking signs. In addition to 32 establishments that did not have segregated smoking and non-smoking areas, 131 establishments were found to have sold cigarettes to teenagers. 43 cases of smoking in non-smoking areas and sale of tobacco to customers whose age could not be identified were reported. All in all, 324 cases were handled.
  - 2. The Department of Health has a toll-free hotline 0800-557057, which received 199 cases during the year and a total of 370,000 in fines.
  - 3. Several events have been held in order to honor tobacco-free establishments, including 324 restaurants (112 of Chinese cuisine, 128 Western, 62 Japanese, and 22 others). Representatives from the industry were also invited to celebrate a tobacco-free working environment.
  - 4. To promote tobacco-free environment, the Department commissioned an advertising agency to have a logo designed for 2,000 posters and 8,000 stickers for citizens to take in health centers.
  - 5. To encourage women to say no to tobaccos, symposiums were held both in communities and campuses.
  - 6. Since August 2003, 17 hospitals in the City have been offering smoke-quitting courses.
  - 7. The Department encouraged resorts and hotels to conduct autonomous smoking prevention, and 4 resorts and 11 hotels were evaluated as good examples.
  - 8. Zhongshan Distract Health Center on October 17 held an event to encourage the 30 hotels and restaurants in the district to perform autonomous smoking prevention.
  - 9. In collaboration with the Bureau of Education, the Department hosted



"Exercise and Say No to Smoking" street dance contest on October 18 and on November 20 a fair of tobacco-free campuses.

10. The Department inserted pages with virtual figures in travel magazines to promote tobacco-free environment.
11. Together with other departments of the City Government, the Department strengthened its enforcement on banning sales of tobacco to teenagers.

## 2. Workplace

### i. Sanitation of Business Places

#### 1. Inspection and Supervision

Business establishments requiring sanitary control include hotels, barber shops, beauty salons, recreation centers, bathhouses, swimming pools and movie theaters. Sanitary controls have been strengthened. Achievements during the year are summarized as follows.

##### 1) Sanitary inspections of hotels

In hotels toiletries, towels, bed sheets, blankets, closets, lighting and illumination, air quality and vector control are inspected, as well as the hygiene of employees and health managers, water towers, the environment, toilets and the hotels' own controls relating to sanitation. In the year, 1,776 inspections were made. Of these, 80 resulted in corrective supervision and 10 fines.

##### 2) Sanitary inspections of barber shops and beauty salons

In barber shops and beauty salons inspections cover the sanitation of tools, towels, cosmetics, sterilization facilities, air quality, illumination, vector control, hygiene of employees and health managers, water towers, the environment, toilets and the establishments' own controls relating to sanitation. During the year, 8,864 such inspections were made. Of these, 637 resulted in corrective supervision and 129 fines.

##### 3) Sanitary inspections of bathhouses

Inspections are made of the cleanness and sanitation of articles and facilities, air quality, water quality, sanitation labeling, hygiene of employees and health managers and the environment. During the year, 1,242 such inspections were made. Of these, 101 resulted in corrective supervision and 45 fines.

##### 4) Sanitary inspections of swimming pools

Inspections are made of the sanitation of swimming pool facilities, locker rooms and showers, water quality, hygiene of employees and health managers and toilets. When swimming pools are in use, managers are asked to check the pH value and residual chloride of water every two hours. Water quality findings are recorded on a public bulletin board. During the year, 1,127 such inspections were made. Of these, 58 resulted in corrective supervision and 18 fines.

##### 5) Sanitary Inspections of Recreation Centers

Recreation centers include music



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##### 5) Sanitary Inspections of Recreation Centers

Recreation centers include music

halls, dance halls, KTVs and MTVs. They are inspected for air quality, illumination, vector control, hygiene of employees and health managers, the establishments' own controls relating to sanitation and environmental sanitation. During the year, 646 such inspections were made. Of these, 51 resulted in corrective supervision and 21 fines.

6) Sanitary Inspections of Movie Theaters

Movie theaters are inspected for their air quality, illumination, vector control, hygiene of employees and health managers, the establishments' own controls relating to sanitation and environmental sanitation. During the year, 440 such inspections were made. Of these, 15 resulted in corrective supervision and 1 fine.

**2. Testing of Water Quality**

Sample testing of the water quality of bathhouses (including sauna and hot springs) and swimming pools is conducted regularly. Violations are documented and published.

1) Water quality of bathhouses

During the year, 2,855 sample tests of the water quality of bathhouses were made. Of these, 316 samples (11.07%) were found to contain more than the regulated amount of either bacteria or E. E-coli.

2) Water quality of swimming pools

During the year, 2,108 sample tests of the water quality of swimming pools were made. Of these, 37 samples (1.76%) were found to contain more than the regulated amount of either bacteria or E-coli.

**3.Improving the Sanitation Knowledge of Employees**

- 1) During the year, 21 classes on sanitation and hygiene were organized for 1,196 employees.
- 2) During inspections, sanitation and hygiene information was disseminated.
- 3) Training programs are organized for health managers of hotels, barber shops and beauty salons, recreation centers, bathhouses and movie theaters and MTVs. During the year, 12 such classes were organized for 652 participants. Of these, 535 passed the final examination.

**4. Joint Inspections for Safety and Sanitation**

- 1) Tourist and other hotels are inspected in collaboration with the Bureau of Transportation. During the year, inspections were made of 58 licensed hotels, and 44 unlicensed hotels.
- 2) In collaboration with the Office of Information, the movies and video programs of 41 movie theaters, and 59 MTVs and KTVs were inspected.
- 3) In collaboration with the Office of Business Administration, 23 beauty salons and 10 game arcades were inspected. In addition, 140 Internet service centers, 34 licensed bathhouses, and 98 nightclubs or pubs were inspected.

**5. Promoting a System of Self-Regulatory Controls**

- 1) Under supervision, 2,245 business establishments set up self-regulatory control systems for sanitation to improve





their service quality. They are inspected frequently.

## 2) Promotion of Self-Regulatory Control Licenses

In order to raise the sanitary standards of movie theaters and beauty salons, the Department of Health specially managed the licenses of these establishments. A total of 252 movie theaters and beauty salons applied for licenses. After evaluation, 124 of them were given licenses.

**6. A certificate of register has been issued by the Department to guarantee the establishment's sanitation. The certificate expires on August 31, 2012.**

## ii. Management of Occupational Health

### • Occupational Health

In accordance with the Law on the Safety and Health of Laborers and its implementation regulations, Regulations on the Health Protection of Laborers and Guidelines for the Management of Medical Care Institutions for the Health Examination of Laborers, the Department has actively promoted measures for the protection of the health of laborers to prevent occupational diseases. Activities in the year are summarized as follows.

1. Factories were supervised to maintain the sanitation of workplaces, improve healthcare facilities and provide the workers with a sound work environment. During the year, supervisions of factories were made 2,502 times.
2. With a view to improving the effectiveness of factories, records were maintained, based on information from the Bureau of Public Works. At present, there are 1,323 factories in the City.
3. Medical care institutions, designated for the health examination of workers, are supervised. Special examinations are provided for workers in high-risk occupations. Workers, requiring levels two and three health management for the prevention of occupational diseases, are re-examined and followed-up by health centers.
4. Special clinics for occupational diseases were set up in eight municipal hospitals. A system for the reporting of patients suspected of having occupational diseases was set up. Counseling services on occupational diseases are also made available.
5. A survey on Health Index was made to understand the issues and needs for further improvements.
6. In order to strengthen occupational health and weight management, 25 sessions of an occupational health care promotion were held that involved 725 persons. The first "Contest of Creative Exercise for Office People" was held with 16 companies and 1000 persons took part in. Besides, the Department sponsored 4 companies with the event of "Trainers in Workplace", in which 235 people participated.
7. To promote smoke-free work environments, the Department of Health provided 2 sessions of training courses with 152 participants. Evaluation was also given

to workplaces and 28 of them won the awards.

8. To integrate resources of public and private sectors, the Department has been recruiting Volunteers of Workplace Health Promotion, to whom training programs are provided. In 2003, 480 volunteers were recruited.
9. To enhance occupational disease prevention and create an opportunity for organizations to exchange opinions on SARS prevention, a forum with 250 participants was held in which corporations and experts were invited to the discussion.

● **Health Management for Alien Laborers**

1. In accordance with the Regulations Governing the Employment and Management of Alien Laborers, the Department has been active in the area of health management of alien laborers. According to these regulations, alien laborers are required to take one health examination every six months at a hospital designated by the relevant health authority. Items of examination include general physical examination, including mental conditions, HIV antibody, serum testing for syphilis, hepatitis B surface antigen (at entry examination only), chest X-ray, parasites, pregnancy, urine testing for opium and amphetamine and leprosy. Laborers failing any item are deported immediately.
2. During the year, some 49,017 laborers were examined (53,310 examinations). Of these, 859 failed the examinations.

Intestinal parasite infection rate was the highest.

● **Healthcare Services for Residents of Radioactive-Polluted Buildings**

1. Acting on resolutions made by Taipei City Council, the Department must offer free, annual health examinations to residents of buildings radioactive-polluted to a level of more than 0.1 to 0.5 roentgen. Anyone suspected of suffering from radioactive hazards should be followed-up. The relevant health authorities select certain health conditions for examination.
2. To protect the health of residents of low dosage radioactive-polluted buildings, it has been decided that their medical costs at municipal hospitals will be subsidized. A draft of this initiative has been sent out to the appropriate authorities for review.
3. During the year, 1,630 persons received follow-up services.
4. Counseling and referral services are provided by the Municipal Jenai Hospital. Abnormal cases are offered follow-up services and medical and psychological counseling.
5. The Department of Health, in conjunction with the Taiwan Lions Club, the Radioactive Safety Promotion Association and the Radioactive Medical Professionals Association, held an annual celebration. Through this gathering, the Department of Health promoted to the public everyday issues on how to protect themselves from radioactive contamination. In addition



- to this, a variety of stands were set-up for the public to provide c information and services, including stands for health check-ups, health education promotion, and environmental protection. Many experts on radioactivity were also on hand to consult with the public on specific questions regarding radioactive contamination and its implications on health. Through these exchanges, the Department of Health was able to lessen the fear of radioactive contamination among the public and also assist them in maintaining a healthy life.
6. A booklet, titled Medical Care for Exposure to Radioactive Substances, and Questions and Answers on Health Examination for Residents of Radioactive-Polluted Buildings, has been produced for general distribution.

### 3. Food Sanitation and Pharmaceutical Affairs

#### i. Food Sanitation

##### ● Food Sanitation Promotion and Inspection

#### 1. Promotion of Autonomous Sanitation Control

- 1) In the evaluation (on sanitation and nutrition facts) this year, 26 meal box providers passed, 12 among which implemented "hazard analysis—food safety control system". Apart from them, 1 resort hotel, 1 food vendor and 1 school also implemented the system.
- 2) To facilitate food industry to implement autonomous sanitation control, a special certificate was designed for providers of foods in parties and feasts (more than 20 tables). 33 providers passed the evaluation and were give the certificates. The Department held ceremony in which these providers were awarded, and 2,000 brochures were dispatched to all offices of the City Government as a guide on good dining places.
- 3) 44 ice snacks stores were qualified and listed on the City Government website.
- 4) Health centers in Datong, Zhongshan and Songshan districts awarded 18 stores for their high-quality dry day lily products.
- 5) A draft of Public Restaurants Autonomy Regulations was formulated on February 13, 2003, under the consensus of representatives from the industry, the Executive Yuan, district health centers and the Department. The draft was approved by the City Administration Conference on October 21, and is now waiting for the approval of the City Council.
- 6) In the year a total of 33,205 restaurants and food providers were inspected, among which 2,974 were found flawed in terms of their sanitation or employees' personal hygiene, and thereby improved under the Department's supervision.

#### 2. Food Inspection:

- 1) In the year's inspection of processed food products 476 cases out of a total of 3,382 were found in violation of regulations regarding the use of artificial flavor, color,



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preservatives and other chemicals. The providers in violation were named on the Department's website for the citizens' sake.

- 2) In this year's inspection of chemical residue on vegetables and fruits, 6 out of 811 samples were found over the limit (0.74%). Apart from further implementation, the Department has requested relevant administrations to enforce source control and origin mark.
- 3) 16 out of 315 meat products were found not meeting the standards, and 16 out of 170 seafood products were below the standards, all of which have been managed according to the regulations.
- 4) On December 12, 2003, a taskforce was set up to implement inspections on all kinds of food products. The first meeting was convened on December 30, in which various government departments and representatives of the industry discussed future policies.
- 5) In view of the bird flu outbreak in February, even though Taiwan was not an affected area, the Department still strengthened the inspection in all markets on sanitation, storage temperature, etc. Meanwhile, providers are told that all incidents should be reported immediately so that preventive measures could be taken. The results of inspection (on 61 traditional markets with 271 vendors) showed that 146 vendors (53.9%) conduct butchery and among them 133 were against the regulations, and 115 out of the 133 butcher the chicken on the spot (86.5%). In addition,

a cross-departmental meeting was convened on March 17 to discuss related regulations and policies.

### 3. Prevention of Food Poisoning and Implementation of Food Sanitation Control

- 1) The Department organized a workshop on the topic of prevention of food poisoning on January 17 in Renai Hospital with 343 participants from the hotel, restaurant and food provider industry.
- 2) Meal box providers who won the excellence awards were invited on February 10 to take part in a conference on the inspection for food in campus and food poisoning prevention.
- 3) On March 25, the health center of Zhongshan District held a workshop for travel industry in order to make relevant regulations known.
- 4) On November 11, the Department staff had a discussion on modification of relevant regulations and processes.
- 5) Workshops and lectures were given to those working in the industry to promote food sanitation and relevant regulations so that an autonomous system could be developed. In line with the Chinese Food Cooking Skill Examination and lectures for certificated cooks, 75 lectures were held with 4,725 participants.
- 6) In the City Government's Public Security Program, 1,925 cooks (Chinese food) were registered, and 1,667 of them possessed certificates of cooking skill (86.6%). Besides, 3,081 cooks possessed cooking licenses. The figures



met the goal of relevant regulations.

- 7) In 2003, 32 cases of food poisoning occurred with 385 victims. 19 of the cases were in restaurants, 8 in schools or vendors, and 5 in other places..

#### 4. Ingredient labels and Advertisements

- 1) On March 3 the Department gave a press release to encourage consumers to identify and report illegal advertisements and to name the most serious cases of violation in the previous year.
- 2) To enforce the regulations, a conference was convened as an opportunity to discuss with TV companies and other government branches on the issue of media self-regulation.
- 3) The health centers of the 12 districts had a forum on how to strengthen the enforcement on April 8.
- 4) On August 15, the Department held a conference to elaborate the criteria for illegal advertisements and to exchange opinions with the media.
- 5) On July 29, a symposium with 114 participants from pharmacy and nutrition food industry was held in order to elaborate relevant regulations.
- 6) In the inspection of the year on 115,368 samples of all categories of foods, 546 were found illegal and 39 were found not meeting the regulations on ingredient label. 2,267 cases of illegal advertisements were found by the City Government (415 TV commercials, 710 in print media, 1118 online, 24 from radio), among which 442 were punished and 1559 were moved to other regions to

protect consumers.

#### 5. Services for Consumers

- 1) The Department hosted a series of events to instill correct ideas into consumers.
- 2) A 15-minute film and 2 posters were produced and sent to hospitals to promote health awareness on food selection. A 30-second short film was produced for the same reason, used in September, which was dedicated to the promotion of healthy diet.
- 3) A hotline (2720-8777) was set up for consumers, receiving 370 complaints in the year. All cases were tracked and information of unqualified foods was made public.

#### 6. Volunteers of Food Sanitation

- 1) In order to promote better ingredient labels on packaged foods and boost the morale of the volunteers, the Department held a contest for violation inspection with the result of 141 cases of illegal ingredient label.
- 2) The volunteers in this year found altogether 193 cases of "incomplete ingredient label," 37 "therapeutic functions involved," and 339 "illegal advertisements," and helped spreading health information.

#### 7. Nutrition and Healthy Diet

- 1) By the end of 2003, the City has 403 dieticians in practice, 12 among whom were punished due to violation of the Dieticians' Regulations.

2) Imbue Diet with Local Features:

A. Healthy Diet in Restaurants

- (1) On October 14, Shilin District Health Center held a press conference in the Staff Training Association of R.O.C for Farmers' Group for its achievements in imbue exotic flavor into healthy diet after helping 9 restaurants in Tienmu providing healthy foreign cuisine, including Vietnamese, Korean, Japanese, French, Italian and Mexican foods.
- (2) Songshan District Health Center announced the results of "No-Smoking Family Poster Contest" in a press conference on October 31.
- (3) Nangang District Health Center announced its achievements in promoting a healthier diet in Nangang Software Park.
- (4) Wanhua District Health Center also announced its achievements on helping 7 restaurants and the night market on Huaxi Street.
- (5) On December 20, Zhongshan District Health Center announced its achievements on healthy diet, inviting 11 well-known restaurants and dieticians from hospitals to provide delicious and healthy foods for the Chinese New Year.

B. Monitoring Cuisine Street

- (1) Daan District Health Center held an exhibition in Sogo Department Store on August 11 with 17 restaurants providing complete

nutrition labels.

- (2) Zhongshan District Health Center held a similar exhibition in Shin Kong Mitsukoshi Department Store on December 13 with 10 restaurants.
- (3) Neihu District Health Center announced its achievements on healthy restaurants and nutrition labeling on December 19, dividing foods into "red," "yellow" and "green" levels according to their nutrition facts in order to provide consumers full knowledge.

C.

- (1) On November 25, Daan District Health Center held "Easy Summer! Go Go Go!" exhibition in National Taiwan Normal University, providing students with the nutrition facts and 15 sets of healthy diets menus. A simple criteria based on "light" and "color" was developed to present the information (color refers to the proportion of fish, meat, beans and eggs; number of light refers to the amount of fat).
- (2) On December 10, Wenshan District Health Center announced its achievements in promoting healthy diet and healthy bakery in campuses in an exhibition in National Chengchi University, with 9 food providers in the campus and 21 from outside the campus, presenting 85 sets of healthy diet.



- (3) On November 29, Beitou District Health Center announced its achievements in promoting healthy diet in 12 kindergartens, which have developed a 5-day healthy diet for children.
- (4) Xinyi District Health Center collaborated with the industry and academia to develop 25 sets of healthy diet with their menus and VCDs for kindergartens in the area.
- D. Keep Promoting Healthy Meal Box in Campus
- (1) Keep making inspections and announcing results.
- (2) Taipei Municipal Chronic Diseases Hospital held a contest for senior and vocational high school students in Zhongshan District on making healthy lunch on March 22 with 10 teams participating.
- (3) A seminar was held on March 26 and April 2 to discuss sanitation issues and policies for meal boxes in campuses. Participants included representatives from the industry and schools.
- (4) In May, with the help of the Department of Information of the City Government, 83 bus advertisements and 1500 posters were produced to facilitate the promotion of healthy diet in campuses.
- E. "Environmental Protection" within Body
- (1) When the Chinese New Year or other important holidays approached, the Department called on dieticians in municipal hospitals to promote a healthier eating culture by elaborating the nutrition facts of hot pot ingredients, how to DIY a healthy feast, how to make proper foods for children, how to have healthier barbeque, etc.
- (2) A 15-minute film and 4 posters were produced and posted in hospitals, health centers, etc. to promote healthy diet. A 30-second sound clip was also broadcasted on radio in September.
- 3) Assisting the Beauty & Slimming Industry
- (1) To strengthen consumer protection, the Department invited 34 representatives from the beauty and slimming industry to a seminar on April 10 in Renai Hospital, in which issues such as standard contract and Consumer Protection Law.
- (2) Posters were produced for beauty salons to promote correct consumption behavior.

### 8. Food Sanitation during Anti-SARS Period

- 1) The Department reminded the public that food sanitation was an important factor in terms of the spread of communicable diseases and encouraged citizens to cultivate good sanitation habits. Information on personal hygiene could also be found on the website of the Department.
- 2) All cooking-related guilds were informed that those who process, cook or sell foods must follow relevant regulations



closely and adopt measures that prevent diseases from spreading.

- 3) Health centers in the 12 districts were given the responsibility to conduct inspection on all food providers and report the result to the Department for follow-ups.
- 4) From May 1 to July 31, 12,055 food providers have been inspected, 901 among which were found faulty and thus corrected their practice. The most common problems with their practice were lack of dust-proof cover or package, vendors working without wearing facial masks, lack of pollution-proof equipments, and incorrect uses of facial masks.
- 5) In June and July, the Department reported the results of inspection to the Department of Health (Executive Yuan) every 10 days. From May 1 to July 30, 6616 chain restaurants 785 buffets near schools and train stations, 733 bakeries, 3975 vendors (including those in traditional markets), 90 food manufacturers were inspected, and 32 lectures were held.
- 6) The Department asked the health center in the 12 districts to strengthen the promotion of good sanitation habits and good food production practice on October 7.
- 7) To create a better eating culture, 7000 posters were produced for promotion, posted in restaurants around the City before November 30.
- 8) "Post-SARS Rebuilding Project" was implemented to improve the eating

culture in Taipei City. A list of 122 excellent food providers was produced, and 139 restaurants promoted good eating habits. Besides, 180 buffets adopted dust-proof cover.

#### **9. Enforcement and Implementation on Regulations Regarding Liquor**

- 1) A total of 4841 institutions accepted inspection on fake liquor, which has become a regular routine every season whose results should be reported to the City Government.
- 2) 59 samples of liquor were examined (57 of which were sent by citizens and 2 were chosen by the Department), all of which were found qualified.
- 3) Only 1 case of fake liquor poisoning in hospitals was reported, which was then transferred to Department of Finance for further management.

#### **10. Enhanced Inspection**

- 1) A training session was given to 200 ice snacks providers and 26 inspectors on April 14 on the promotion of self-control of sanitation.
- 2) On April 22, 24 and 23, 25 separately, 2 sessions of training were held, in which participants listen to lectures and exchange experiences in order to improve the quality of inspection.
- 3) To polish the skills of inspection on illegal advertisements on the Net, the Department held a seminar on November 17.
- 4) A seminar on the case studies of nutrition facts labeling was held in the



Department on November 18 to improve the consistence of inspection conducted by the health centers in the 12 districts.

- 5) The Department passed ISO 9001 verification for its inspection on drinks and ice snacks. The inspection started from the internal examination in July, and the external examination and follow-up checks in September. 1 minor flaw and 1 item of observation were found, all of which were corrected. Standards were set up to ensure that sampling and inspection would always be consistent.

#### 11.Regulations for Betel Nuts

The Department proposed a project on betel nuts in order to keep a good management of betel nut industry and betel nut chewers. Regulations were formulated, which were approved in the City Government Meeting No.1062 and sent to the City Council for review. However, on December 30, 2002, the City Council informed the Department that due to time limit, the review had been cancelled. Because of various reasons, the Department in collaboration of other government units re-organized the regulations, which were sent to the City Council for review once again.

Before the regulations pass the review of the City Council, the Department will keep enforcing inspections on betel nut industry.

#### ii. Management of Pharmaceutical Affairs

##### ● Enhancement on Management of Pharmaceutical Affairs

#### 1. Inspection on Advertisements

In order to protect consumers, the Consumer Protection Committee was set up with an aim to "purify" advertisements of pharmaceuticals and cosmetics. A strict inspection was conducted for 1054 advertisements of pharmaceuticals and 2186 of cosmetics in newspapers, magazines and on TV, radio and the Internet. When cases of violation were found, the advertiser was punished immediately, and media was informed to stop spreading the contents. If cable TV and satellite channel companies broadcasted such advertisements, they were also punished, and the National Information Office would be informed to discipline media. The Department published news releases to make such information known to the citizens. In the year, 947 cases of illegal advertisements of pharmaceuticals and cosmetics were found. 162 cases of illegal advertisements of pharmaceuticals were fined for 7.16 million, and 417 cases of illegal advertisements of cosmetics were fined for 4.5 million.

#### 2. Management of Pharmaceutical Business

A survey was made on 701 pharmacies; 1864 providers of western medicine, 1152 of Chinese medicine, 6761 of medical equipments; and 15 manufacturers of Chinese medicine, 4 of Western medicine, and 36 of medical equipments. A total of 19 unlicensed drugstores were found and punished.

#### 3. Services for Consumers

a hotline (2720-5306) has been set up for citizens to query for medication. In the year of 2003, 1620 cases were received,

and the Department took the initiative to test pharmaceuticals and cosmetics in the market:

- 1) 141 cases of illegal ingredients in Chinese medication were found, 5 among which were found with ingredients of Western medicine. The manufacturers were punished because of such violations.
- 2) 24 beauty masks or similar products accepted inspection, all of which met the criteria.
4. A team was set up for consultancy in biotech and pharmaceutical industry in line with the promotion of biotechnology of the City Government.
5. Pharmaceutical affairs were put online in order to simplify the issuance of licenses and administrative work. The task was completed with the help of Taipei Pharmacists' Association.
6. An inventory check was performed in collaboration with the military and other units of the City Government, whose results showed that all 19 municipal hospitals in the City met the criteria.
7. Inspection on hospitals and pharmacies has been strengthened in terms of the labeling on the packages of medication. A total of 3829 hospitals and 1009 pharmacies accepted the inspection.
8. In line with the superintendence of the pharmaceutical affairs, controlled medication and important medicine, an inspection was performed for 53 hospitals.
9. To (1) strengthen the industry's understanding toward the regulations, (2) improve the management of the industry, (3) enhance the care given to asthma patients, and (4) create an opportunity for the industry and health administration to discuss important issues, 8 workshops were held with 870 participants from the industry.
10. To improve interpersonal communication skills and performance in office of the staff, on February 20 and 21 a training course was given to 59 participants.
11. In collaboration with the police, the Department enforced the inspection on illegal medicine. Furthermore, the Department released information regularly to stop illegal medicine from getting to the hands of consumers. In 2003, 11 cases of fake medicine, 15 of prohibited medicine, 5 of illegal medical equipments and 2 fines due to poor quality were handled.
12. To fully implement the regulations regarding ingredient labeling, an inspection was performed on 1147 manufacturers of medicine and their 4842 samples, among which 168 were found not meeting the regulations. Besides, an inspection on the quality of medicine was also put into practice on 390 samples, among which 17 were found unqualified.
13. An inspection on 4999 samples of cosmetics in the market, among which 671 were found not meeting the criteria. Quality inspection was also performed on 283 samples, with 73 unqualified and 26 punished.
14. Inspection on anti-impotence drug has been strengthened. In 2003, 23 samples accepted the inspection, among which 6 were found with ingredients of Western medicine and thus punished according to



- the law.
15. A sampling inspection on 13 condoms in the consumer market was performed, 4 of which were under the mark. 7 samples of examination gloves also accepted inspection, 2 of which were beneath the mark, and another 2 of which were punished due to unclear labeling of ingredients.
  16. The Department, in collaboration with the consumer ombudsman of the City Government, inspected essential aroma oil products, 2 of which were suspected that the labeling of the products involved therapeutic descriptions and thus under further inspection.
    - 1) A one-month monitoring project was put into practice on essential oil products available in department stores and malls.
    - 2) Labeling of safety use (such as away from fire, no eye contact, out of the reach of children) has been strictly required.
    - 3) Based on the conclusions reached in the meetings of the Department of Health, the priority of inspection was placed on the safety and the warnings labeled on the products. Essential oil products with 50% or higher alcohol as well as those with fuses must be reported to the Department every month. In December, 38 manufacturers and their 130 products accepted inspection, among which 2 manufacturers and 21 products were found not meeting the criteria.
  17. The expiration date of flu vaccine for the elderly stored in pharmacies was checked in September. A total of 403 pharmacies accepted inspection, 9 of which had 87 expired doses that were handled accordingly.
  18. In September, an inspection on the IPL equipments in 40 beauty salons and hospitals. 3 were found under the mark, 1 of which was reported.
  19. Since November, botox has been listed and pharmacies or hospitals must file a monthly report.
  20. In 2003, 34 sex shops were allowed to sell medical equipments, and they have been under the inspection of the Department annually. During the first stage, 24 accepted inspection, and 1 sample of condom was found beneath the mark. A uninformed inspection was performed in November, 1 sex shop was found selling illegal medicine, and 4 others selling condoms without clear labeling.
  21. Seminars with a focus on cosmetics industry were held in 4 separate sessions with more than 400 participants. In the seminars, self-regulation of the industry was highly encouraged, and 261 companies responded. Besides, 45 direct selling companies accepted inspection.
  22. Illegal drug inspection working reports was given on October 28, in which experiences and opinions were exchanged.
  23. 11 TV shopping companies were inspected, 20 of whose products were sent for further inspection.
  24. In response to the BSE outbreak in the US, the Department inspected products with collagen and placenta extract since December 31. During the first stage, 17 companies and 37 products were inspected. Besides, companies were required to pull back suspected products.

25. Drug Abuse Prevention

- 1) A routine inspection was performed based on the monthly sales report provided by the industry. 35 companies were found against the regulations, fined 2.59 million, and 2 of which were punished accordingly.
- 2) 6 seminars were held to elaborate regulations on controlled medicine.

26. Helping Community Pharmacies

- 1) The Department encouraged doctors to give prescriptions for pharmacists to fill. In 2003, the Bureau of National Health Insurance had 436 contracted pharmacies.
- 2) Training sessions with 292 pharmacists participating were held to improve the quality of service.
- 3) Inspections were performed more precisely to ensure that only professional pharmacists fill the prescriptions. 3829 clinics, 1009 pharmacies, and 1415 drugstores accepted inspection.
- 4) Medication Safety Consultation:

Consultancy on the safety of medication was provided in communities. The at first City Government set up 243 stations to offer consultation on general health information, 168 among which were given the task of preventing drug abuse. Next, 264 weight-losing stations were set up to provide services to citizens. Then, 314 stations were set up to provide consultation on medication safety, helping 44,124 citizens with their medication.

- 5) Citizens were allowed to send their medicines to a recycling box to prevent

misuse.

6) Promotion of medication Safety

- (1) To deepen the understanding of medication safety, seminars on clinical medication were held with 200 professionals. 255 similar seminars were held for communities, with 20,372 citizens receiving consultation services. Furthermore, 110 asthma nursing professionals were trained to take care of 907 patients, and 314 medication consultation stations were set up with 44,124 citizens using the service in 2003.
- (2) To promote "medication passport", training sessions were provided for volunteers on April 7 and 8.
- (3) The Department strengthened the promotion on medication safety, especially for Chinese herbal medicine.
- (4) On January 20, a forum on medication safety was held.
- (5) The Department held 6 lectures for practitioners and manufacturers of the industry to elaborate relevant information.

#### 4. Laboratory Testing

Laboratory Testing is the foundation of public health because all policies and administration must be based upon objective and accurate statistics and figures. The Department, in order to standardize and computerize the tests, passed CNLA and ISO, and has been developing new technologies to provide more services to citizens.

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### 1. Scope and Achievements of Work

The Laboratory is primarily a supportive unit helping other offices and citizens in terms of food sample examination, reports, complaints, etc. Major items of work include: (1) general food examination, (2) pathogen examination, (3) additives examination, (4) chemicals examination, (5) heavy metal examination, (6) detergents examination, (7) examination on medicine for animals, (8) examination on water in swimming pools, (9) examination on water in bathing pools, (10) examination on hot spring water, (11) examination on the Western medicine additives in Chinese herbal medicine, and (12) cosmetics examination.

In 2003, up to 70,110 examinations on food sanitation, 10,170 on business sanitation, and 23,691 on Chinese medicine were completed. Furthermore, 6341 items of clinical examinations were performed, and 30,494 miscellaneous cases were received; thus, a total of 140,806 examinations were implemented.

### 2. Credibility of Examinations

To improve the credibility of the examinations performed by the Laboratory, 9 items on chemicals examination (including lead, zinc, copper, etc.) and 1 item of microorganism (germ) of CNLA have been adopted.

### 3. Enhancement of Services

Due to the shift in the society, the Laboratory began providing services to the general public instead of corporations only, and contents of service extend to 33

categories and 381 items, including daily foods, Chinese medicine, cosmetics and business places.

### 4. Educational Training

To improve the performance of the staff, 5 free seminars were held, open to all organizations. Apart from inviting local experts to give speeches, senior staff of the Laboratory also offered courses on the practice of examination as part of life-long learning.

### 5. Food Examination Technology Seminar 2003

In the seminar, 2 oral presentations of theses and 7 others were displayed for participants to exchange opinions.

### 6. Research and Development

To provide more diversified, rapid and visionary services, 9 researches have been completed in 2003:

- 1) Examination on yohimbine in foods
- 2) Examination on the quality of packaged water given as gifts in gasoline station
- 3) Reason of high rate of alcohol in liquor
- 4) Amount of fluorescent in tissues given by gasoline stations as gifts
- 5) Preservatives in bean milk products
- 6) Nitrate digression in frozen vegetables
- 7) Bleaching agents digression in fresh bamboo shoots, bean sprouts and pickled cabbages.
- 8) Microorganisms and coloring agents in toys
- 9) Use of gas detector in the Laboratory



## 5. City of Healthy Citizens

### 1. Sustainable Practice and Facilitation

- 1) To sustain community health center and build a strong tie between different centers, a community health association was set up in Xinyi District to facilitate the work of 6 community health centers.
- 2) A number of strategies were proposed for National Taiwan University to implement Campus Health Promotion Program. A few other organizations also worked together on building a healthy environment.
- 3) The Department set up 7 sites facilitating the building of healthy life around Taipei City to promote the community-building work.
- 4) Overseeing the projects proposed by the health centers of the 12 districts, recruiting and training volunteers, promotion of healthy diet, regular exercise, etc.

### 2. Cultivation of Community Health-Building Knowledge

To cultivate the community's knowledge about health-building as a whole to meet the needs of community members, seminars and training sessions for both community directors and volunteers were held in 3 separate stages along with other exhibitions and lectures.

### 3. Development of Community Features in Health-Building

- 1) Neihu District set up "Sunshine Kitchen" that provides healthy diet for the elderly and "Life Stations" that provide healthy snacks to residents.

- 2) Beitou district developed a long-term care system for the elderly.
- 3) Zhongzheng District set up an organization for singles and established a network that functioned significantly during the SARS outbreak.
- 4) Xinyi District set up a registered, formal association to publish community newspapers with a focus on health issues.
- 5) Datong district published maps featuring the health businesses within the area.
- 6) Shilin District focused on 7 specific areas including campus, diet, exercise, etc.
- 7) In collaboration with hoteliers, Zhongshan Districts promoted healthy diets and no-smoking environment.
- 8) Wenshan District utilized its special geographical features and its original industry to promote hiking activities and healthy tea diet.
- 9) Daan District set up a website, published a brochure, and a community newspaper with health information as the pivotal theme.
- 10) Wenhua District completed its community health assessment and set up community health care stations that provided long-term care personnel and healthy meal boxes.
- 11) Nangang District promoted Qi-Gong (a kind of breathing technique therapy) and other traditional Chinese martial arts as exercise.
- 12) Songshan District promoted the importance of basic living standards such as nutrition, sunshine, air, water, exercise, rest, etc. Volunteers were recruited and organized to promote the idea.





## Chapter IV

# Provide Excellent Medical Service —Early Diagnosis and Proper Treatment

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# Provide Good Medical Service—Early Diagnosis and Proper Treatment

## 1 Control of Epidemic Diseases

### i. SAN-MA-YI-FONG program—eradicate polio & measles and eliminate congenital rubella and neonatal tetanus

#### 1. Immunization

Immunization is an effective measure for the prevention and control of communicable diseases. Immunization vaccines can be used to stimulate the production of antibodies for either total or partial protection. Free immunization offered in the city includes BCG, hepatitis B, combined diphtheria-tetanus-pertussis, oral poliomyelitis, measles, combined measles-mumps-rubella, Japanese encephalitis, tetanus-diphtheria vaccine with reduced amount of diphtheria toxoid, and rubella. Hospitals and clinics in each administrative district can provide immunization service (municipal hospitals took over the immunization of children from health centers in 1997-1998). To improve the immunization coverage rates of young children, children under three years are tracked through various channels to check their immunization status. The City also initiated a project to review the immunization records of school children upon enrollment and provide make-up immunization, if necessary. In 1989-1990, six schools were selected on a trial basis. The project was later extended to forty schools in 1991. The Department of Health, the

Executive Yuan, decided in 1992 to promote this project to all schools and then in 1993 to all kindergartens and nurseries.

Since 2002, "The Project Supplemently Shots of Measles / Mumps / Rubella (MMR vaccine) to Primary School Pupils" has been conducted, in accordance with the Center for Disease Control, the Department of Health, the Executive Yuan, to achieve the goal of eradicating measles at the earliest possible time, enhancing the group immunization of measles, reducing the number of infection, and eventually eliminating infection sources.

#### 2. Prevention and Control of Poliomyelitis

There is no effective cure yet for poliomyelitis. The disease, however, is vaccine-preventable. Thus, an oral polio vaccine (OPV) project has been promoted actively in the City. At two, four and six months after delivery, newborns receive one dose each of the oral polio vaccine, plus a booster dose at 18 months and another booster dose upon enrollment in primary schools. IPV (injected polio vaccine) is given to cases allergic to OPV. A serious outbreak occurred in 1982 in the City and elsewhere in Taiwan. An extended OPV project and other control measures were immediately activated to quickly control the spread of the infection. In 1983, one case was reported. Since then, no further cases have been reported.

On October 29, 2000, Taiwan declared the eradication of poliomyelitis. To protect the health of the population and to avoid infections by wild strain polioviruses, in addition to strengthened disease surveillance, and in coordination with the decision of the Center for Disease Control of the Department of Health, acute flaccid paralysis was

made a reportable disease. Doctors in the City are instructed to report any cases within 24 hours to the Department and health centers.

### 3. Immunization against Chickenpox

In October 1998, the City initiated a project to immunize children, aged one to two years old, against chickenpox. Hospitals and clinics are subsidized NT\$ 1,500 per case. Since 2001, the Department has procured chickenpox vaccines for distribution to hospitals and clinics under contract. Children born after January 1, 1997, who are entitled to the city medical subsidies, receive subsidized immunization at one year of age. In 2003, a total of 19,951 children were immunized. From 2004, a project of vaccination

against chickenpox has been conducted, in accordance with the Center for Disease Control, the Department of Health of the Executive Yuan, for children born after 1 January 2003 and older than one year old, as well as those born before 31 December 2002. Those children should provide Medical Care Subsidy Card for the Children of Taipei city when receiving the vaccination service.

### 4. Immunization of the Elderly over 65 against Influenza

In the period between October 1999 and October 2000, in accordance with the policy of the Department of Health, the City implemented a project to immunize elderly people aged 65 and above, within high-risk groups, against influenza.

Table 4-1-1 BCG Vaccination for Infants by District, Taipei City, 2003

District	No. of Births	No. Vaccinated	Vaccination Rate(%)	Vaccinated at			
				Health Center		Hospital	
				No. Vaccinated	Vaccination Rate(%)	No. Vaccinated	Vaccination Rate(%)
Total	23284	22704	97.50902	1372	6.042988	21335	93.97023
Songshan	1631	1626	99.69344	9	0.553506	1620	99.631
Xinyi	2143	2112	98.55343	400	18.93939	1712	81.06061
Daan	2433	2368	97.3284	121	5.109797	2247	94.8902
Zhongshan	1911	1902	99.52904	0	0	1902	100
Zhongzheng	1280	1265	98.82813	64	5.059289	1201	94.94071
Datong	1161	1149	98.96641	68	5.91819	1081	94.08181
Wanhua	1862	1830	98.28142	72	3.934426	1758	96.06557
Wenshan	2452	2434	99.26591	213	8.751027	2221	91.24897
Nangang	1150	1142	99.30435	189	16.54991	953	83.45009
Neihu	2447	2401	98.12015	152	6.330696	2249	93.6693
Shilin	2557	2384	93.23426	0	0	2384	100
Beitou	2257	2091	92.6451	84	4.017217	2007	95.98278

Notes:

1.No. of births statistics provided by the Bureau of Civil Affairs.

2.No. Vaccinated is the numer reported by health centers and includes only babies born to residents of the City.

Table 4-1-2 Hepatitis B immunization coverage in Taipei city(1)

	No. of screening pregnant women (person)						
	Health Center	Cooperating Hospitals	Total	No. of s antigen positive	Percentage of s antigen positive	No. of e antigen positive	Percentage of e antigen positive over s antigen positive
Total	0	31,040	31,040	3,451	11.12%	863	25.01%
Songshan	0	7,707	7,707	663	8.60%	161	24.28%
Xinyi	0	779	779	86	11.04%	14	16.28%
Daan	0	3,813	3,813	442	11.59%	107	24.21%
Zhongshan	0	4,127	4,127	518	12.55%	128	24.71%
Zhongzheng	0	4,952	4,952	600	12.12%	173	28.83%
Datong	0	299	299	35	11.71%	7	20.00%
Wanhua	0	631	631	73	11.57%	33	45.21%
Wenshan	0	1,090	1,090	122	11.19%	30	24.59%
Nangang	0	106	106	7	6.60%	3	42.86%
Neihu	0	1,736	1,736	178	10.25%	47	26.40%
Shilin	0	3,230	3,230	387	11.98%	95	24.55%
Beitou	0	2,570	2,570	340	13.23%	65	19.12%

Table 4-1-2 Hepatitis B immunization coverage in Taipei city(2)

	No. of immunoglobulin shots (person)		No. of vaccination for infant (person/times)		No. of vaccination for pre-school children (persons-times)	No. of vaccination for elementary school-age children (persons-times)
	Cooperating Hospitals	Total	Cooperating Hospitals	Total		
Total	889	889	90,860	90,860	18	38
Songshan	157	157	13,947	13,947	0	0
Xinyi	17	17	2,839	2,839	0	13
Daan	91	91	10,243	10,243	1	3
Zhongshan	131	131	12,391	12,391	0	2
Zhongzheng	160	160	14,434	14,434	1	2
Datong	13	13	1,764	1,764	0	0
Wanhua	38	38	2,456	2,456	0	0
Wenshan	37	37	4,835	4,835	13	11
Nangang	8	8	2,076	2,076	3	4
Neihu	53	53	6,195	6,195	0	0
Shilin	104	104	10,789	10,789	0	3
Beitou	80	80	8,891	8,891	0	0

Table 4-1-3 Immunization Coverage Rates by District, Taipei City, 2003(1)

Vaccine	BCG			DPT					
	single dose			3rd dose			4th dose		
	No. to be immunized	No. Immunized	Immunized rate	No. to be immunized	No. Immunized	Immunized rate	No. to be immunized	No. Immunized	Immunized rate
District									
Total	26706	23976	89.78	26706	24156	90.45	27614	24444	88.52
Songshan	1918	1795	93.59	1918	1817	94.73	2048	1903	92.92
Xinyi	2424	2145	88.49	2424	2168	89.44	2403	2154	89.64
Daan	2926	2458	84.01	2926	2511	85.82	3084	2581	83.69
Zhongshan	2140	1813	84.72	2140	1849	86.4	2204	1898	86.12
Zhongzheng	1573	1495	95.04	1573	1455	92.5	1688	1458	86.37
Datong	1341	1290	96.2	1341	1259	93.89	1307	1221	93.42
Wanhua	2107	1958	92.93	2107	1948	92.45	2072	1784	86.1
Wenshan	2955	2351	79.56	2955	2583	87.41	2955	2529	85.58
Nangang	1278	1201	93.97	1278	1203	94.13	1354	1194	88.18
Neihu	2749	2576	93.71	2749	2601	94.62	2957	2767	93.57
Shilin	2841	2654	93.42	2841	2603	91.62	2860	2587	90.45
Beitou	2454	2240	91.28	2454	2159	87.98	2682	2368	88.29

Table 4-1-3 Immunization Coverage Rates by District, Taipei City, 2003(2)

Vaccine	OPV					
	3rd dose			4th dose		
	No . to be immunized	No . Immunized	Immunized rate	No . to be immunized	No . Immunized	Immunized rate
District						
Total	26706	24018	89.93	27614	24371	88.26
Songshan	1918	1806	94.16	2048	1898	92.68
Xinyi	2424	2147	88.57	2403	2149	89.43
Daan	2926	2495	85.27	3084	2567	83.24
Zhongshan	2140	1817	84.91	2204	1887	85.62
Zhongzheng	1573	1448	92.05	1688	1451	85.96
Datong	1341	1255	93.59	1307	1219	93.27
Wanhua	2107	1946	92.36	2072	1783	86.05
Wenshan	2955	2567	86.87	2955	2513	85.04
Nangang	1278	1202	94.05	1354	1192	88.04
Neihu	2749	2590	94.22	2957	2765	93.51
Shilin	2841	2600	91.52	2860	2583	90.31
Beitou	2454	2145	87.41	2682	2364	88.14





Table 4-1-3 Immunization Coverage Rates by District, Taipei City, 2003(3)

Vaccine	HBV					
	3rd dose			4th dose		
	No. to be immunized	No. Immunized	Immunized rate	No. to be immunized	No. Immunized	Immunized rate
District						
Total	26706	25069	93.87	26706	24332	91.11
Songshan	1918	1855	96.72	1918	1830	95.41
Xinyi	2424	2279	94.02	2424	2179	89.89
Daan	2926	2650	90.57	2926	2518	86.06
Zhongshan	2140	1951	91.17	2140	1905	89.02
Zhongzheng	1573	1487	94.53	1573	1456	92.56
Datong	1341	1300	96.94	1341	1256	93.66
Wanhua	2107	2012	95.49	2107	1948	92.45
Wenshan	2955	2645	89.51	2955	2599	87.95
Nangang	1278	1239	96.95	1278	1197	93.66
Neihu	2749	2666	96.98	2749	2616	95.16
Shilin	2841	2701	95.07	2841	2638	92.85
Beitou	2454	2284	93.07	2454	2190	89.24

Table 4-1-3 Immunization Coverage Rates by District, Taipei City, 2003(4)

Vaccine	MV			MMR		
	single dose			single dose		
	No. to be immunized	No. Immunized	Immunized rate	No. to be immunized	No. Immunized	Immunized rate
District						
Total	26706	23488	87.95	27614	25683	93.01
Songshan	1918	1746	91.03	2048	1958	95.61
Xinyi	2424	2056	84.82	2403	2253	93.76
Daan	2926	2477	84.65	3084	2790	90.47
Zhongshan	2140	1891	88.36	2204	2020	91.65
Zhongzheng	1573	1415	89.96	1688	1544	91.47
Datong	1341	1220	90.98	1307	1235	94.49
Wanhua	2107	1877	89.08	2072	1884	90.93
Wenshan	2955	2501	84.64	2955	2664	90.15
Nangang	1278	1156	90.45	1354	1260	93.06
Neihu	2749	2506	91.16	2957	2855	96.55
Shilin	2841	2506	88.21	2860	2716	94.97
Beitou	2454	2137	87.08	2682	2504	93.36

Table 4-1-3 Immunization Coverage Rates by District, Taipei City, 2003(5)

Vaccine	Td			OPV			MMR		
	No. of 1st Grade Children			No. of 1st Grade Children			No. of 1st Grade Children		
	No. to be immunized	No. Immunized	Immunized rate	No. to be immunized	No. Immunized	Immunized rate	No. to be immunized	No. Immunized	Immunized rate
District									
Total	41579	40299	96.92	41579	40303	96.93	39413	37952	96.29
Songshan	2442	2279	93.33	2442	2283	93.49	2497	2421	96.96
Xinyi	6008	5956	99.13	6008	5956	99.13	3005	2926	97.37
Daan	7353	7170	97.51	7353	7170	97.51	3670	3624	98.75
Zhongshan	2193	2129	97.08	2193	2129	97.08	4462	4251	95.27
Zhongzheng	1663	1632	98.14	1663	1632	98.14	1662	1602	96.39
Datong	1493	1401	93.84	1493	1401	93.84	1495	1490	99.67
Wanhua	4404	4080	92.64	4404	4080	92.64	4412	4080	92.48
Wenshan	3538	3506	99.1	3538	3506	99.1	3551	3527	99.32
Nangang	2612	2434	93.19	2612	2434	93.19	1306	1260	96.48
Neihu	3484	3387	97.22	3484	3387	97.22	6968	6583	94.47
Shilin	3484	3484	100	3484	3484	100	3484	3448	98.97
Beitou	2905	2841	97.8	2905	2841	97.8	2901	2740	94.45

Table 4-1-4: Berculosis Control in Taipei City, 2003(1)

District	Number of Screening (person)							
	Screening for cases under surveillance			Mobile X-ray Inspection for the Public	Community Screening and Mobile Inspection			
	Total	Living with TT- positive cases	Living with TB cases		Total	Homeless	Senile Care Center	Others
Total	2,733	115	2,618	35,256	9819	404	2,628	6,787
Songshan	117	2	115	2,115	598	-	23	575
Xinyi	263	9	254	4,080	1544	-	361	1183
Daan	335	22	313	2,483	387	-	47	340
Zhongshan	203	6	197	1,601	868	-	35	833
Zhongzheng	290	5	285	2,957	284	-	44	240
Datong	160	17	143	4,271	231	39	50	142
Wanhua	185	4	181	2,730	492	226	145	121
Wenshan	233	36	197	2,991	827	-	454	373
Nangang	188	6	182	2,655	108	-	-	108
Neihu	240	-	240	4,116	1318	-	123	1195
Shilin	283	2	281	2,288	904	-	156	748
Beitou	236	6	230	2,969	2258	139	1,190	929

Table 4-1-4: Berculosis Control in Taipei City, 2003(2)

District	Reported Cases after Screening(person)								Percentage of Reporting Screening		
	Screening for cases under surveillance			Mobile X-ray Inspection for the Public	Community Screening and Mobile Inspection				Mobile X-ray Inspection	Screening for cases under surveillance	Community Screening and Mobile Inspection
	Total	Living with TT-positive cases	Living with TB cases		Total	Homeless	Senile Care Center	Others			
Total	16	-	16	4	41	3	33	5	0	0.6	1.6
Songshan	2	-	2	1	2	-	1	1	0	1.7	1.7
Xinyi	1	-	1	-	12	-	11	1	-	0.4	4.7
Daan	-	-	0	1	-	-	0	0	0	-	-
Zhongshan	2	-	2	1	-	-	0	0	0.1	1	-
Zhongzheng	1	-	1	-	1	-	0	1	-	0.3	0.4
Datong	-	-	0	-	-	-	0	0	-	-	-
Wanhua	2	-	2	-	-	-	0	0	-	1.1	-
Wenshan	1	-	1	-	1	-	0	1	-	0.4	0.5
Nangang	-	-	0	-	-	-	0	0	-	-	-
Neihu	-	-	0	1	2	-	2	0	0	-	0.8
Shilin	6	-	6	-	2	-	2	0	-	2.1	0.7
Beitou	1	-	1	0	21	3	17	1	-	0.4	9.1

Table 4-1-4: Tuberculosis Control in Taipei City, 2003 (3)

Administrative District	No. of Patients Found							
	Open Pulmonary TB		Non-open Pulmonary TB		Extrapulmonary TB		Concomitant Pulmonary and Extrapulmonary TB	
	New Cases	Relapse	New Cases	Relapse	New Cases	Relapse	New Cases	Relapse
Total	809	142	1008	135	1143	1278	24	6
Songshan	47	6	60	6	66	72	0	0
Xinyi	77	10	111	7	118	125	0	0
Daan	82	16	118	10	128	138	2	0
Zhongshan	75	10	78	16	94	110	5	0
Zhongzheng	42	7	66	9	75	84	0	0
Datong	49	6	65	14	79	93	0	0
Wanhua	73	19	108	24	132	156	1	6
Wenshan	66	11	68	8	76	84	3	0
Nangang	34	4	53	6	59	65	0	0
Neihu	67	14	69	8	77	85	4	0
Shilin	109	20	95	11	106	117	3	0
Beitou	88	19	117	16	133	149	6	0



Table 4-1-4: Tuberculosis Control in Taipei City, 2003 (4)

Administrative District	No. of TB patients (end of year)	No. of relapsed TB patients (end of year)	No. Cases under Surveillance (end of year)	No. of Home Visits (persons-times)
Total	45	4	1243	6629
Songshan	0	0	59	442
Xinyi	6	0	105	683
Daan	6	0	110	445
Zhongshan	6	1	74	453
Zhongzheng	4	0	137	521
Datong	4	0	71	612
Wanhua	7	0	103	663
Wenshan	3	1	121	454
Nangang	0	0	146	697
Neihu	4	2	134	505
Shilin	4	0	117	611
Beitou	1	0	66	543

Note: The cases of concomitant Pulmonary and Extrapulmonary TB are included in both Pulmonary TB and Extrapulmonary TB, therefore the total number of patients is the sum of the number of open TB, non-open TB, and concomitant TB.

Source: Taipei Municipal Chronic Disease Hospital

This project was extended to all elderly people aged 65 and above in October 2001. In 2001, 134,598 elderly persons were immunized and in the year 2002, the number jumped to 168,430.

## ii. Control of Communicable Disease

With the goal of attaining more effective and extensive control of communicable diseases, the Department of Health of the Executive Yuan has included both emerging diseases and new Communicable diseases in the control programs. For public protection, relief measures and compensation regulations have been formulated. The responsibilities and authorities of the central and local governments have been clearly defined. A sound regulatory structure has been established and penalties on violations augmented. The Law on the Control of Communicable diseases, enacted on 23 June 1999, classified forty Communicable diseases in four categories for prevention and control.

To prevent the reoccurrence and epidemic of communicable diseases, all relevant regulations must be followed vigorously and all preventive measures must be cooperated with the staffs of the departments concerned in the city government. Although the outbreak of acute respiratory syndrome (SARS) has hit the city heavily, the lessons learned have become a key resource to fight similar outbreak in the future. The lessons include developing mechanisms of controlling nosocomial infection, fever screening center, body temperature taking, transportation route planning, storing goods for epidemic prevention, negative pressure isolation room, contingency command system for epidemic and emergency disasters, advisory committee for epidemic prevention, mobile communicable

diseases prevention teams, and so on. With active efforts in disease control, no major outbreaks of Communicable diseases occurred in the city during the year. The methods of controlling some important Communicable diseases are summarized as follows.

### 1. Sexually Transmitted Diseases and AIDS

The Municipal Sexually Transmitted Disease Control Center is responsible for the prevention and control of sexually transmitted diseases. The Institute offers anonymous and quick screening services. Screening for syphilis and AIDS is also available to prostitutes, customers of prostitutes, homosexuals, patients with sexually transmitted diseases, patients of STD clinics, employees of sanitary establishments and public eating places and the general public. During the year, screening was provided 122,709 persons-times. Further testing, by the Western Blot method, confirmed 354 carriers. Cases are registered for management and a telephone hot line, 2370-3738, has been set up for inquiries. An AIDS counseling clinic is in operation and in May 2001, a special AIDS dental clinic was set up for AIDS patients.

The Department of Health has strengthened health education promotion. The targets for promotion include corporations, foreign laborers, drug users, sex workers, children, teenagers, students, troubled youths, women, medical staff, and the general public. In addition, the Department of Health also conducted large promotional events, including AIDS patient gatherings and media promotions. The





number of total events reaches 434.

The Department of Health also trained retired sex workers to promote AIDS prevention among sex workers. In addition, the Department of Health held AIDS prevention education promotions for 3,641 sex workers in Wanhua District. 475 of them had undergone blood testing and no AIDS discovered.

Moreover, the Department of Health also established the "Taipei City AIDS Prevention Committee" which involves all the departments of city government in April 2002. The department also unified all the departments of city government to set up a "Five year plan for AIDS prevention" to effectively prevent the spread of AIDS.

## 2. Malaria Prevention

For visitors and tourists coming from malaria-infected areas, prophylaxis drugs have been supplied at the 12 health centers since July 1995. In the year of 2003, one imported, positive cases were detected, while there were no indigenous cases.

## 3. Control of Dengue Fever

### 1) Prevention of Dengue Fever

From January 1 to December 31, 2003, the Department of Health received 61 reports of suspected cases of Dengue Fever (59 cases in Taipei City). After evaluation from the Taiwan CDC, 7 positive cases of Dengue Fever were confirmed, and, of these, 16 were imported positive cases. Of all seven cases, one comes from Thailand, two were from Cambodia, one from

Indonesia, two from Myanmar, one from the Philippines, one from Malaysia and one from the Dominican Republic. The number of reported probable cases has dropped significantly when compared with the figure of last year, 396 cases (206 of them in Taipei City). More importantly, no confirmed case was found in the city, which set a record for no case originated from Taipei city.

A routine investigation was done by the Department of Health to understand the density of communicable-disease carrier mosquitoes. The department made neighborhood inspections 2,497 times, from 01/01/2003 to 12/31/2003. Of the 2,497 inspections, the density of mosquitoes which carries Communicable disease, at level two or above, was found 106 neighborhoods-times, accounting for 4.2% the total neighborhoods, some 12.7% decrease compared with the same period last year.

### 2) Policy of the Department of Health for the prevention of Dengue Fever

- (1) The Department of Health set up "2003 Prevention Work for Dengue Fever" on March 20, 2002, for the departments concerned to conduct necessary works.
- (2) On April 22, July 18, and December 26, 2003, respectively, the Department of Health convened the first three cross-department meetings in the government under the auspice of the Dengue Fever Control Center.
- (3) Strengthened Monitoring of

Epidemiological Diseases

- i. From February to June, the Department of Health has delivered several official documents to municipal hospitals and twelve health centers to provide updates on the Dengue Fever situation. Moreover, the department emphasized the concept of a comprehensive and complete reporting system, whether the case was suspected, probable or confirmed.
- ii. The department established single contact window for schools regarding Dengue Fever inquiry. Schools were asked to pay close attention to the health situation among teaching and administrative staffs and students. If staffs are found to have suspected Dengue fever symptoms, such as fever, headache, bone aches, back eye socket aches, skin rashes and so on, the school reports to the Department of Health immediately. After receiving such information, the department proceeds to carry out prevention work.
- iii. The Department of Health strengthened the Communicable disease reporting system for tourists, tourism and hotel industries. The Department of Transportation has included the Dengue fever prevention in the study forum for tourism employees to educate and promote prevention

among the staffs.

(4) Measurements Regarding the Monitoring of Epidemic Prevention

Once the Department of Health receives a report from a resident in Taipei City, it immediately investigates the situation as well as the density of mosquitoes within the particular residential area. Moreover, the Department also cooperates with the Department of Environmental Protection to spray pesticides in residential areas, including the residence of the person making the report and 20 nearby households (a 50 meters radius). The frequency of the spraying is twice every other week.

(5) Strengthened investigation about density of infected mosquitoes

The Department of Health strengthened the investigation of infected mosquito density in public places such as schools, markets, (parks, railway stations and bus stations, and parks. If the Department finds containers, with accumulated water containing mosquito larvae, the owners of the containers are asked to take necessary measures. The Department of Health conducts a follow-up examination after one week. If the owners of the containers fail a second examination, a fine of NT\$10,000~150,000 is imposed.

(6) Workshop for staffs involving in the prevention work



The Department of Health conducted relevant workshop to educate the staffs involving in the prevention of Dengue fever, municipal, community and neighborhood leaders.

(7) Dengue Fever Education and Promotion Work

The Department of Health published various fliers about Dengue Fever prevention, in order to promote proper prevention concepts. Also, the Department of Health held summer camps for children in order to teach them about the ecological relationship of Dengue fever and mosquitoes. In addition, the Department of Environmental Protection hung red banners on garbage trucks, which contained promotional information about Dengue Fever prevention. The Department of Health also cooperated with radio stations to produce health programs and promotional slogans to encourage Dengue Fever prevention. Moreover, the department also visited many hospitals, medical centers and school to promote Dengue Fever prevention work and put up posters throughout the city. The department regularly sent out press releases to provide updates on Dengue Fever epidemics and to remind the public of prevention methods.

#### 4. Enterovirus Prevention

The Department of Health, Department of Social Welfare and the Department of Education dictates enterovirus prevention work in Taipei City. There are 19 or more district municipal hospitals that provide weekly feedback on Enterovirus emergency cases and numbers of cases hospitalized. The department calculates, on a weekly basis, the numbers and forwards the information to the Taiwan CDC. Through this, emergency outpatients and inpatients suspected to be infected with Enterovirus are monitored their hospitalization carefully and medical treatment situation. In addition, the department also established contingency teams for enterovirus infection prevention. The main task for the team is to monitor minor epidemic situations. The team also conducts staff training and promotes health education.

1) Strategy for Implementation of Prevention Measures

- (1) Continued Promotion and Education: The Department of Health utilized the mass media to provide the public, medical staff, education staff, child care staff and others with the correct Enterovirus prevention information, such as the development of good habits, proper hand washing, medical treatment for the public, and proper medical treatment for medical staff.
- (2) Strengthened Case Reporting and Relevant Information Evaluation: The Department of Health continues to collect Enterovirus infection information from Taiwan and abroad

to understand the Enterovirus infection situation. Through early detection and understanding, effective response measurements can be established.

- (3) Establishment of Emergency Epidemic Disease Response Mechanism: Controlling Enterovirus not only requires prevention work, but also involves a medical, education, mass media, social and political aspects. Therefore, if there are any problems with the monitoring system, all departments at city government must cooperate closely to establish an effective prevention network. Through good network communication, effective mobilization can begin to provide proper medical treatment, inspection, case investigation and consultation service. With this system, epidemic diseases like Enterovirus, and deaths caused by them, can be reduced or eliminated, and panic can be avoided.
- (4) Twelve District Health Offices should hold large-scale promotion events at least once a year, and held Enterovirus discussions twice a month. The topics of the discussions include those relating to childcare staff and the community.
- (5) The Department of Health held on-the-job training classes for medical staff at least once a year.
- (6) The Department of Health holds panel discussions at least once a

year with invited experts, academics, and administrators from various organizations, to map out the strategy for controlling Enterovirus.

- (7) Through various media promotions, the department shows the public for the five correct steps of hand washing.

## 2) Prevention and Monitor of Epidemic

- (1) An inspection of hand washing facilities in the elementary schools, kindergartens, and nurseries in the city was conducted before the enterovirus season began. All facilities were up to the standard after re-inspection.
- (2). From January 1, 2003 to December 21, 2003, the Department of Health received a report of 7,933 suspected Enterovirus cases of emergency outpatients from 19 or more Taipei municipal hospitals. Of the 7,933 hospitalization cases, 491 are Taipei city residents. Eight were with suspected enterovirus infection and severe symptoms; two of them were confirmed, and six were excluded.
- (3) Campus Enterovirus Case Reporting:

From January 1, 2002 to December 31, 2002, the Department of Health received a total of 1,266 reports of suspected Enterovirus cases from school campuses. Students suspected to be infected with Enterovirus were reported at 1,870 persons-times total. The Department of Health referred all reported cases to district health



offices for further follow-up. In addition, the department also taught schools and families to practice environmental disinfecting and Enterovirus prevention.

### 5. Japanese encephalitis prevention and control

Free Japanese encephalitis vaccinations have been given to children age 15 months and older since 1965. They receive two initial shots at a two-week interval, one booster a year after and another booster upon entering primary school. Vaccines are given during the months between March 1 and May 31 each year. When infections of Japanese encephalitis are suspected, children under ten years of age, from neighborhoods where children have never been immunized, receive vaccination. The environments, where suspected cases are found, are disinfected with pesticide to eradicate mosquitoes.

### 6. Prevention and Control of Tuberculosis

The Municipal Chronic Diseases Hospital primarily is responsible for the prevention and control of tuberculosis. Along with the increase in AIDS infections, tuberculosis has re-emerged as a significant communicable disease. Since the City became a national municipality, four prevalence surveys for tuberculosis have been conducted. Prevalence rates were found to be 1.35% in 1978; 0.60% in 1983; 0.51% in 1988; and 0.22% in 1993. Although tuberculosis has not been one of the ten leading causes of death since 1986, with the increase in recent years of international tourists, travel to and from mainland China, increase in

foreign labor and complications from AIDS infection, tuberculosis is likely to re-emerge. (In 2001, the mortality rate was 3.37 per 100,000, according to the CDC Tuberculosis annual report, and the prevalent rate in 1993 was 0.06%, according to the CDC's eighth investigation, which targeted the population aged 20 and older). However, with ever-increasing tourism, relaxing of visiting relatives in Mainland China, mass introduction of foreign labors, and increasing cases of AIDS patients infected with TB all could contribute the re-surgence of TB. Consequently, a grand vision is needed to fight TB, which requires early detection of cases, complete courses of treatment and follow-up management to the effective control of tuberculosis.

#### Measures for Controlling Tuberculosis:

##### 1) Preventive measures

Free mobile chest x-ray screening was offered to the public. From July to December, 2003, 28,868 persons received the screening, including communities, aboriginals, and institutions. Chest x-ray screening was also conducted for high risk group, in which 974 persons participated (institutions, care centers, psychiatric hospitals, prisons, and homeless. and 53 were determined as suspected cases, at a preliminary detection rate of 0.19%. 974 elementary pupils, 12,672 newborns, and 2,784 infants received BCG vaccination.

##### 2) Establish Monitoring System for Chronical Diseases:

Table 4-1-5 Cases of Notifiable diseases in Taipei City , 2003

Category I			Category III			Category IV		
Diseases	No. Reported	No. Confirmed	Diseases	No. Reported	No. Confirmed	Diseases	No. Reported	No. Confirmed
Total	0	0	Total	5240	2231	Total	422	218
Cholera	0	0	Dengue fever	57	7	HIV infection	185	185
Plague	0	0	Dengue hemorrhagic fever	0	0	AIDS	33	33
Yellow fever	0	0	Malaria	1	1	Botulism	1	0
Rabies	0	0	Measles	8	0	C-J disease	4	0
Ebola hemorrhagic fever	0	0	Enterohemorrhagic E. coli	2	0	Leptospirosis	66	0
<b>Category II</b>			Enterovirus complicated severe case	8	2	Lyme disease	133	0
Diseases	No. Reported	No. Confirmed	Hantavirus hemorrhagic fever	0	0	Melioidosis	0	0
Total	898	843	Hhantavirus pulmonary syndrome	0	0	2003 No. Reported    No. Confirmed 6560            3292		
Typhus fever	0	0	Tuberculosis (except open pulmonary tuberculosis)	1938	885			
Diphtheria	0	0	Japanese encephalitis	25	2			
Meningococcal meningitis	7	4	Congenital rubella syndrome	0	0			
Typhoid	17	6	Rubella	11	1			
Paratyphoid	7	2	Leprosy	0	0			
Anthrax	0	0	Pertussis	30	4			
Poliomyelitis	0	0	Scarlet fever	208	86			
Acute flaccid paralysis	8	8	Tetanus	1	0			
Bacillary dysentery	36	26	Scrub typhus	89	9			
Amebic dysentery	38	12	Actue viral hepatitis A	33	32			
Open pulmonary tuberculosis	785	785	Actue viral hepatitis B	66	66			
			Actue viral hepatitis C	9	9			
			Actue viral hepatitis D	0	0			
			Actue viral hepatitis E	1	1			
			Actue viral unspecified hepatitis	16	0			
			Mumps	133	0			
			Chickenpox	1204	0			
			Legionella	260	9			
			Invasive Hemophilus influenza type B	639	639			
			Syphilis	474	474			
			Gonorrhea	17	3			
			Influenza	10	1			



The Municipal Chronic Disease Hospital is responsible for the planning, education and implementation of the reporting system for tuberculosis. 1,074 new cases of tuberculosis were registered from July to December 2003.

3) Management of Tuberculosis Patients:

Currently, 1,485 patients were under surveillance.

4) Monitoring those contact with TB Patients:

1,909 persons having close contact with TB patients received tests. From July to December 2003, 1,740 persons received skin tuberculin tests.

5) Initiate a program for sending homeless infected with TB to receive treatment in hospitals: Four homeless persons were sent to hospitals for treatment.

6) Promotion of the "Directly Observed Treatment, Short-course" (DOTS) method:

DOTS was conducted for both open and non-open TB patients. From July to December 2003, 916 patients joined the program.

7) Set up the first local "Tuberculosis Prevention Medical Service" in Taiwan: Various groups are set up to actively tackle relevant topic for TB prevention, devise various preventive measures, plan education and training for medical staffs, and develop the details for evaluating hospitals and medical institutions.

8) Academic seminars for chest were held in the municipal hospitals at least once in a month.

## 7. Prevention and Control of Hepatitis

In addition to medical centers, 175 hospitals and clinics with obstetrics and gynecology departments have been designated to blood-test pregnant women at prenatal clinics for hepatitis B. Babies born to mothers who test e-antigen positive will be given HB immunoglobulin within 24 hours of delivery. Thereafter, they will follow the same immunization schedule as other newborns.

## iii. SARS Control and Prevention

### 1. Fighting SARS

First case of SARS occurred when a Taiwanese businessman returning from Mainland China in March 2002. There were 1,541 cases reported from various medical institutions, in which 975 are Taipei city citizens. Of all the reported cases, 157 cases were confirmed to be SARS. On June 17, ROC was removed from the Travel Advisory list issued by WHO, and July 5 removed from the list of high-risk SARS region.

The second wave of SARS outbreak began from the Tri-general Service Hospital receiving a case of laboratory-infected SARS, who was later transferred to the Hoping hospital which is specialized in treating SARS patients. Consequently, the mobilization level of the city was set to be B level. When no new case was reported until January 1, 2004, the level was downgraded to be A.

### 2. Preventive Measures

#### 1) Preventive Measures

- (1) Strengthening measures for controlling of nosocomial infection: All hospitals are instructed to map out a contingency plan for

- combating SARS, vigorously demand medical staffs to undertake protective measures, and invite experts of nosocomial infection for unannounced as well as sampling inspection.
- (2) Communicable diseases isolatedly treated in designated hospitals: According to the Communicable Diseases Control Act, specialized hospitals are designated for different diseases. Regular reporting of the number of respiratory isolation beds data both before and after noon.
  - (3) Education and training: Hold five workshops for "Preventive Measures for Severe Acute Respiratory Syndrome (SARS)" for the colleagues of health centers and municipal hospitals as well epidemic prevention workers from other cities. The topics include: lectures, practical operations, and field tour.
  - (4) Set up and promote "Fever Screening Station," which is praised by the "Control and Relief of Severe Acute Respiratory Syndrome (SARS) Committee." There were thirty hospitals in the city setting up fever screening stations to find patients with fever who were treated outside of hospitals.
  - (5) Invite experts to evaluate preventive measures in all hospitals, including isolation beds, the transportation routes of fever screening stations, and so on. Those hospitals without enough bed are demanded to improve and follow-up inspections were conducted.
  - (6) Preventive measures for communities: The measures include news announcement, hanging red banners, putting up posters, distributing notices and enchiridia, announcing through LED boards and broadcasting channels. A special SARA web page was set up in the website of the department to publicize measures related to prevent SARS.
  - (7) Preventive measures for food industry and restaurants: Implement three important measures; "workers wearing masks," "anti-pollution cover for ready-to-eat food" and "soaps widely available to wash hands."
  - (8) Temperature-taking in public places: According to "Communicable Disease Control Act," people entering government buildings and other public places are required to wear masks and have their body temperatures taken. The public are encouraged to buy affordable "Electron thermometer" to take their own temperatures.
  - (9) Intensify promulgation for SARS prevention and personal care: Prepare and distribute the enchiridia of "SARS Preventive Measures," promulgating the concept that those with fever should call 119 for help, take body temperature every day, wear a mask if necessary, constantly wash hands, drink plenty of hot water, open windows, go to no public places unless necessary, and so





- on. SARS promulgation enchiridia are prepared in four languages, including English, Thai, Indonesian, and Vietnamese, for foreign workers. These enchiridia were distributed through foreign workers centers across cities and counties, St. Christopher Catholic Church, mosques, Holy Family Church, Wellcome Foreign Workers Service Center, Foreign Worker Culture Center, and their other favored spots.
- (10) To ensure citizen's mental health during home isolation, the department made leaflets of "Mental Care during Home Isolation" and "Mental Counseling and Caring Service in Taipei City" and "Self-test Measure of Crisis Consciousness When Facing Epidemic" delivered to those under home isolation. The e-edition of these above documents were also sent to health centers and municipal hospitals of the city for further promulgation.
- (11) Military support: Twelve administrative districts of the city were sanitized by military.
- (12) Set up "Prevention and Contingency Team for Severe Acute Respiratory Syndrome": The team is responsible to investigate epidemic, tracking of reported cases, management, dispatch of ambulances and transfer of patients, medical logistics, standard operational procedures, and planning of concentrated isolation site.
- (13) Caring patients from the closed Hoping Hospital: With the closure of Hoping Hospital, 184 patients were transferred to various major hospitals.
- (14) Inventory of SARS-prevention logistics: The city has acquired a substantial logistics, including five million pieces of N-95 mask, 230 thousand protective cloths, 140 thousand isolation cloths, and 1.76 million surgical masks.
- (15) Work in accordance with emergency operation center (EOC): Chunghsin hospital was instructed to assist in collecting real time information, providing epidemic information to EOC.
- (16) Set up mobile communicable diseases prevention teams: Setting up a mobile team for epidemic prevention to enhance the city's ability in mobilization and epidemic information control. A round-clock shift to fully grasp the situation and gain total mobilization were in place to prepare for the outbreak of the epidemic outbreak. Two unwarning drills were undertaken to strengthen the ability in handling crises and triggering standard procedures to transfer patients to designated hospitals, which provide clear guidelines for related medical institutions in Taipei city to follow.
- (17) Participate in city alliance: Allied with Singapore, Macau, Hongkong, and other cities to curb SARS crossing

- national borders.
- (18) Heping Hospital was instructed to be the designated hospital for communicable diseases: Held professional epidemic control training for medical staffs, and mobilized medical staffs in the regional or higher hospitals to back up Heping Hospital if necessary.
  - (19) Work in accordance with the central government: Conducted vaccination for senior citizens, those contact with the groups which are highly susceptible to infection, and participated advanced drug delivery programs to enhance the identification rate for pneumonia induced by influenza.
  - (20) Set up an advisory committee for epidemic prevention: Invited academia and experts in the field as consulting member to discuss topics related to epidemic prevention in monthly meetings.
- 2) Responses of SARS Prevention
- (1) On March 27, the department demanded 53 hospitals in the city to increase alert level and devise "Contingency Plan for Preventing SARS," to curb the spreading of SARS infection, and in turn to safeguard the safety of medical staffs and the general public.
  - (2) On March 28, the department inspected 53 hospitals in the city to understand whether information has been received and necessary measures have been taken.
  - (3) On April 1, the department demanded 17 isolation-care designated hospitals for epidemic diseases to operate in accordance with the third article of the fifth item of the Communicable Disease Control Act and the 22ed of the Medical Law. Also, reported the number of respiratory isolation beds data at 9 AM and 3 PM.
  - (4) On April 3, "Prevention Seminar for Severe Acute Respiratory Syndrome (SARS)" was held in the Family Theater, the second floor in the city government building. Some 650 participants were directors, first-line medical staffs of medical institutions in the city, staffs of health centers, and relevant representatives from the city government.
  - (5) On April 24, the Municipal Hospital was closed due to nosocomial infection.
  - (6) On April 25, "Taipei City SARS Response Center" was set up at 11 AM.
  - (7) On April 27, an evacuation was conducted in Heping Hospital. SARS suspected cases were transferred to Zhongshan Military hospital for treating. The Department of Social Welfare has finished evaluating the Kindness Garden Care Center (provided by Yangming Hospital), which started to take the stable patients from Heping Hospital without the symptoms of fever,



- cough, or diarrhea.
- (8) On April 28, the Taipei Public Service Institute was evaluated as a SARS quarantine center.
- (9) On April 30, the guidelines for home isolation in the city have been set up. The department demanded the 17 isolation-care designated hospitals for epidemic diseases to take charge the home isolation related issues.
- (11) On May 8, Yeh Chin-chuan, former director of the Taipei City Department of Health, made recommendations during a video conference to "Taipei City SARS Response Center" to set up fever screening center at every hospital to screen possible SARS patients in order to prevent SARS patients from entering hospitals and causing nosocomial infection. Mayor Ma agreed with his recommendation and instructed the emergency responsible hospitals in the city to establish fever screening centers before May 17. The mayor also demanded the Sewage Systems Office, Public Works Department, to assist these hospitals to set up fever screening stations. May 17, Mayor Ma provided Taipei's experience in establishing fever screening center in the meeting of "The Central Government Control and Relief Committee of Severe Acute Respiratory Syndrome," including standard procedures and establishment policy. The vice-convener, professor Lee, Ming-Liang, expressed his admiration and instructed one hundred more teaching hospitals or higher to adopt such measures. The city's Public Works Department has also provided detailed information to the committee's consultant, Dr Lee, Ying-Yuan for all hospitals' reference.
- (12) On May 3, Premier Yu Shyi-kun inspected the SARS prevention affairs of the city. Keelung River Public Housing (III) was evaluated to be a SARS quarantine center and, in the afternoon, received medical staffs of Heping Hospital and their relatives. There were 508 persons in the housing complex from May 3 to May 9.
- (13) May 5, patients and medical staffs of Heping Hospital and their relatives were transferred to Chu Tung hospital, Department of Health, Executive Yuan, for treatment. There were 100 persons in the hospital from May 5 to May 7.
- (14) May 6, the National Development Institute was evaluated and refurbished to be a SARS quarantine center and, in the same day, 153 medical staffs of Heping Hospital and their relatives entered the institute.
- (15) On May 8, Heping Hospital was evacuated.
- (16) The Sewage Systems Office, Public Works Department, assisted 6 municipal hospitals (Zhongxing, Renai, Women and Children, Yangming, Zhongxiao, and Wanfang)

to set up fever screening stations. Mayor Ma instructed the stations to be completed before May 11. Opening ceremony was held at 4:40 on May 12 in the Zhongxing hospital.

- (17) May 16, the department demanded emergency responsible hospitals and designated hospitals for communicable diseases to complete the establishment of "SARS Screening Station" before May 17. If no suitable outdoor space to set up such stations, careful planning for separate transportation route is necessary to prevent nosocomial infection. Moreover, the hospitals concerned were also demanded to strengthen the disinfection of toilets and route planning, such as polluted and buffer zones, to prevent cross-infection.
- (18) 6 PM of May 16, the "Infection Control Meeting for Emergency Responsible Hospitals" was hosted by the director of the department, Chiu Shu-ti. Two American CDC experts, former director of the department, Yeh Chin-chuan, and professor Ye, Ming-Yang, National Health Institute, were invited to provide recommendations. The convener of the infection control team for emergency responsible hospitals was also present in the meeting. Taipei epidemic situation and the control of nosocomial infection at hospitals were presented in the meeting. Moreover, the checklist for

the infection control of emergency responsible hospitals was also discussed along with distinguished views for combating SARS. The meeting provided a sound basis for establishing infection control index for emergency responsible hospitals of the city.

- (19) From June 1, the "Taipei City SARS Response Center" was reorganized to be "Taipei City SARS Control and Relief Committee." The focuses and division of work were re-determined by the department.
- (20) On June 2, with the raid of Typhoon Nangka, the department urgently faxed all levels of hospitals in the city to strengthen preventive measures against typhoon. At the same day, official documents were delivered to the hospitals in the city to strengthen the typhoon prevention measures for fever screening stations, thereby safeguarding the safety of those seeking medical care and nearby residents.
- (21) On June 3, ER experts were invited from the day on to visit these hospitals to monitor their operations and safety situations.
- (22) On June 24, in Taipei Public Service Institute, Mayor Ma presented acknowledgement certificates to medical institutions which rendered assistance in transferring and caring patients of Heping Hospital as well as those contributing in Kindness Gradness Care Center, The Public



Service Institute, Jilong River Housing, National Development Institute, and Alternative Services Center for taking patients during the SARS outbreak.

- (23) On December 18 and 19, 23 infection experts were accompanied to visit 23 emergency responsible hospitals. Although 5 of these hospitals have completed in moving their fever screening stations indoors, only one hospital met the requirements of infection control. Consequently, the rest 22 hospitals still used their outdoor fever screening facilities to identify patients with fever.
- (24) From May to December, the fever screening stations served 50,095 patients with fever.
- 3) Materials management:
1. Integrated allocation of epidemic control logistics:
    - (1) Investigated the demand of protective materials for all epidemic control institutions and hospitals, and obtained accurate information of inventory, production volume, imported volume of protective materials-making companies in the city. Protective materials for epidemic control were integrally allocated to all institutions and hospitals in the city.
    - (2) A make-shift warehouse for dispatching epidemic control logistics was established in the end of April:
 

The epidemic control materials bought by the department, dispatched by the Department of

Health, Executive Yuan, and donated by the public were integrated allocated to meet the urgent demand of all epidemic control institutions and hospitals. Those received protective materials for epidemic control include 40 hospitals, clinics, public institutions, relevant departments engaging in SARS control in the city government, and other organizations (61 in total). The allocated materials include 288,000 N95 masks, 27,800 protective cloths, 133,000 isolation cloths, 460 P100 masks, 1,310,000 surgical masks, 4,000 ear thermometers, 10,000 forehead temperature strips, and other protective equipments.

2. To strengthen epidemic control, promote public health, amply supply thermometers to Taipei city citizens, and implement body temperature-taking for everyone, a warm-heart allotment sale of thermometers was initiated with some 1,000,000 thermometers being sold. Correct use of thermometers were also illustrated through various channels to enable citizens understanding their own physical conditions and better controlling their own health.
- 4) Health Education for SARS Control
  - (1) Prepare and Distribute Promotion Materials
 

Promotion materials prepares and distributed include 8,883 red ribbons of "SARS Epidemic Control," 1,018,000 sheets of "Severe Acute

Respiratory Syndrome (SARS)," 7,500 posters, 20,000 CDs, 100,000,000 booklets and 12,000 posters of "Total Mobilization to Control SARS Epidemic" (the volume of general public and medical care), 75,000 posters and 100,000 stickers of "The Right Ways of Washing Hands to Prevent SARS and enterovirus, large sign boards of "Warm Heart for SARS Relief," 10,500 posters and 100,000 sheets of "Combat SARS, Join Together to Take Body Temperature," 3,000 sheets of "Steps Recommended to Tackle Patients with Fever this Winter," 545 CDs of "Combat SARS and Influenza," 10,000 single-promotion sheets of "What to Do if Your Child has a fever?" 170,000 copies of single-sheet "Prevent the Reoccurrence of SARS in Summer/Autumn--Join Together to Control Epidemic," and 290,000 volumes of the issue of "Prevent the Reoccurrence of SARS in Summer/Autumn-Join Together to Control Epidemic in the magazine "Let's Talk in English."

- (2) Raise Awareness through various channels
  - i. Promote the awareness of SARS epidemic control through medical institutions, schools, working places and other institutions. These institutions include 44 first departments in the city government and their

affiliated organization, schools, neighborhood offices, nursery care centers, metro stations, private and public medical institutions, companies, department stores, banks, libraries, large buildings, parks and other places.

- ii. Other channels for raising awareness include cable TV stations in the city, public and private broadcasting companies, LED boards, broadcasting, bulletin boards, websites, cross-over bridges, outdoor electron sign boards, clinic schedules, school magazines, hospital news, 4,000 bus interiors, 50 bus exteriors, 133 buses backs, 30 metro light boxes, taxis, garbage-collection trucks, and so on.
- (3) Seminars and lectures
 

Seminars and lectures which have been held include "Introduction Seminar for Military Zhongshan Hospital as a SARS Caring Center," Introduction Seminar for Heping Hospital Restructuring Program," Community Participation for Heping Hospital," "Revisit the Physician-Patient Relationship in Post-SARS Era—Analysis and Counter-measures for Accompanying Patients," Peaceful Dialogue in the Storm Eye," Listen to Our bodies, Come Close to Our Minds—Media Workers' s Collaboration Camp," "Mind Adventure for Heping Hospital's



Volunteers's," "SARS Epidemic Control Seminar for Caring Centers," "SARS Epidemic Control Seminar in the Communities of Taipei City," "SARS Epidemic Control and Administrative Procedure Law," "How can Volunteers Protect Themselves When Facing SARS Epidemic," "SARS Epidemic Control in 12 Administrative Districts" (12 sessions), "Community Health Net For Epidemic Control," "Yu-Ling-Long Action Drama for Combatting SARS," "How can Medical-Care Volunteers Protect Themselves When Facing SARS Epidemic," "Training for the Promotion Team of SARS Epidemic Control," "Globalization and News Report" seminar, and 160 "Community SARS Epidemic Control Lectures."

(4) Large-scale Promotion Events

Large-scale events which have been held include the promotion for providing cleaning lotion at 9,104 public toilets and conducting daily disinfection, "National Body Temperature Taking Program" press conference and launch campaign, "Taipei is Fine, Thank You," appreciation and awarding ceremony, soliciting articles for "My Opinion for SARS Home Isolation", random tests of SARS epidemic control knowledge for the staffs of the department, "Hand in Hand, Total Mobilization for Health" evening

gathering, "Taipei City Autumn/Winter SARS Reoccurrence Prevention Plan," "Correct Ways to Take Body Temperature for Autumn/Winter SARS Prevention," "2003, Taipei City Building Health in Community Fair and Total Mobilization for SARS Epidemic Control."

(5) International Exchange on Health

i. International survey

To prevent the reoccurrence of SARS and effectively curb its outbreak, Taipei city started to engage in international experience exchange with cities around the world. A team from the city government visited HongKong, Hanoi, and Singapore.

ii. Hosted the "the Asia-Pacific Inter-City SARS Prevention Forum"

On September 27-28, the "the Asia-Pacific Inter-City SARS Prevention Forum" was convened to promote exchanging experience in SARS epidemic control. Apart from the hoster Taipei city, a total of 15 participants from the United States, Canada, Vietnam, Singapore, the Philippines, Hong Kong and Japan, representing cities, hospitals, and governmental as well as non-governmental organizations. The participants also recongized that it is in the mutual interest of the participants to develop a cooperative defense system. Am important

achievement for the forum was signing a memorandum to enable the free and open exchange of experiences with SARS and other communicable diseases. They also agreed to establish a Geographical Information System (GIS), an on-line network to construct a united epidemic control network for epidemic prevention, control, monitor, research, and academic exchange. Seven conclusions were agreed among the participants for the round table from:

- A. Preventive measures and knowledge of SARS and communicable diseases can be fully exchanged.
- B. The following communicable diseases are preferably listed as the targets for united control: SARS, dengue fever, cholera, Japanese encephalitis, malaria, meningococcal meningitis, E-coli infection (O157 variant), open tuberculosis, AIDS, bacillary dysentery, anthrax, influenza and other communicable diseases.
- C. Information technology will be employed to report the update of a city's epidemic and trend.
- D. Alerting and informing other cities instantly in real-time.
- E. Strengthening the use of mental health and social welfare to prevent and cure communicable diseases and de-stigmatize the patients.

F. Set up an effective platform for information communication to share the symptoms of emerging severe communicable diseases and the information related to unexpected death and others.

G. Promote mutual cooperation in research, professional training in medical health, mental health, and other fields.

iii. Complete the paper work of international Standard Operating Procedure (SOP) for important reference in hosting future international seminars.

5) Mental Health and Care Service

(1) Promote mental health in response to SARS epidemic

i. Compiled 34,000 single-sheet of promotion material for health education, "Normal Work and Rest, Peace Mind, and Share Support!— How to Manage Stress and Anxiety Associated with SARS." The material was also included in the promotion enchiridia "Total Mobilization for SARS Epidemic Control" for greater publicity.

ii. 10,000 copies of "Mental Care during Home Isolation," "Mental Counseling and Caring Service of Taipei City," and the self-evaluation of "Crisis Consciousness When Facing Epidemic" were delivered to the general public.

iii. "Common Impacts and Preventive Measures of SARS on Psychotic Patients" was sent by e-mail to the





- medical staffs of health centers responsible for caring psychotic patients in the 12 administrative districts.
- iv. "Stress Management for Medical Staffs Facing SARS" was included in "Total Mobilization to Control SARS Epidemic" (the volume of medical care) for greater publicity.
  - v. Provided the medical staffs in the Alternative Service Center with 3 different issues of health education sheet for stress relaxation ( 100 copies respectively) and 50 CDs for relaxation techniques.
  - vi. 50,000 copies of "SARS, Don't Worry" enchiridia, compiled by SARS Mental Health Action Alliance and sponsored by The prudential Assurance Company, were presented to the department. These copies were then distributed to the public.
  - vii. Collaborated with "Love with Life Adjustment Association," 2,750 music CDs of "Relax, Comfort, Meditation, Music" recorded by the Chinese Musician Exchange Association and sponsored by Mustek Technology were distributed to relevant persons.
  - viii. 400 copies of CDs and enchiridia, "Master Sheng Yen Wish You the Best," produced by Dharma Drum Charity Foundation, were presented to the department. These copies were distributed to the medical staff of Heping Hospital attending the "Hand in Hand" workshop.
  - ix. Delivered an official document to ask the Taipei Rapid Transit Company to display the message, "Normal Work and Rest, Peace Mind, and Share Support!— Measures to Manage Stress and Anxiety Associated with SARS— Department of Health, Taipei City, Wish You Luck."
  - x. Incorporated with mental health professionals to set up a mental counselling and consulting hot line: Peace Mind Hot Line: 2392-5016" in the community health centers of the city for the medical staffs of Heping Hospital and their relatives.
  - xi. Taipei City Psychiatric Center provided 24-hours "Feeling Hot Line" for patients, their relatives and the general public from April 7 to June 2 served 570 persons related to SARS epidemic.
  - xii. The service hot lines of the city's mental health and social welfare were integrated into health education and promotion leaflets, providing the citizens with counseling and consulting service.
  - xiii. After the closure of Heping Hospital, follow-up phone calls were made to track the home quarantine of those patients in the hospital during daytime.
  - xiv. From April 30, the psychiatry clinic of Taipei City Psychiatric Center visited communities to provide

medications to those patients in Heping Hospital during daytime.

- xv. April 25, an e-mail message was sent to instruct the health centers of the 12 administrative districts to strengthen efforts in caring psychiatric patients in the communities by phone call or home visit. The aim was to concern and monitor their symptoms and emotion fluctuation if influenced by the SARS epidemic. Help can therefore be rendered if necessary.
  - xvi. May 7, an e-mail message was sent to instruct the social workers of health centers to help patients with the need of hospitalization to contact Taipei City Psychiatric Center for transfer. The single window for the transfer was "Community Emergency Medical Team."
- (2) Hold "SARS Mental Health Expert Counseling" seminar. Seminars were held to invite experts from the field of mental health to make recommendations for the appropriateness of various projects which were implemented and which was under planning. It was aimed to integrate all resources available and develop the "Implementation Frame Work for Caring and Promoting Physical/Mental Health on SARS Epidemic Control, Department of Health, Taipei City Government."
  - (3) Held the "Caring and Promoting Physical/Mental Health on SARS Epidemic Control Working Team, Department of Health, Taipei City Government:" Three working meetings were held and one working meeting for "Psychiatric Recovery and Human Network Reconnection" to review the promotion, work-dispatching framework, and integration plan. All plans were followed to ensure sound implementation.
  - (4) Held meetings for the cross-department caring team in the city government: A cross-department, integration meeting was established, convened by Mr Lui, Bo-Gui, the associate general secretary of the city government. The team will be held regularly to integrate resources of various departments of the city government to provide comprehensive services and transferring assistance.
  - (5) SARS patients follow-up for mental and lung recovery plan: To provide sound package for SARS patients to recover both mentally and physically, thereby helping them to return to society. Two SARS special clinics (including chest clinic and counseling) were established in secrete clinic rooms in the first floor of the Zhongxing hospital, providing follow-up monitoring and recovery health care. "The Recovery Procedure of Psychiatric Counseling in the Special Clinic for SARS Psychiatric Recovery, Taipei



Zhongxing Hospital." From July 7 to September 24, the Special Clinic for SARS Psychiatric Recovery has received six patients.

- (6) "Crisis Management and Health Promotion for Physical and Mental Care in community of Taipei City:" Provided crisis management and mental support to high-risk citizens to prevent them from trapping in self-injury, suicide, and other dangerous situation. It was aimed to help them to walk away from the shadow, return to peaceful life, and go back to work. From April 12, several services had been proved with much success: 142 persons-times of "Peace Mind Hot Line" counseling service, 2 professional supervision meetings, 10 professional knowledge trainings with 221 participants, 50 emergency phone calls, and 67 interviews.
- (7) Three-year psychiatric recovery program for SARS in Department of Health of Taipei City Government: After "Physical and Mental Health Promotion for Staffs of Heping Hospital," "Mental Health Promotion for medical Staffs in Taipei City," and "Crisis Management and Health Promotion for Physical and Mental Care in community of Taipei City," three-year program for mental recovery was planned. For mental health high-risk groups, including the staffs of quarantine hospitals, special cases in community, and

families of SARS victims, the service network for mental health based on four psychiatric medication networks in the city were provided to SARS cases to maintain mental health.

- (8) Physical and Mental Health Promotion Program for Staffs of Heping Hospital:
- i. From May 19 to May 27, the staffs of Hospital reported in for the hospital's reopen (took place in the Medical Center of Taipei Zhongxing Hospital). A team of caring physical and mental health was set up to undertake the evaluation of "Brief Symptom Rating Scale," "Review Table for the Experience of Hospital Closure and Quarantine," and asked their willings to receive further assistance in mental health. 885 copies of "Brief Symptom Rating Scale" were returned with 606 persons scoring between 0~9, 279 persons over 10. 158 persons were willing to receive further help in mental health. 16 were transferred to the psychiatric clinic of Zhongxing Hospital at day of reporting in. After the evaluation forms were collected and consigned to professor Lee, Ming-Bing, the director of Taiwan Association of Mental Health, for further analysis. The results will be regarded as an important reference for future relaxation measures.
  - ii. At the day when the staffs of

Heping Hospital reported in for the hospital's reopen, health evaluation, physical/mental health counseling, and relaxation techniques training were conducted. 885 questionnaires were collected. Three workshops "Hand in Hand—With All Effort to Create a Brandnew Heping" were held in the Taipei Public Service Institute on May 28, 29, 30, respectively. In the workshop, mental health experts were invited to give physical/mental care, stress relaxation, and other events. The participants reached 725 persons, 81.9% of those reported in for duty.

(9) Physical and Mental Health Promotion Program for Staffs of Yan-Chai Hospital:

At the day the staffs of the Yan-Chai Hospital reported in for the hospital's reopen, 155 staffs undertook the evaluation of "Brief Symptom Rating Scale," and 43 staffs were willing to receive further help in mental health, of which measures will be discussed with experts in the field. On June 11, the workshop "Hand in Hand" was held in the Taipei Public Service Institute. In the workshop, psychiatry and social work experts were invited to devise group events for the staffs of Yan-Chai Hospital. Mayor Ma also attended the workshop and admired the staffs for their courage during the SARS outbreak. The participants reached 130 persons, 83.87% of

those reported in for duty.

- (10) "Care and Promote Physical/Mental Health for SARS Epidemic Forum, Department of Health, Taipei City Government—Review and Outlook of Mental Health: On July 14, the forum was held in Taipei Psychiatry Center to exchange the experiences of mental health and psychiatric care for SARS patients. 80 experts were invited to participate the forum, including experts of psychiatry, social work, psychology, and public health.
- (11) Mental Health Promotion for medical Staffs in Taipei City: Physical/mental adjustment events were held for the staffs of Hoping Hospital, Yan-Chai Hospital, and health centers of Taipei. From June to September, 78 events of promoting group mental health were held (including stress relaxation group, sleeping-well group, and their advanced classes) with a total participation of 1,067 persons/times.
- (12) Long-term care and concern for SARS cases: Long-term care demonstration center rendered care and concern to SARS-infected medical staffs. Those who needed individual concern and transferring service reached 440 persons. Ordinary cases of concern amounted to 1,254 persons-times. The total number reached 1,694 persons-times. Further analysis indicates the service required most by that the medical and other staffs of hospitals was psychiatric support (57.2%).



- (13) "SARS Brave Hearts of Heping Hospital Meet with Mayor." Mayor attended the gathering to listen to experiences and recommendations from the medical staffs of Heping Hospital, from which necessary help could be rendered. Two sessions were held on June 17 and June 23, respectively.
- (14) Held "Welcom Party for Re-start of Taipei City's Medical Staffs on SARS Epidemic Control." Concerned those medical staffs infected with SARS and encouraged them to return and re-start their works. On July 7, "Welcom Party for Re-start of Taipei City's Medical Staffs on SARS Epidemic Control" was held, in which the medical staffs infected with SARS, medical staffs worked on SARS epidemic control, volunteers, members and supervisors of unions, presidents of hospitals, mayor and heads of the departments concerned in the city government were presented in the party. The party attracted many media attention and reporters and a big publicity was obtained. Issued a press release, "Concern the Future of SARS-infected Brave hearts," describing the care and help the city government has rendered to the medical staffs infected with SARS.
- (15) The "The Journey of Hearts for the Heping Hospital Medical Staffs on SARS Epidemic Control" project: The project, "The Journey of Hearts for the Heping Hospital Medical Staffs on SARS Epidemic Control," was consigned to professor Chang, Chin-Hwa, National Taiwan University and conducted in a form of dialogues with the medical staffs of Heping Hospital. A book, "A Real Depiction of Heping's Efforts in Combatting SARS," was published from the extraction of the project report, which were delivered to hospitals, nurse schools, city library, and Taipei city's emergency responsible hospitals for further consulting.
- (16) "The Re-start with the Integrated Life and Love—An Study on the Inner side of Body, Mind, Society, and Job:" The study was undertaken to interview nursing chiefs in a semi-structured questionnaire. The aim was to give an opportunity for the chiefs to tell their stress and anxiety. Also, appropriate mental counseling was given during interviews and transferring service was provided if necessary.
- (17) Approval rating investigation for concerning the medical staffs infected with SARS, Department of Health, Taipei City Government: An approval rating questionnaire was sent to SARS concerning cases. 65 copies were returned among 214 copies dispatched and 93% of those responded gave an overall approval rate over 71 points.

Table 4-1-6: Mental Health Service during SARS Outbreak

Time	From April 30 to June 2	From June 26 to August 11	From June to December	From August to December	From June to December
Objects	Family of quarantined staffs	Staffs of Heping Hopsital	The staffs of Heping Hopsital with serious mental reaction	Professional menal health workers	Community residents and parents
Service	Peace mind counseling hot line	SARS stress relaxation group	Individual counseling	Supervision and education training for professionals	Post-SARS mental health promotion events in community
Results and beneficiaries	"Peace mind counseling hot line" provided concern home calls to 71 persons-times	Provided crisis management, psychological support and long-term individual counseling. 34 persons received referral service and 12 received continuous counseling. 22 persons were referred to other resources or follow-up after going through short-term crisis.	Formed stress release group based on wards to find patients with serious mental reactions, who were then referred for individual counseling. 23 sessions were held with total participants of 176 and a participation rate of 70.1%.	Held 6 sessions of "ental Health Evaluation Training, "SARS Cases Supervision Meeting, " Post-SARS Professional Training," with total participation of 130 persons-times.	Topics include: stress release, sleeping well, life education, parent-child relationship, and so on. There were 52 sessions with total participation of 891 persons-times.



## 2. Management of Medical Affairs

### 1. Medical Care Resources

By the end of 2003, in Taipei City, there were 52 hospitals (46 western medicine and 6 Chinese medicine hospitals) and 2,706 clinics (1,165 western medicine, 1,196 dental and 345 Chinese medicine clinics). The number of western medicine clinics and dental clinics had declined slightly over the previous year. There were 20,666 acute beds in hospitals (including 12,472 acute general beds and 1,166 psychiatric beds), 256 chronic beds, 484 psychiatric beds and 6,086 special beds, totaling 20,666 beds. There were 10,625 practicing physicians (7,539 western medicine physicians, 2,380 dentists and 706 Chinese medicine doctors), a ratio of 40.22 physicians to 48.16 acute beds per 10,000 populations. Taipei City has the best medical resources in Taiwan.

### 2. Violations of Regulations

- 1) Action is taken when violations of the Medical Practice Law and the Physician's Law occur. Medical care institutions are supervised to ensure that their practices are in accordance with laws enacted to protect patients. During the year, 294 violations were pursued, resulting in total fines of NT\$ 7,653,000.
- 2) Advertisements on medical care are scrutinized to protect consumers. During the year, 207 cases were pursued and resulted in fines totaling NT\$ 6,006,000.
- 3) There were 87 violations of the Medical Practice and Physician's Regulations, the Physician's Law, Medical Practice Law and other related regulations, including

the Doctor's Law, Medical Technicians Law, Physical Therapy Law, and Function Therapy Law. These cases have resulted in fines totaling NT\$ 1,647,000.

### 3. Elimination of Unlicensed Practitioners

To protect patients, when unlicensed medical practitioners are discovered, they are prosecuted according to law. To improve the skills of primary care inspectors in locating unlicensed medical practitioners, a set of guiding principles on the processing of cases of unlicensed medical practice has been formulated for their reference in handling such cases. During the year, 68 cases were detected. Of these, 16 were prosecuted and 3 sentenced.

### 4. Review of Medical Affairs

For more effective management of medical care institutions, balanced distribution of medical care resources, improvement of medical care quality and protection of the rights of patients, acting on Article 74 of the Medical Practice Law, the Department set up an advisory committee for the review of medical affairs. The committee has so far met 2 times to discuss 7 cases relating to the building, expansion and extension of hospitals, as well as cases relating to fees for occupational and physical therapy. The outcomes of the reviews can set standards for the regional hospitals to follow, thereby controlling regional medical resources.

### 5. Medical Dispute Arbitration

The Department of Health assists patients, medical centers and officers by

acting as an intermediary. Through its position, the department acts to facilitate communication between disputing parties to work toward a compromise. The Department of Health processed 138 cases in 2003. 30 cases actually applied to the department for conciliation assistance, which resulted in 15 conciliations.

### 6. Doctor Discipline

Taipei City government formed the "Physician Discipline Committee, Taipei City," according to the "Regulations For Physician Discipline," promulgated on October 9, 2003, by the Department of Health, Executive Yuan. It also established a reviewing principle and process by group committee members, the first practice in the island. The misconducts of a physician when practicing can be divided into improper conduct, indiscreet conduct, criminal offence, against medical ethics, and others. In 2003, 4 regular and 1 provisional meetings were convened to review 25 cases.

## 3. Emergency Medical Care

### 1. Joint-Rescue System

To improve the survival rate of cardiac-arrest patients before arrival at hospitals, 13 responsible hospitals are asked to dispatch physicians and nurses to accompany the Fire Department ambulance rescue teams to provide on-the-spot emergency care. In principle, the team is dispatched from the hospital that can best reach the accident site within eight minutes or, where cases require specialized care,

from the hospital which has the staff with the best capabilities in that specialty. During the year, 383 such teams were dispatched. The average time lapse between the accident report being received and arrival at the site was five minutes. 1,424 transported persons were pronounced dead on arrival, and 123 persons recovered and were discharged from the hospital (updated April, 1999-December, 2002) The survival rate of cardiac-arrest patients, treated before arrival at hospital, was 8.6%, close to the standard of developed countries.

### 2. On-line Emergency Care

To instruct and advise rescue teams how to assist accident victims while transporting them to hospitals, professionally trained emergency care physicians are available 24 hours by on-line radio. This expands the scope of the emergency care that can be provided at accident sites.

### 3. Training of Emergency Care Technicians

Mid-level, emergency care, Fire Department technicians receive training in life-saving skills at the National Taiwan University Hospital, Taipei Veterans' General Hospital, Shinkong Hospital, Taipei Medical 76. University Hospital and Mackay Memorial Hospital. During the year, 160 technicians received training.

### 4. Exchange of Emergency Care Devices

In order to avoid possible secondary injuries, devices used for the emergency care of accident victims need not be removed from patients on arrival at the hospital.



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Emergency teams can receive replacement devices from hospitals in exchange for those left with the patients. The frequency devices were exchanged is illustrated below: fixators (38 times), head and neck fixators (90 times), long back plank (393 times), and extremity protection (222 times).

#### 5. Establishment of EMS Classification System in Taipei City

- 1) In all, 16 hospitals are in charge of handling trauma patients, which are separated into different levels of trauma. Level two trauma hospitals include NTU Hospital, Taipei Veterans General Hospital, and Tri-Services General Hospital. Level three trauma hospitals include Heping Hospital, Mackay Hospital, TMU Hospital, and Zhongxiao Hospital. Normal level trauma hospitals include ZhengShin Hospital, Shinkong Hospital, Taian Hospital, Renai Hospital, Military Songshan Hospital, Wanfang Hospital, Zhongxing, Hongen Hospital, and Pojen hospital.
- 2) There were 5,500 trauma patients in 2003 sent to these 23 emergency responsible hospitals for treatment.

#### 6. Supervision and Evaluation of Emergency Care Hospitals.

From July to August 2002, the Department of Health evaluated 23 emergency responsible hospitals in Taipei City regarding their performance on heavy loads of emergency care casualties. The "Emergency Medical Treatment Group" assessed these hospitals and provided suggestions for

improvement in emergency care.

#### 7. Emergency Care Exercises for Heavy-load Drills

- 1) On February 11, in accordance with the "Zheng-An Maneuver", the Department of Health was responsible for preparing provisional medical stations. Tri-Services and Yangming Hospitals dispatched one doctor, one nurse, and one ambulance, respectively, to join the drill.
- 2) On March 27, in accordance with the "Fire Drill" held by the Taipei Rapid Transit Corporation in Xiaonanmen station, the Department of Health was responsible for planning on-site medical rescue. Heping Hospital sent two doctors, two nurses, and one ambulance to join the drill.
- 3) On July 11, the "Taipei Municipal Heping Hospital Emergency Disaster Drill" was held. The aim of the live drill, when facing natural disasters, was to let the hospital to undertake rescue, control the disaster in the earliest possible time, complete hospital evacuation (considering in particular the transportation routes between SARS and non-SARS patients), relocation, clean up, and restore. Also included in the drill were the support, emergency rescue, and setting up regional response center for the emergency responsible hospitals. The drill was also the first in the country to handle the negative pressure isolation room. There were 300 persons present to watch the drill, including those from the departments of the city department,

municipal hospitals, municipal hospitals, and the staffs of health centers in the city.

- 4) On August 29, in accordance with the "Wan-An No. 25 Maneuver", the Department of Health was responsible for preparing provisional medical stations. Taiwan University Hospital and Hoping Hospital were dispatched to join the second stage toxicant detection and rescue drill in the No. 8 exit of Taipei Main Station in Metro. Makay Hospital and Hsinkong Hospital joined the third stage rescue and anti-terrorists drill in Shinkong Insurance Building.
- 5) On November 20, in accordance with the Taipei Aviation Station to conduct "2003 Aircraft Accident Drill" in the No. Ten water gate of the Da-Cha Riverside Park. The Department of Health was responsible for planning on-site medical rescue. Tri-Services General Hospital, Mackay Hospital, Taian Hospital, Renai Hospital, Chang-Gung Hospital, and Zhongxiao Hospital joined the drill.

## 8. Education and Training for Rescue

### Personnel

- 1) " Emergency Medical Rescue for Large-scale Event" seminar:  
To enhance the minuciple hospitals' quality in emergency rescue for large-scale events, the " Emergency Medical Rescue for Large-scale Event" was held in Jenai Hospital on March 13, April 24, and April 25. There were 113 participants in total.
- 2) First Response Training Courses To

establish effective EMS services, the Department of Health held "First Response Training courses at Shinkong Hospital on August 5 and 6. 60 persons were involved in the courses. Among the participants, all were either traffic police officers or public safety officers at resorts, department stores, and other establishments.

- 3) "Primary Aid and Care Technician Training"

The Department of Health conducted "Primary Aid and Care Technician Training" at the Chungshin Hospital from August 4 to 13. Participants were 42 ambulance paramedics, which comes from the institutions provided with ambulences.

- 4) Second Session of "Primary Aid and Care Technician Training"

The Department of Health held the second session of "Primary Aid and Care Technician Training" on August 14 and 15 at Zhongxing Hospital. Participants were 112 ambulences paramedics, which comes from the institutions provided with ambulences.

- 5) 2003 Annual Training of Civil Defense Rescue Brigade

On November 25, the "2003 Annual Training of Civil Defense Rescue Brigade" was held in the main hall of the city government. The training included "Contingency Commanding Eramework During Emergency" and "The Introduction of Emerency Operation Center, Department of Health, Taipei City Government." The participants were



861 persons, which belongs to the civil defense in public and private medical institutions in the city.

6) The Improvement of EMS Quality After Patients' Arriving in Hospitals Forum

The Department of Health hosted an "Improvement of EMS Quality After Patients' Arriving in Hospitals Forum" at Cathay Hospital on December 12. 150 staffs from the health centers of various cities and counties as well as their emergency responsible hospitals participated the forum.

### 9. Emergency Drought Response Measures

- 1). Surveyed and compiled the water storage data for the 53 hospitals in the city, including the maximum capacity of water storage, the number of hours which the maximum capacity of water storage can be used, and the emergency water supply required during water suspension.
- 2) Complied the water consumption data for all levels of municipal hospitals every month in 2003.
- 3) Demanded hospitals to submit "Emergency Drought Response Measure."
- 4) Listed the hospitals with the water storage of less than 24 hours of consumption.

### 10. Establishment of Professional Radio Telecommunications System

- 1) To establish the emergency medical communication system for regional medical team, 24 professional hand-held radio communication systems were distributed to health centers in 12

administrative districts. On October 13, a radio communication seminar was held. The staffs responsible for rescue affairs in the health centers in 12 administrative districts participated the seminar.

- 2) In accordance with "Strengthen the Establishment of Radio Communication Facility for Fire Fighting and Emergency Rescue", National Fire agency, Ministry of Interior, the department and its affiliated medical institutions were required to adjust the frequency to the sixth rescue relay channel (adjusted to 161.3000 GigaHertz), and the tenth rescue relay channel (adjusted to 151.6750 GigaHertz). The department consigned professional companies to conduct the change at respective medical institutions on December 22 to 26, including fixed and vehicle-mount, and hand-held systems.

### 11. "Emergency Operation Center, Department of Health, Taipei City Government"

To monitor and enhance the emergency rescue quality and develop and promote the emergency response measures, the department has completed the establishment of "Emergency Operation Center, Department of Health, Taipei City Government" in Hungshin Hospital, which has been up and running on December 29, 2003. In the center, professional staffs stand by round the clock to assist inter-hospital communication in transferring emergency patients. The center can also integrate medical information and balance the medical workload in the

case of mass casualty. Furthermore, the center can monitor epidemic control and the inventory of epidemic prevention logistics in the city, thereby strengthening the capacity of emergency rescue response. This is the first instance in Taiwan to make EOC the medical entity, which can be the multi-direction communication platform between medical institutions, fire fighting and emergency rescue systems as well as emergency medical service. The information platform can provide the authority various data and information in decision-making.

#### 12. Ambulance Management

- 1) Currently, in Taipei City, 180 ambulances are officially regulated. Aside from the annual examination of these ambulances, the Department of Health instructs district health offices to conduct examinations of them twice a year.
- 2) On October, 20, 21, and 24, the department invited emergency medical experts to inspect and evaluate private ambulances. The foci of the inspection included: structure and management of organizations, allocation and training of staffs, facilities and equipments, emergency relevant affairs, and archive management. The evaluation results formed the basis for future cooperation between the municipal hospitals and these private ambulance institutions.

#### 13. Emergency Medical Support at Events/Events

Teams are sent to events/events to provide emergency care. During the year, 176 emergency medical supports were

dispatched with 307 medical staffs and 153 ambulances were sent to care for 970 injured persons.

#### 14. Protection Against Sexual and Family Violence

- 1) 29 hospitals in the city were instructed to assist in the protection of victims of sexual and family violence by providing a 24-hour evidence collection service. The Department of Health processed 3,014 family violence cases and 258 sexual abuse cases.
- 2) The Department of Health conducted hospital evaluations from July to August 2003. Hospitals process protection work for family violence and sexual violence in accordance with regulations.

#### 15. Assessment of Disability

In 2003, the assessment of disability has processed 27,618 persons-times, including 938 visual disability, 2,103 auditory disability, 6,355 limb disability, 859 mentally handicapped, 2,404 important organ impairment, 3,856 multiple disability, 57 orthopedic impairment, 287 persistent vegetative state, 1,226 dementia, 278 Autism, 8,839 mental disorder, 27 Incoordination, 165 Language Impairment, 37 chromosomal abnormality, 14 metabolism abnormality, 17 congenital abnormality, 111 intractable epilepsy, 27 rare disorder, 18 others.

### 4. Psychiatric Health Care

#### 1. Psychiatric Health Care

With consistent efforts, the department has established psychiatric medical manpower,

case of mass casualty. Furthermore, the center can monitor epidemic control and the inventory of epidemic prevention logistics in the city, thereby strengthening the capacity of emergency rescue response. This is the first instance in Taiwan to make EOC the medical entity, which can be the multi-direction communication platform between medical institutions, fire fighting and emergency rescue systems as well as emergency medical service. The information platform can provide the authority various data and information in decision-making.

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### 4. Psychiatric Health Care

#### 1. Psychiatric Health Care

With consistent efforts, the department has established psychiatric medical manpower,

psychiatric medical facility, psychiatric patient community care, and other measures one after another. With the particularities for the symptoms and developing processes of psychiatric disorder, the damages impaired by the disease can affect a person in totality, including expressing emotions, thinking and judgement, behaviors, ordinary life management, and other disabilities. The patients can also inflict harassments or harms to their family and communities.

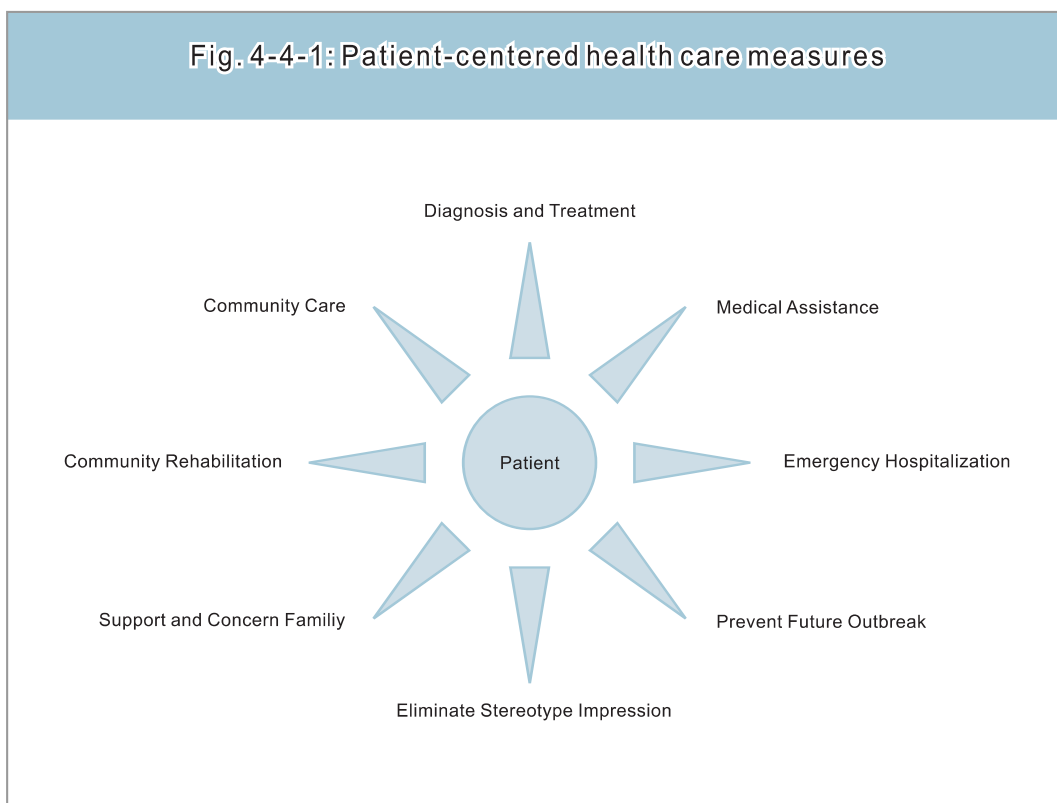
Furthermore, the rhythm of Taipei life is quick and fast, consequently, the stress in Taipei residents are usually relatively high, leading to higher pressure faced by patients and their family. The factors include communities' stereotype impression and repulsion, shortage

of manpower for caring patients' ordinary life, and other problems. Therefore, it is urgent to develop integrated, consistent, overall medical service, welfare systems, and patient-centered health care measures (shown in Fig. 4-4-1). Various measures and services provided by the department are described as follows:

### 1. Early diagnosis of psychiatric patients and help them to seek medical treatment in community

For the early diagnosis of suspected psychiatric patients or those who need active psychiatric care to prevent their symptoms from deteriorating, the department has established a single reporting system by

Fig. 4-4-1: Patient-centered health care measures



incorporating with neighborhoods leaders in the civil affair department and social workers in the social affairs department, and public health nurses in the health department. The aim was to provide necessary and timely medical care to those patients need most. The measures are listed as follows:

- 1) Social workers in the health centers in 12 administrative districts are responsible to report suspected or existing psychiatric patients in community under their designated areas. They are also responsible to receive, visit, and evaluate the reported cases, and then provide necessary assistance related to psychiatric medical service.
- 2) Once health centers of 12 administrative districts discovered or being reported special psychiatric cases, they have to report the Taipei Psychiatry Center, which will then classify cases according to their problems and needs. Necessary medical treatment and help will be offered with the cooperation with the departments of Health, Social Welfare, and Civil Affairs.
- 3) There are currently 26 psychiatric rehabilitation institutions, including 6 community rehabilitation centers with capacity for 391 patients (one center has been closed with a capacity of 29 patients) and 20 half-way houses for 445 patients.

### 3. Community Psychiatric Care Service

## 2. Establishment of Psychiatric Care and Rehabilitation Institutions

Visits have been made to the psychiatric care institutions in the city. Records have been set up for them, which are updated and used to manage the institutions more effectively. Findings of the visits are:

- 1) Currently there are 28 psychiatric hospitals (and departments) and 5 clinics in the City.
- 2) With 1,134 acute beds, 484 chronic beds, and 1,295 day care beds.
- 3) In accordance with "Guidelines for Follow-up Psychiatric Patients in Community Care," the health centers of 12 administrative districts provided follow-up care for psychiatric patients in community care, such that patients and their family can obtain timely, continuous, and comprehensive medical, rehabilitation, and care services and community residents can enjoy peaceful living environment.
- 2) On December 2003, there were 10,601 follow-up psychiatric patients. The home visiting service provided reached 24,417 persons-times.
- 3) To enhance the quality of follow-up service for psychiatric patients, the psychiatry institutions in the respective areas were designated as monitoring hospitals, which should hold supervision meetings for community psychiatric care workers and on-the-job trainings for the medical staffs in the health centers of 12 administrative districts. From January to December 2003, 33 supervision meetings were held and 4 discussion sessions of special community cases were conducted with relevant personnel from police, fire fighting, social affairs, schools,



Table 4-4-1: Service Statistics for Psychiatric Care and Rehabilitation Institutions(1)

District	No. of Institutions Offer the Service					
	Out- Patient	Full Hospital Stay	Day Care	Mandatory Hospital Care	Home Care	Emergency Care
Total	33	15	20	12	10	13
Songshan	6	4	2	1	0	2
Xinyi	2	1	2	1	2	1
Daan	7	0	1	0	1	0
Zhongshan	1	1	1	1	1	1
Zhongzheng	3	1	3	1	1	1
Datong	1	0	1	0	1	0
Wanhua	2	1	0	1	0	1
Wenshan	1	0	1	0	0	0
Nangang	1	1	1	1	0	1
Neihu	2	2	2	2	1	2
Shilin	2	1	1	1	1	1
Beitou	5	3	4	3	2	3

Table 4-4-1: Service Statistics for Psychiatric Care and Rehabilitation Institutions(2)

District	No. of Institutions Offer the Service			Psychiatric Beds			Day Care Beds
	Durg Cessation	Rehabilitation Center	Half- Way House	Total	Acute	Chronic	
Total	24	5	20	1,618	1,134	484	1195
Songshan	5	1	1	194	53	141	50
Xinyi	2	0	1	475	419	56	250
Daan	3	0	0	0	0	0	30
Zhongshan	1	0	1	18	18	0	35
Zhongzheng	2	0	0	68	68	0	230
Datong	1	0	1	3	3	0	50
Wanhua	1	0	1	120	20	100	0
Wenshan	1	1	3	0	0	0	50
Nangang	1	0	1	49	49	0	10
Neihu	2	1	3	143	143	0	130
Shilin	2	0	4	25	25	0	60
Beitou	3	2	4	523	336	187	300



medical administration, civil affairs, and other being present in the meetings. Topics discussed in the meetings include the caring strategy for those psychiatric patients demanding diverse resources, mutual communication, and coordinated cares.

#### **4. Community Psychiatric Rehabilitation Service**

- 1) Private institutions are encouraged to set up psychiatric rehabilitation centers to enrich the community rehabilitation resources for chronic psychiatric patients. The patients can therefore receive continuous psychiatric rehabilitation service to avoid deterioration and, possibly, return to normal social life gradually. From January to December, 20 psychiatric institutions received grant for their rents with the total amount of NT\$ 2,739,753.
- 2) To maintain the service quality of the service provided by psychiatric institutions, inspections of the institutions were conducted from December 25 to 31. 22 of the 26 psychiatric institutions located in the city were inspected with 4 un-inspected (1 was closed and 3 were listed as top 10 best psychiatric institutions by the Department of Health, Executive Yuan).
- 3) From January to December, 4 half-way houses were permitted to operate. The total number of operating half-way house therefore reached 20 with a total capacity of 445 beds. Also 1 community rehabilitation center was permitted to

operate. The total number of operating community rehabilitation center therefore reached 6 with a total capacity of 391 beds.

#### **5. Strengthening of Acute Care for Psychiatric Patients**

- 1) The operations of the Taipei City Liaison Center for the Emergency Care of Psychiatric Patients have been strengthened. The Municipal Psychiatric Center is responsible for the coordination of psychiatric beds and their management.
- 2) During the year, emergency care was provided for 3,645 patients, of which 1,655 patients were referred to outpatient care, 1,471 persons to hospital care, 78 persons to intensive care, 62 patients to general hospitals for surgical consideration, and 207 for other reasons.
- 3) To strengthen the emergency hospitalization network for community patients and take care community psychiatric patients and their family, "Community Emergency Medical Team" was continuously operating to provide delivery service. For the contentious and doubtful cases, psychiatric medical staffs should come to communities to provide professional assistance, thereby showing more active and direct attitudes. The patients and their family can therefore obtain appropriate assistance.
- 4) From January to December, "Community Emergency Medical Team" has been dispatched 151 times to handle emergency hospitalization cases.

- 5) Mandatory hospital care Under Articles 21 and 23 of the Mental Health Law, in order to protect serious psychiatric patients from self-injury or injury to others and to provide them with access to timely and adequate medical care, if patients who have been assessed as seriously ill, by two and more psychiatry specialists, and who require in-patient treatment, refuse hospital care, their admission may be mandated. Currently, there are 12 mandatory care hospitals in the City designated by the Department of Health of the Executive Yuan.
- 6) Assignment of guardians to protect the rights of psychiatric patients, social workers of health centers are made guardians of serious psychiatric patients who do not have families to care for them. Guardians have a regulatory responsibility to supervise the reporting of patients under mandatory hospital care. To help prevent relapse, when patients are discharged, they receive a home visit as a priority.

#### **6. Support and Concern Psychiatric patients and Their Family**

- 1) Show compassion for patients' family for their hardship in caring patients, provide the family the time to rest and lessen their work load, thereby enhancing their caring capacity. Included psychiatric patients and their family into the target population of the department's "Temporary Care Service for Residents Receiving Long-term Care," through which psychiatric patients can be temporarily carried. From January to December 2003, 58 psychiatric patients received temporary care service for 591 days in total.
- 2) From April to November 2003, "Care Psychiatric Patients' Family and Melancholia Patients" program was conducted to show compassion for psychiatric patients' family and melancholia patients. 4 sessions were conducted with 287 participants.
- 3) Promote Community Care and Include Community Resources
  - i. From April to December 2003, incorporated with Mental Health Foundation, the department jointly held "Community Mental Health Volunteers Training Program," in which the topics include "Seed Volunteers Elementary Training," "Seed Volunteers Advanced Training," "Volunteers Supervision Council." There were 16 sessions with 860 persons-times participants.
  - ii. From December 10 to 25, the department held the "Taipei City Community Mental Health Service Networks—A Concern Journey." For the neighborhood leaders under of authority of the department of Civil Affairs, the 12 administrative districts, 12 directors of health centers, and others social leaders involving social service, jointly conducted a visit to various psychiatric institutions and rehabilitation facilities. The aim of the program was to introduce the psychiatric medical resources to



the participants, provide immediate transfer assistance to community psychiatric patients as well as perfect the use of resources in dealing with cases. There were 12 sessions held with total participation of 418.

#### **7. Present Positive Functionality and Eliminate Negative Image of Psychiatric Patients**

- 1) On August 30, the department held the promotion event "Legend of Ki-Mo-Chi," to promote positive images of psychiatric patients with 300 participants.
- 2) On September 5, 7, and 20, professionals from the fields of psychology, mental health, culture, and law were invited to a promotion event, "Don't Call Me a Lunatic—Give Psychiatric Patients' Due Human Right," which was jointly held by the department and the Bright-Wisdom foundation with 400 participants.
- 3) On October 14 2003, recovered community psychiatric patients were invited to form a cheer squad to participate a national athletic meet, the Phoenix Cup, with 120 participants.
- 4) On December 13 2003, "A Good Variety of Talents"—a artistic journey of Ki-Mo-Chi, was held to show the artistic performance and their rehabilitation achievements with a total participation of 650 persons.

#### **8. Psychology health services and training event**

- 1) Suicide Prevention:
  - (1) In the last ten years, the suicide rate in the city has shown an increasing

trend. According to the researches conducted elsewhere in the world, the attempted suicide has a success rate of 1% a year later, 100 times of an ordinary person. Although some years later, the suicide rate will drop, it is still higher than an ordinary person is. Only after 8 years has passed, the suicide rate will drop to an ordinary level. To prevent those who have attempted to take their own lives and promote suicide prevention measures, Taipei Psychiatry Center was instructed to form a "Suicide Prevention Research Center" on October 2003.

- (2) The emergency responsible hospitals were instructed to report the emergency rescue of suicide cases. The report should be made within 24 hours with a form, "Suicide Behavior Case Reporting Form," which should be faxed to the city's "Suicide Prevention Research Center." After receiving the reporting form, the center should dispatch medical staffs to interview (including phone call and home visit) and evaluate the case. Subsequent assistance should be arranged if necessary.
- (3) From September 26 to December 31 2003, there were 407 suicide cases reported to the "Suicide Prevention Research Center."
- (4) On September 6, 13, 20, and 27, the department and Taipei City Lifeline Association jointly held a promotion event, "Love and Care: Gather Life

forces Together," to educate the public the meaning of life with 1,335 participants.

- (5) Due to the occurrence of police officers suicide, on November 14 and 16 December 15, Department of Police, experts and academics jointly held three sessions of meetings to promote the physical/metnal health of police officers. The topics discussed included measures to care and assist the physical/metnal health of police officers and develop an integrated caring network for the physical/metnal health of police officers in the city.

2) Depression Prevention Measures

- (1) According to researches findings, 90% of those who commit suicide suffer from psychiatric symptoms, in which those with depression take the largest share. Therefore, early intervention of those suffer depression are the important steps to prevent suicide. Depression is the second serious disease which disables human kind. According to the data from Taipei Branch, Bureau of National Health Insurance, from 2000 September to 2002 August, 96,507 Taipei citizens sought outpatient medication in hospitals and were diagnosed as depression. However, 31,418 of them received only one outpatient medication within the next two years. It is clear that, even diagnosed as depression, many were still reluctant to receive

treatment.

- (2) Researches indicate that almost all psychiatric patients would not seek professional medical advice as the first symptom emerges. Rather, they tend to turn to primary care and non-psychiatric clinic for help. Therefore, the department promoted "Common Depression Care Network" last year, which includes non-psychiatric doctors in primary medical institutions into the network of caring depression patients. This will enable the public to receive proper evaluation and treatment of depression in primary care.
- (3) The department held 4 sessions of "Medical Staffs for Common Depression Care Network Workshop," on April 12 and 19, September 20 to 27, September 30 to October 7, and October 25 to 26, respectively. The total participants reached 428, including 31 psychiatric specialists (A class), 166 non-psychiatric specialists (B class), and 231 other medical staffs. Until December 31, 2003, 76 primary care institutions were registered to treat psychiatric patients.
- (4) On march 13, 2003, Taipei Municipal Hospitals Association held "Promote Taipei City Common Depression Care Network," in which primary medical staffs from Taipei municipal hospitals were invited to actively participate in promoting common depression care network.



On September 19, 2003, "The Introduction of Promotion Program for Taipei City Common Depression Care Network" was held in Taipei Branch, Bureau of National Health Insurance. 541 staffs of the Bureau of National Health Insurance participated the workshop.

- (5) To promote the prevention of depression, on March 29, 2003, a booth "Live Happily Without Depression" in a promotion event, "Ten Thousand Volunteers to Build a Healthy New Community," held jointly by Datong and Zhongzheng health centers. 150 persons participated the event in the booth.
  - (6) To enhance teachers' ability to assist students with depression, the department and John Tung Foundation jointly held the "Depression Knowledge for Teachers" workshop from May 9 to 12. The participated teachers then become seeds in assisting depression cases on campus and establishes a support system. 450 teachers participated the workshop.
  - (7) On October 11, 2003, the department held a screening event, "Happy Youth Without Blue—2003 Depression Screening Day." The event has attracted 400 youths' participation. In the day, 250 youths participated the screening, in which professional counseling and medical resources were provided.
- 3) Psychology Health Services and Training

#### Event

- (1) To improve the professional knowledge of mental health and mental care staffs in dealing suicide prevention, domestic violence, disaster mental health, and so on, a "Group Dynamics Workshop" was held with total participation of 220 persons-times from March 15 to April 12, 2003.
- (2) To help relevant staffs and the city's psychologists have a deeper insight into the Psychologist Act, a "Psychologist Act Workshop" was held on April 4, 2003. Total participants reached 68 persons, including relevant staffs and psychologists.
- (3) To reserve the outsourced workforce for visiting the homes of community psychiatric patients and provide professional knowledge for the staffs of community rehabilitation institutions in Taipei city, a training course, "Community Psychiatric Patients Service," was held on June 26 and 27, 2003. There were 50 participants, including 39 relevant staffs from health centers, and 11 from half-way houses.
- (4) On August 8 and 11, two sessions of on-the-job education courses, "Mental Health and Evaluation," were held with total participation of 77 persons. Staffs from the department and the Department of Social Affairs attended the training course for the work related to the care of disaster

physical/mental health.

- (5) On September 27, a "Modern Youth Intimacy" seminar was held to raise the public's awareness in the importance of establishing intimate relationship. The participation included 100 mental health workers and the public.

#### 9. Prevention and Control of Drug Abuse

- 1) The Department of Health, Executive Yuan has instructed the department to designate drug abuse treatment hospitals, of which 26 have been designated.
- 2) In order to strengthen the prevention of drug abuse and strengthen professional training, the Department of Health completed the following work from January to December, 2003:
  - (1) The hospitalization service of substance abuse patients provided at the Municipal Psychiatric Center amounted to 8,704 persons-times.
  - (2) The drug abuse treatment program in the municipal psychiatric center and by the "Elephant Mountain Drug Abuse Treatment Center" provided services for 1,009 persons-times.
  - (3) 62 lectures on controlled drugs were organized for 35,169 participants.

#### 10. Prevention and Control of Domestic Violence and Sexual Offence

- 1) Public and private psychiatric care institutions cooperate to provide medical care and psychological assistance to victims of family violence and sexual

assault away from the shadow.

- 2) The institutions responsible for identifying domestic-violence offenders before the trial include: Military Beitou Hospital and Shinkong Hospital; for sexual offenders, the responsible institutions include Taipei City Psychiatry Center, Military Beitou Hospital, Shinkong Hospital, PeiLing Hospital, and Cardinal Tien Hospital.

In accordance with Department of Health (Executive Yuan) regulations, psychiatric departments of eight medical care institutions have been designated to take responsibility for the treatment of victims of family violence.

- 3) The institutions responsible for treating and counseling sexual offenders include Taipei City Psychiatry Center, Military Beitou Hospital, PeiLing Hospital, and Cardinal Tien Hospital, which conducted the projects of treating and counseling sexual offenders. 113 persons were treated in total.
- 4) On May 30, July 4, October 27, November 10, and December 9, respectively, 5 discussion sessions for sexual-offence cases studies were held. On October 9, a discussion meeting for special cases studies was held on October 9, which case therapists, district police officers, and probation officer. On December 19, a seminar for the treatment and counseling of domestic violence and sexual offenders was held in Taipei City Women and Children Hospital. The participants included 40 psychiatrists, psychologists, and social workers.



## 2. Community Mental Health Service

### 1. Taipei City Community Mental Health Reorganization

According to the White Paper of Taipei City Affairs and Mental Health Act, Taipei City Psychiatry Center was instructed to make arrangement for establishing community mental health centers in 2000. At the same year, the centers were open and operating. The mayor has agreed that the centers will be under the department's jurisdiction to promote the mental health affairs in the city.

### 2. Education Promotion of Mental Health and Event for Promoting Mental Health

#### 1) Life Stress Moderation

The mental health issues faced by the public in daily life include understanding anxiety emotion, depression emotion, insomnia, Physical/mental adjustment, emotional management, and parent-child relationship. Education promotion programs were held related to the topics. The website of the Community Mental Health Center was constructed, which has been browsed 50,000 persons-times. On-line mental health counseling inquiry service was answered by 22 cases. Printed media has published 20 articles of mental health, which extends the promotion of mental health care.

#### 2) Mental Health on Campus

Table 4-4-2: Health education promotion of life stress moderation

Event Theme	Community lecture series on emotional management	Community promotion event of stress moderation	"Summer Declaration" Drug abuse prevention event	Psychological Growth of Summer parent-Child Cinema
No. held	11	11	1	4
No. of Participants	990	3,600	600	210

Table: 4-4-3 Mental health events on campus

Event Theme	Gender, Parent effectiveness, and Emotional management:"Promotion Lecture and Event: Youth Mental Health Endcaution"	Internet games, parenthood, Learning adaptation:"Parent Disloughes Series."	Stress moderation in workplace: "Stress Moderation and Management Group for Teachers"
No. of Sessions	20	11	3
No. of Participants	14,262	660	90

In the Mental Health Act, teachers of all levels of schools are required to assist students in mental health and counseling. To help teachers to achieve the assignment, the community mental services of the department held various events aiming in promoting the knowledge of mental health for teachers, students, and parents. The events are listed as Table 4-4-3.

3) Depression and Suicide Prevention

The mental health center of the department launched a webpage for depression prevention. Until December 2003, there were nearly 90,000 persons-times visiting the webpage. Various lectures, promotion events, and counseling services related to mental health promotion were conducted, which are listed as Table 4-4-4.

Table 4-4-4 Depression and suicide prevention promotion events

Event's Theme	"Happy Youth Without Blue" 2003 Depression Screening Day"	Campus Depression Prevention Lecture	Community Depression and Stress Counseling	"Support those lost relatives" Mental Health Lecture
No.of Sessions	4	7	18	6
No.of Participants	100	3,417	332	360

**3. Mental Health Education Training and Communication Meeting for Professionals and Community of Primary Care**

To enhance the professional service quality of community mental health and integrate community service resources and further to extend the network of mental health service, the department held relevant topics of mental health education training for the special needs of mental health staffs, professionals in community institutions, social affairs, civil affairs, and schools as well as volunteers.

1) Profession Training for Disaster Mental

Health

2) Teachers Mental Health Training and Campus Cases Discussion

Training programs have been held to enhance the understanding of mental health issues for school teachers, counseling teachers, and school-based social workers, to improve the sensitivity and techniques in dealing students' problems, and to use the community resources in order to help students in adapting themselves in daily problems. There were 240 persons-times participating the training. Campus

Table 4-4-5 Education training for disaster mental health service

Participants	Professionals (Taipei City doctor, psychologist, social worker, nurse, and other mental health professionals)			Non-professional (Teacher-Chang, Life Line, Campus Auxiliary Mother, and other civil volunteers as well as neighborhood leaders)			
	Mental Health and Evaluation	Practical Techniques Workshop for Case Service	Practical Techniques Workshop for Sadness Counseling	How to Support Those with Major Disaster	Family Tracing Workshop	Physical/Mental Health and Diseases	Practical Techniques of Emotional Relaxation
Topics and of education training methods							
No. of Sessions	2	1	1	6	2	1	1
No. of Participants	80	14	13	360	27	22	34

cases discussions have been held for 19 sessions with 380 persons-times of participation.

### 3) Communication Meeting and Volunteers Training for Community Mental Health

To develop the basic knowledge and capability of mental health service for relevant resources units in community, the department invited professionals to conduct communication discussions on mental health issues with 337 persons-times of participation. Moreover, the department invited community volunteers organizations to jointly establish Mental Health Foundation, SARS Peace Mind Hot Line, Building Healthy Community Training, and Ancillary Out-patient Clinic Volunteer Training. These events effectively promoted mental health service with 817 persons-times of participation.

## 4. Direct service for Mental Health Cases

The aim of direct service for individual cases is to maintain and promote mental health, moderate stress on daily life, and appropriate referral services.

### 1) Normal Services of Mental Health

- (1) Provide information related to mental health, crisis management and referral services for high-risk groups with emergency demand or help. In 2003, there were 450 persons-times of telephone counseling.

### (2) Mental Health Promotion Group

Mental health promotion group events were held regularly, including sleeping-well group and various education workshops. In 2003, there were 15 group events with 135 persons of participation.

### (3) Ancillary Physical/Mental Health

Clinic

On February 20, the community health center established an ancillary clinic in Taipei City Psychiatric Center. The clinic is aimed to provide the public with physical/mental moderation problem and neurosis as well as the mental problems of children and youths. The services are described as follows:

- i. Adult clinic: psychiatric doctors' clinic for physical/mental moderation problems and neurosis;
- ii. Special clinic for psychiatric treatment of depression group (only for cases with appointment): psychiatric doctors will lead the group;
- iii. Special clinic for children and youths (6 cases in a day): psychiatric doctors with speciality in

children and youth will diagnosis and cooperate with clinical social workers (family effectiveness evaluation, family counseling, and marriage and parenthood counseling) and occupational therapists (sensory integration evaluation for children and youths, supporting group for the parents of cases, and summer sensory integration camp for youths);

- iv. Special clinic for counseling (3 cases in a day): clinical psychologists provide counseling with a sessions limited to 50 minutes.

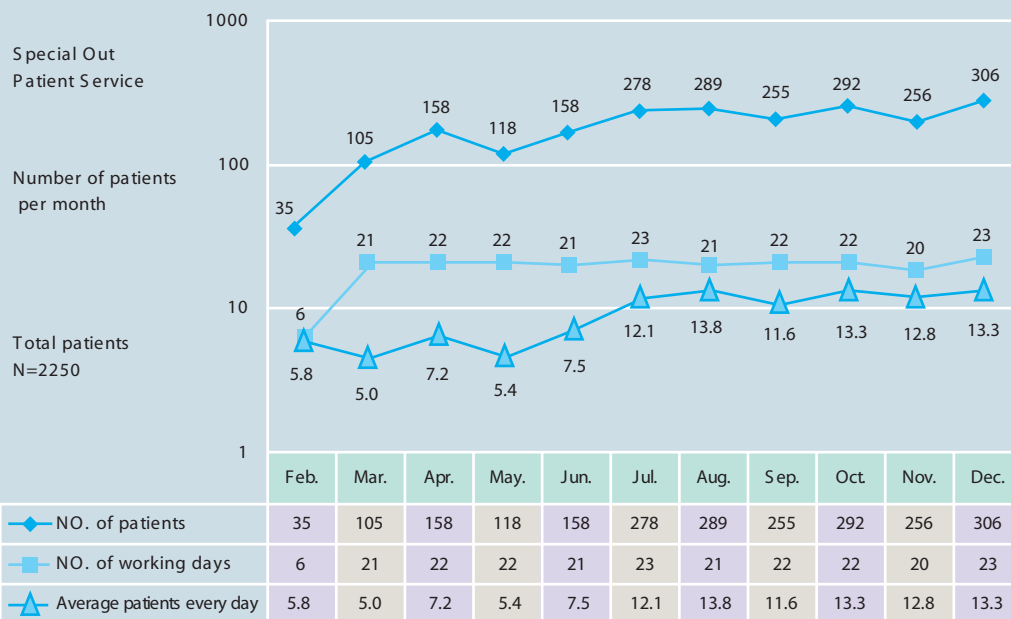
The service provided by the ancillary clinic of the Community Mental Health Center in 2003 indicated that the demands for adult neurosis, reactive depression, and the mental

Table 4-4-6 Ancillary clinic for mental health

Week	1	2	3	4	5
Afternoon	--	Special clinic for counseling	Special clinic for children and youths	Special clinic for counseling	--
Evening 1	Adult neurosis	Adult neurosis	Adult neurosis	Adult neurosis	Adult neurosis
Evening 2	--	--	Special clinic for psychiatric treatment of depression group	Special clinic for children and youths	--

Reservation telephone:02-33936779 ext.10  
 Reservation time:13:00-20:00 Mon. to Fri.

Fig. 4-4-2 Service quantity of the ancillary clinic from February 20 to December 31



problems of children and youths are very strong. The clinic has provided a convenient way for the citizens to seek medical help and contributed to eradicate psychiatric labels.

## 2) Occupational Stress Moderation Service

From October to December, a mental health evaluation was conducted to understand the high mental stress state of police officers. The data of 5263 police officers were collected and analyzed, from which countermeasures were devised. Several meetings have been held to map out various services, including "Enhance Physical/Mental

Health for Taipei City Police officers," and "Enhance Physical/Mental Health for Taipei City Government Staffs." Several measures have been undertaken.

## 3) Mental Health Service for Special Groups

The cases of high risk group were targeted to provide individual or group psychiatric counseling to assist them in mental rehabilitation and life adjustment with a total participation of 252 persons-times.

In 2003, the community mental health center of the department provided various groups with a variety of services, which combines medical health education and promotion events for the

Fig. 4-4-3 The analysis for the sources of cases at the ancillary clinic

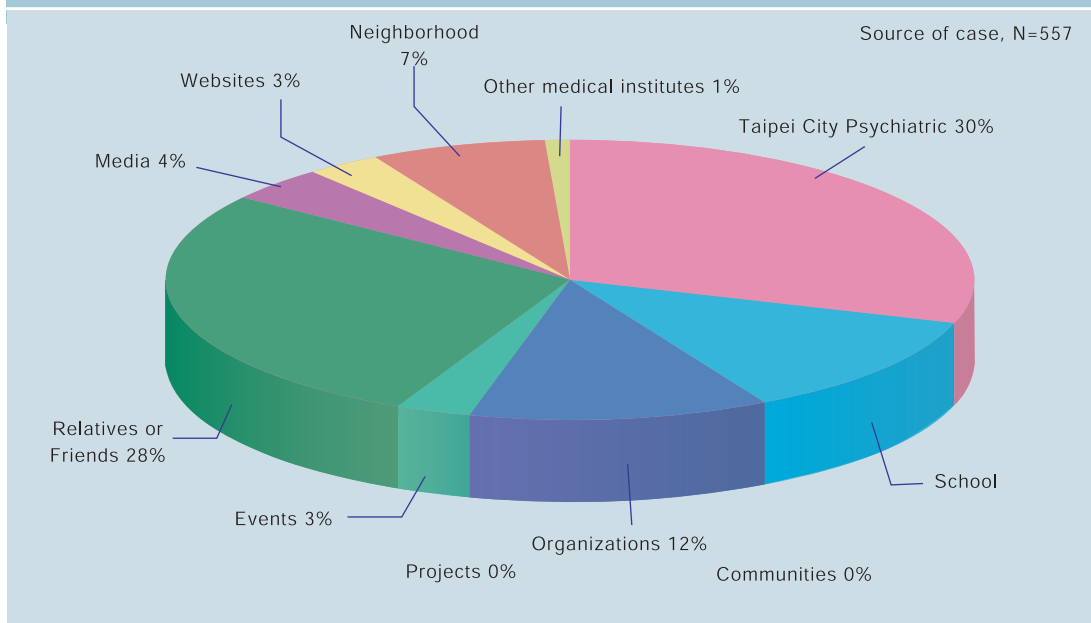


Table 4-4-7 Occupational Stress Moderation Service

Project Title	Policemen Physical/Mental Health Evaluation and Assistance Project			Fire Fighters Physical/Mental Health Evaluation and Assistance Project	Taipei City Government Building Staffs Physical/Mental Health Promotion Project
Service	Brief Symptom Rating Scale (BSRS) Census	Mental Care and Counseling Service	Physical/Mental Health Promotion Lecture	Brief Symptom Rating Scale (BSRS) evaluation	"Emotion Barometer--Brief Symptom Rating Scale" Interactive Webpages
No.of Participants	5263	174	500	1181	28000

Table:4-4-8 Mental health service for high risk group

Title	Hyperactive children-parent play workshop	Psychiatric group therapy for Children who witness domestic violence	Counseling for supporting women victims of domestic violence	Ancillary counseling group for family of crime victims
No. of sessions	4	10	1	1
person-times	80	90	54	28

public, trainings and communication meeting for professional and community primary care in medical health education, and direct counseling for individual cases. With promoting mental health as the goal, the center will continuously combine local resources to develop and construct a comprehensive community care network.

## 5. Early Intervention for children with developmental delay

### 1. Strengthen Early Intervention for children with developmental delay

- 1) There are 20 designated hospitals for early intervention for children with developmental delay, in which 15 are engaged in assessing and treating and the other 5 provide treatment only.
- 2) The assessment includes: children's mind development, children's genetic endocrine, children's neurology, children's rehabilitation, sensory integration,

children's performance, children's eyesight test, children's physical, children's language, children's hearing, family function, education evaluation, and so on. The treatment includes physical therapy, cognitive therapy, psychological therapy, vision training, function training, behavior motion therapy, hearing therapy, linguistic therapy, parenthood therapy, family therapy, and so on.

- 3) To enhance the quality of medical service for children with developmental delay, from August 18 to 28, the department conducted a supervision operation for the designated hospitals. In the operation, experts in various fields of early intervention were invited to take part in the supervision. Some recommendations were raised for further improvement.
- 4) Subsidies for assessment and medical care: The department of health assessed 1,482 children with developmental delay and provided medical subsidies totaling NT\$ 4,539,070. Treatment was given

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to 81,283 children-times, and medical subsidies amounted to NT\$ 20,320,750.

- 5) United outpatient service was encouraged to reduce the need for cases with multiple retardment to travel back and forth. Subsidies for united outpatient service, medical care meeting was, administration was NT\$ 774,840. During the year, a total of NT\$ 25,634,620 in subsidies was provided.
- 6) To enhance the quality of medical service for children with developmental delay, on July 2, the department held "Evaluation Infant's Action Function Seminar" with a total participation of 79 professionals. On December 5, the Early Diagnosis Center, Women's and Children's Hospital, held an academic seminar, "Attention Deficit/Hyperactive Disorder" with a total participation of 80 professionals. Two sessions of practical works for the early treatment of premature infants were held with a total participation of 180 professionals on December 12 and 18, 2003.

## 6 Nursing Administration

### 1. Nursing Care

- 1) Nursing Care affairs
  - (1) Seven meetings and workshops, for the continuing education of nurses with a total participants of 655 people.
  - (2) 24 home-care institutions, 12 Nursing homes and 12 postnatal care homes were assessed. 18 home-care institutions were rated as excellent,

6 as good. 5 nursing homes were rated as excellent, 1 rated as good, and 2 as fair. For postnatal care homes, 2 were rated as excellent, and 10 as A. An awarding ceremony was held in Chungshin Hospital.

### 2. Management of Nursing Practices

- 1) Registration of nurses
 

So far, 21,154 nurses are registered for practice in the City, accounting for 52% of all medical personnel. Of these, 15,668 are registered professional nurses (74.1% of all nurses), 5,448 are registered nurses, and 18 are midwives. During the year, 4,069 nurses were registered, 1,569 resumed practice and 4,971 canceled their registration.
- 2) Supervision of Nursing Practice
  - (1) Criteria for the punishment of nurses who violate regulations have been agreed upon.
  - (2) The practices of nurses in municipal hospitals and their services are checked. Nurses with problems receive corrective supervision. Nurses violating regulations are penalized.
  - (3) During the year, 179 nurses were fined for violations of regulations, and 179 paid fines, for a fine collection rate of 100%.

### 3. Improving the Performance of Nurses

- 1) Operational procedures have been reviewed and simplified to improve administrative efficiency.
- 2) A single access point for services has

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been set up for the convenience of the public and to simplify procedures. In addition, the Department of Health authorized nursing staff and nurse unions to conduct professional registration to provide convenient service to the general public.

#### **4. Demonstration Program of Full Responsibility for Taipei Municipal Hospitals' Inpatients**

To solve the problems of medication quality, nosocomial infection, and family's financial pressure induced by the patient-accompanying culture, the department has promoted the "Demonstration Program of Full Responsibility for Taipei Municipal Hospitals' Inpatients." Zhongxing Hospital, Zhongxiao Hospital, Renai Hospital, Yangming Hospital, and Heping Hospital were designated as the demonstration hospitals. "Full responsibility" means all care required for inpatients will be provided by hospitals. In hospitals, "ward assistant" trainee and nursing staffs will be responsible for all the necessary service.

- 1) Promotion: Program announcement events were held for medical staffs and the public for 150 sessions with a total participation of 3,106 persons. Five press releases were issued. A Q&A sheet of "Program of Full Responsibility Care" were compiled.
- 2) Draw related sub-programs: The Sub-program includes vacancy advertisements, recruiting plan, main training items, management and supervision, evaluation plan for

"Program of Full Responsibility Care," and regulation for those accompany with inpatients of Taipei City Hospitals.

- 3) The recruitment of ward assistants had 428 in admission list and 214 in waiting list, who were required to attend the training of ward assistant works. Every ward assistant should receive 150 hours of training. There were 3 sessions with the total participation of 464 persons.
- 4) Until the end of the year, the state of accompanying inpatients were reviewed twice. Those patients without accompany has risen from 22% to 36%. The family are satisfied with the policy, which can effectively reduce the burden of caring their inpatient family.

## **7 Management of Municipal Hospitals**

### **1. Restructuring of municipal hospitals**

To assist municipal hospitals in increase operation efficiency and rapid restructure, the department has reorganized the "Taipei Municipal Hospitals Research and Development Center" as "Taipei Municipal Hospitals United Operation Administration Center" since September 15, 2003. The main duty of the center is to map out future development and management strategy for Taipei Municipal hospitals. For the promotion of different tasks, 8 groups were established: Teaching Research Group, Medical Quality Group, Medical Integration Group, Information Integration Group, Materials Flow Group, Community Marketing Group, Administration Integration Group, and International Cooperation Group. It is aimed to facilitate the division and cooperation



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between different hospitals to rapidly enhance the achievement of Taipei Municipal hospitals. It is hoped that the hospitals can provide humane and high quality service and become a first class medical team.

## **2. Open Selection of Superintendent and Vice-superintendent of Municipal Hospitals**

The plan for selecting "The Establishment of Selection Committee for Superintendent and Vice-superintendent of Taipei Municipal Hospitals and Its Operation Guidelines" was drew up and certified by the mayor on July 23, 2003. The selection of superintendents will then be followed according to the described establishment and guidelines. According to the described establishment and regulations as well as the opinions given by the personnel department of the city government, the "The Selection Regulations for Superintendent and Vice-superintendent of Taipei City Medical Institutions" was also drew up.

## **3. Medical Cooperation**

The medical cooperation projects between Taipei Municipal Hospitals have been approved on August 29, 2003. The official paper "The Medical Cooperation Model Contract for Taipei municipal medical institutions and The Comparison Table for Draft Revision" has been delivered to all city's municipal medical institutions.

## **4. Joint Procurement**

The Joint Procurement Center for municipal medical institutions (later reorganized as Materials Flow Group) to reduce procurement costs (including medicines, medical equipments, and joint tender) and also cut down personnel expense. The center would maintain the

mechanism to take the advantage of high quantity and low price as well as strict quality control.

## **5. Integartion of Information System**

To promote the integration of inter-hospital information system and to establish an information transmission system between hospitals, a "municipal hospitals information integration promotion team" was set up (later reorganized as Information Integration Group). It is aimed to accomplish an integrated medical information system, including the integration of PACS, HIS, EIS, THIS, and so on) to speed up the creation of a municipal hospital information system.

## **6. Semi-open Medical System**

The semi-open medical system for Taipei municipal medical institutions has been operated on a trial program from 2000 to 2002. On 2003 April, the achievement has been compiled and analyzed, On June 28, the mayor approved "The Regulations of Semi-open Medical System for Taipei municipal medical institutions," which was delivered to all municipal medical institutio accordingly.

## **7. Contrated Personnel System**

Promote the use of medical fund to employ contracted medical staffs and related measures. It is aimed to reduce personnel expense and enhance the efficiency of municipal hospitals. With regard to the revised plan for the use of medical fund to employ contracted staffs, the "The Operation Plan for the Use of Medical Fund to Employ Cotracted Medical personnel for Taipei municipal medical institutions" has been approved by the mayor on November 22, 2003.



### **8. Municipal Hospitals' Standard of Charge**

"The Standard of Charge for Taipei municipal medical institutions" was revised and approved by the City Administration Meeting No. 12333, which was started to implement on November 1, 2003.

### **9. Outsourced Personnel**

To strengthen the management and infection control for outsourced personnel to prevent their infections and develop the supervision and assessment system, the municipal medical

institutions have drawn up assess table for outsourced personnel. From August 18 to 28, 2003, the outsourced personnel in the municipal medical institutions were assessed.

### **10. Self-Management**

To enhance the medical quality, 8 municipal hospitals signed a self-management contract with the Bureau of National Health Insurance on September 12, 2003. From July to December, a trial program was run.

### Table 4-7-1 Indexes of Municipal Hospital Management, Taipei City, 2003

Date: 01/01/2003-12/31/2003

Municipal Hospital	Year	Average Days of Hospitalization	Bed Oppupancy Rate (%)	Nosocomial Infection Rate (%)	Rate of Cesarean Section (%)	In-hospital Mortality Rate (%)
Zhongxing Hospital	2003	9.84	64.01	2.45	31.87	4.03
	2002	8.3	82.71	2.46	34.1	2.05
	(%) difference	18.55	-22.61	-0.41	-6.54	96.59
Renai Hospital	2003	13.09	63.35	2.43	29.97	4.43
	2002	11.28	71.36	2.5	39.37	3.06
	(%) difference	16.05	-11.22	-2.8	-24.33	44.77
Heping Hospital	2003	8.5	50.04	1.51	20.13	1.91
	2002	6.95	70.35	2.5	22.14	2.29
	(%) difference	22.3	-28.87	-39.6	-9.08	-16.59
Women and Children Hospital	2003	4.57	51.28	0.27	32.21	0.05
	2002	4.64	65.91	0.57	32.42	0.01
	(%) difference	-1.51	-22.2	-52.99	-3.73	400
Yangming Hospital	2003	10.59	61.97	1.98	22.85	3.42
	2002	9.83	76.81	1.98	19.71	2.34
	(%) difference	7.73	-19.32	0	15.93	46.15
Zhongxiao Hospital	2003	9.67	64.94	2.21	29.88	2.64
	2002	8.95	74.31	2.12	32.31	2.43
	(%) difference	8.04	-12.61	4.25	-7.52	8.64
Chinese medicine Hospital	2003	5.4	2.51	-	-	-
	2002	12.35	11.25	-	-	-
	(%) difference	-56.28	-77.69	-	-	-
Psychiatric Center	2003	46.73	84.24	0.63	-	0
	2002	46.13	92.61	0.25	-	0.06
	(%) difference	1.3	-9.04	1.52	-	-100
Chronic Disease Hospital	2003	27.48	36.56	-	-	2.51
	2002	84.57	45.95	-	-	6.72
	(%) difference	-67.51	-20.44	-	-	-62.65
Sexually Transmitted Diseases Controll Center	2003	-	-	-	-	-
	2002	-	-	-	-	-
	(%) difference	-	-	-	-	-
Wanfang Hospital (entrusted to private management)	2003	8.71	70.16	0.06	9.82	2.3
	2002	7.93	81.39	2.63	25.67	2.35
	(%) difference	9.84	-13.8	-97.72	-61.75	-2.13
Guandau Hospital (entrusted to private management)	2003	24.55	71.84	0	-	6.76
	2002	25.03	85.22	0.38	-	7.49
	(%) difference	-1.92	-15.7	-100	-	-9.75

Source: Taipei Municipal hospitals

Table 4-7-2 No. of Beds in Municipal Hospitals 2003(1)

Hospital		Total	Zhongxing Hospital	Renai Hospital	Heping Hospital	Women and Children Hospital	Yangming Hospital	Zhunghxiao Hospital
Total No. of Bed		4878	581	855	472	441	505	536
General beds		2931	435	651	305	228	363	377
Acute Beds	Special Beds	1175	143	131	167	213	142	106
	ICU beds	233	20	40	55	8	26	26
	Burn beds	27	0	5	7	0	8	3
	Nursery beds	249	12	20	20	122	30	15
	Nursery care beds	137	35	5	5	56	8	8
	Emergency observation beds	173	28	15	30	10	24	24
	Hemodialysis beds	184	17	30	36	0	30	16
	Recovery beds	62	15	10	9	7	6	8
	Other	112	10	6	5	10	10	6
	Psychiatry	total	527	3	0	0	0	0
	Acute beds	471	3	0	0	0	0	49
	Chronic bed	56	0	0	0	0	0	0
Chronic General Beds		245	0	73	0	0	0	4
Tuberculosis Beds		0	0	0	0	0	0	0
Leprosy Beds		0	0	0	0	0	0	0
Day care for Psychiatric Patients		520	50	30	50	20	60	10

Note: total number of hospital beds does not include psychiatric day beds.



Table 4-7-2 No. of Beds in Municipal Hospitals 2003(2)

Bed Types \ Hospital		Traditional Chinese Medicine Hospital	Psychiatric Center	Chronic Disease Hospital	STD Control Center	Wanfang Hospital (entrusted to private management)	Guandu Hospital (entrusted to private management)
Total No. of Bed		13	509	52	0	674	240
Acute Beds	General beds	13	18	0	0	496	45
	total	0	16	9	0	178	70
	ICU beds	0	0	0	0	50	8
	Burn beds	0	0	0	0	4	0
	Nursery beds	0	0	0	0	30	0
	Nursery care beds	0	0	0	0	20	0
	Emergency observation beds	0	16	0	0	23	3
	Hemodialysis beds	0	0	0	0	36	19
	Recovery beds	0	0	0	0	7	0
	Other	0	0	17	0	8	40
	total	0	475	0	0	0	0
	Psychiatry	Acute beds	0	419	0	0	0
Chronic bed		0	56	0	0	0	0
total		0	475	0	0	0	0
Chronic General Beds		0	0	43	0	0	125
Tuberculosis Beds		0	0	0	0	0	0
Leprosy Beds		0	0	0	0	0	0
Day care for Psychiatric Patients		0	200	0	0	50	50

Table 4-7-3 Services Provided by Municipal Hospitals 2003(1)

Hospital	Year	Outpatient (person-times)	Emergency (person-times)	In-patient (person-times)	In-patient (person-days)	Outpatient Health Examination (person-times)	In-patient Health Examination (person-times)
Zhongxing Hospital	2003	394,065	25,659	11,825	87,281	12,058	89
	2002	495,580	26,757	17,032	116,747	12,355	121
Renai Hospital	2003	521,570	34,997	17,775	169,963	29,653	758
	2002	636,502	41,564	17,758	196,920	31,292	1,061
Heping Hospital	2003	382,713	28,748	9,676	56,749	13,394	30
	2002	635,566	50,444	14,703	99,062	25,743	250
Women and Children Hospital	2003	342,426	17,468	13,438	57,299	5,177	-
	2002	442,305	16,561	15,335	72,293	6,600	0
Yangming Hospital	2003	428,973	31,823	10,807	91,448	15,408	191
	2002	534,908	41,638	13,944	112,079	17,960	273
Zhongxiao Hospital	2003	432,554	52,210	15,505	112,788	23,867	6
	2002	533,561	57,090	13,575	133,713	21,198	52
Chinese medicine Hospital	2003	278,721	-	18	118	-	-
	2002	294,936	0	45	546	0	0
Psychiatric Center	2003	154,795	3,487	7,621	149,045	1,002	-
	2002	154,461	3,646	3,292	164,972	1,341	0
Chronic Disease Hospital	2003	113,137	-	318	7,405	73,543	-
	2002	118,731	0	109	10,064	11,857	0
STD Control Center	2003	39,652	-	-	-	-	-
	2002	38,352	0	0	0	1,856	0
Wanfang Hospital	2003	1024,761	61,089	25,559	161,277	95,577	411
	2002	1183,538	71,354	28,724	149,844	93,547	1,139
Guandu Hospital	2003	111,995	2,934	4,431	53,597	-	-
	2002	101,487	3,479	2,392	66,145	0	0

Source: Taipei Municipal Hospital

Table 4-7-3 Services Provided by Municipal Hospitals 2003(2)

Hospital	Hemodialysis (person-times)	Operation (person-times)			Delivery (person-times)		Clinics at Health Centers (person-times)
		Outpatient	Emergency	In-patient	Natural	Cesarean	
Zhongxing Hospital	11,815	2,431	1,258	4,824	4,824	97	89
	11,400	3,350	1,254	5,820	5,820	136	121
Renai Hospital	19,835	5,507	509	4,090	4,090	73	758
	30,441	6,725	700	5,630	5,630	124	1,061
Heping Hospital	14,193	1,909	447	2,187	2,187	56	30
	22,821	2,967	699	4,166	4,166	82	250
Women and Children Hospital	-	5,602	758	2,805	2,805	1,082	-
	0	7,708	745	3,071	3,071	1,232	0
Yangming Hospital	17,233	3,004	367	2,032	2,032	67	191
	16,727	4,330	514	3,017	3,017	78	273
Zhongxiao Hospital	10,719	1,973	813	3,051	3,051	129	6
	11,324	2,241	757	3,996	3,996	179	52
Chinese medicine Hospital	-	0	0	0	0	0	-
	0	0	0	0	0	0	0
Psychiatric Center	-	0	0	0	0	0	-
	0	0	0	0	0	0	0
Chronic Disease Hospital	-	0	0	0	0	0	-
	0	32	0	0	0	0	0
STD Control Center	-	0	0	0	0	0	-
	0	0	0	0	0	0	0
Wanfang Hospital	32,406	3,806	846	5,251	5,251	322	411
	31,700	5,236	1,011	6,129	6,129	394	1,139
Guandu Hospital	8,361	0	0	0	0	0	-
	7,930	0	0	0	0	0	0



Chapter V

# Long-term and Hospice Care





## Long-Term and Hospice Care

- I. Provided subsidies to airway section patients under the Regulations on Subsidies to Airway Section Patients at Nursing Care Institutions. Patients of low-income families receive subsidies of NT\$ 15,000 per month, and patients of mid-income families receive NT\$ 10,000 per month. During the year, 532 subsidies were given.
- II. Set up volunteer manpower banks for long-term care with resources from 12 district health centers and support from private charity organizations to develop volunteer resources for long-term care. 1031 volunteers completed training and served 4,097 cases, contributing 11,360 hours of service in total.
- III. Held "Angel Heart Party"—celebrating volunteer services at the hall on the second floor of the Taipei City Government Building on April 2nd. 400 people participated in the event, with shows and performances by volunteers and patients.
- IV. Devised reward policies to provide nursing institutions with incentives to provide dementia care.
- V. Continued to promote the "Long Term Nursing Care Plan" under the leadership of Deputy Mayor Bai Hsiu-hsiung. The Test Plan of Long-Term Care Network went ahead in Renai, Heping, and Yangming hospitals, providing information, consultation, visits by medical professionals and other services. 828 new cases were added and the number of cases totaled 2,505.
- VI. Extended the operation of temporary nursing care by contract institutions: 19 contract institutions (43 beds in total) provided temporary care to 102 people, with 1,095 days of service in total.
- VII. Promoted house calls by professionals (doctors, nurses, re-habilitation professionals, nutritionists, etc). 2,853 people were serviced this year.
- VIII. Provided home nursing services: 24 institutions served 85,431 cases.
- IX. Provided home nursing training: 310 people received training at 6 workshops, armed with better understanding of how to take care of disabled and dementia patients. A seminar on dementia care was also held, with 350 participants attending the seminar.
- X. Commissioned 6 institutions to provide caregiver training. 709 people received training in 13 classes. In addition, National Taipei College of Nursing, Chiang-Ching Nursing Foundation and Taipei Municipal Wanfang Hospital were commissioned to offer four series of make-up training.
- XI. Inspected 25 care institutions in collaboration with Department of Social Welfare, Taipei City Government.
- XII. Revised Nursing Care Quality Index in coordination with Department of Health, Executive Yuan's "Long-Term Care Institution Quality Criteria". The 12 institutions evaluated included nursing homes, long-term care institutions, and other care institutions. A seminar on "Setting-Up Nursing Care Quality Index" was held and participated by 65 people.

## Chapter VI

# Public Health Education, Research, Development and International Cooperation

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# Public Health Education, Research and Development and International Cooperation

## 1. Public Health Education

### I. Promoting Public Health Volunteer Services

#### i. Organizing the Taipei City Public Health Volunteer Group

"Taipei City Public Volunteer Group" was organized with 9,627 volunteers from 73 operation units. The number of volunteers dropped to 7,862 because many hospital volunteers left the force during the outbreak of the SARS virus. In addition to a team leader at each operation unit, the Group had one chief and two vice chiefs voted by volunteers. The Group aimed to be an effective organization and to enhance volunteers' ability to promote public health. Volunteers were motivated to promote health at hospitals, schools, workplaces and communities.

#### ii. Training Skilled Volunteers

- 1) The Department of Health trained 300 "Healthy Diet Volunteer Educators" and 120 "Healthy Exercise Volunteer Educators." It also sponsored 3 series of Basic Training, a "Staff and Volunteer Meeting," two "Volunteer Communication Meetings," one seminar on volunteer management and "Taipei City Public Health

Volunteer Services Award, 2003." In addition, the Department produced volunteer services pamphlets and manuals for volunteers.

- 2) During the SARS outbreak, the Department designed related courses including "Banquet for the Soul—Experience Sharing by Volunteers Working at Hoping Hospital," "Understanding SARS and Self-Protection," "Experience Sharing of Senior Volunteers," "Safety Issues for Volunteers after the SARS Outbreak," "Re-training for Volunteers after the SARS Outbreak," "Pre-job Training for Volunteers after the SARS Outbreak," "Promoting Mental Health after the SARS Outbreak," "SARS Prevention and Patient Care," "How Volunteers Can Help Prevent Cross-Contamination," "SARS Education for Volunteers," and "Protecting Yourself from SARS."

iii. The "Taipei City Public Health Volunteer Network" website was created to facilitate information and resources sharing and to create a complete volunteer databank.

- iv. Model volunteers were commended at a rally, where new volunteers also made pledges. The Department commended 4 senior citizen volunteers, 22 model new volunteers, 26 volunteers for their special contribution, 19 model volunteer families and 7 model volunteer teams.

### II. Promoting Healthy Living

#### i. Promoting Regular Exercise

The 12 District Health Centers



regularly provided free calisthenics lessons. 53,383 participated in 352 lessons in 2003. 76 sessions of physical fitness tests provided for 8,018 people. 79 physical fitness training sessions trained 5,051 people. 111 promotion sessions were conducted in various communities, involving 33,447 people. Each community center, based on its strengths, offered Row Dance, hiking, mountain climbing, Tai-chi, calisthenics, Yuan-chi Dance and other activities.

ii. Promoting Healthy Diets

300 volunteer educators were trained to promote healthy diets in communities. The idea was that when eating at home, people should eat according to their activity level; when eating outside, people should order and eat according to their appetite and take unfinished meals home. Animation ads were created to publicize this concept and put on the Citizen's Health Website. 9 major campaign events were held at various districts to promote healthy diets and healthy living, reaching 12,000 citizens.

iii. Promoting Healthy Weight Maintenance

100 volunteers—familiar with the concept of healthy eating and good at sports—were trained to promote methods of maintaining a healthy weight. A study on teenagers' nutrition, diets and factors of cardiovascular diseases were conducted. The results were cited in the "Teenager Nutrition and Weight Control Program," a joint effort of the Department of Health and the Department of Education. The campaign—"Losing

100 Tons the Healthy Way" achieved remarkable results and received the "City Administration Excellence Award" in 2003.

iv. Raising Public Health Awareness

1. Women's Health

The Department produced web pages and CD ROMs about "Healthy Living during Menstruation and Menopause," and printed 16,000 pamphlets on "Understanding Hormone Therapy for Menopausal Women." Various activities were held to promote awareness of women's health issues, including a seminar on "Benefits and Concerns of Hormone Therapy," two panel discussions on "Menopause Education for Health Volunteers" and "Tips for Women in Menopause," as well as a promotion campaign. These activities were designed to empower women, especially those in minority groups, by arming them with knowledge.

2. Accident Prevention and First Aid

1. Created web pages on first-aid education, including hemostasis methods, CPR, burn treatments, food poisoning, with links to web sites on child safety.
2. Produced flyers on basic first-aid know-how, CPR diagrams as well as 50,000 calendars printed with first-aid information and 100,000 CPR registration card.
3. Held "Driver's CPR Contest" to encourage CPR learning.



4. Procured 50 CPR videotapes and sent them to medical institutions affiliated with the Department for promotion use, and provided 32 Annes for public use.
  5. Promoted "Respecting the Senior's Right of Way" at intersections near medical institutions. 30 volunteers were stationed at intersections near hospitals to help seniors cross safely. In addition, 85 employee education sessions were held, training 1,698 people. 100 education sessions were held at hospital waiting rooms, reaching 4,967 people. Promotion materials included 5,000 pamphlets, 50 posters, and 30 red banners.
  6. Held 1,183 accident prevention campaign events, reaching 82,345 people. More specifically, 37 events focused on children (1,704 people), 121 events held in communities (5,881 people), 195 events at workplaces (12,721 people) and 830 events at schools (62,039 people).
3. Enterovirus Prevention
    1. Held six seminars on "Enterovirus Education for Caregivers," with 658 participants in total.
    2. Organized the "Enterovirus Prevention and Women's and Children's Health Campaign," drawing tens of thousands of participants.
    3. Organized online quizzes on enterovirus, drawing 1,433 participants.
  4. Smoking Prevention and Cessation
    1. Held rally showcasing the results of smoking prevention and cessation efforts. 18 hospitals and 2 community health centers with good smoking cessation programs were commended at the event.
    2. Produced and distributed 60,000 smoking cessation encliridia, 1,000 CD-ROMs, to promote awareness of the harmful effects of smoking.
    3. Referred 3,169 underage smokers to district health centers, where they received help to quit smoking.
    4. Held 88 smoking cessation clinics in 12 districts and got the 18 medical institutions under Department of Health to offer 38 smoking cessation programs, reaching 860 people.
  5. Eyesight Protection
    1. Held six seminars on "Pre-schooler Vision and Detection of Strabismus and Amblyopia" for child educators.
    2. Completed vision screenings of preschoolers. 54,033 children were tested. 7,719 were suspected of having vision defects. With follow-ups and referrals, 7,680 received treatment at eye clinics.
    3. Held vision screenings for senior citizens. 875 seniors were tested. When necessary, cases were followed up and referred to clinics. 273 people were found with a vision acuity value lower than 0.5,

accounting for 31.2% of the tested sample.

6. Anti-Drug Campaign
  - 1) Produced a public service announcement—"Away from Drugs," which was broadcasted by public and private radio stations in Taipei City and announced at MRT stations.
  - 2) Organized a dodgeball competition for teenagers, promoting regular exercise as a way of staying away from drugs.
7. Kidney Health
 

"Kidney Health Awareness Week" was held in November. This campaign aimed at educating the public about how to protect kidneys.
8. Dengue Fever Prevention
 

The Department made web pages offering information on dengue fever and created an online game. 2,435 people played the educational online game.

### III. Creating the Health-related Behavior

#### Database

To build a database of Taipei City residents' health-related behavior, 175 individuals were randomly chosen from each district and trained for 3 days. 1,663 effective samples were collected by early 2003. In the future, the Department will cooperate with academic institutions in analyzing data from this database, in the hope to create health indicators for residents in each district. This information will help promote public health within each district.

### IV. Public Health Training

- i. Devised "2003 Accident Injury Prevention and First Aid Skills Training Program," which was implemented by district health centers and medical institutions. 1,461 sessions of first aid training were held, training 100,959 people.
- ii. Held one seminar for 65 first aid training instructors.
- iii. Provided accident prevention education programs for hospital employees to enhance their public safety awareness.
- iv. Sent selected employees to attend "Taiwan Community Safety Seminar," to heighten awareness of community safety.
- v. Held first aid training for electricians to improve their first aid skills.
- vi. Provided on-the-job training including "Public Health Education for Staff of Department of Health and Affiliated Medical Institutions, 2003," "Consensus-Building Camp for Public Health Educators," "How to Organize a Successful Conference," and "How to Organize International Conference."
- vii. Offered 4 internship programs for medical students and public health students. In total, these programs accommodated 150 students.

## 2. Health Planning, Research and Development

### 1. Planning of Annual Programs:

Annual program planning is based on the policies of the Department of Health regarding its budget and allocation of resources. The planned programs are submitted to the Taipei

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## 2. Health Planning, Research and Development

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City Government for follow-up.

## 2. Evaluation of Administrative Procedures:

### 1) Processing of Documents

To improve the quality and efficiency of document processing, the days for processing are recorded and reviewed at staff meetings. Documents not processed within a time certain frame are further analyzed to decide how the process can be improved. During the year, 89,114 documents were received and 31,727 were dispatched. The average document processing time was 4.39 days.

### 2) Processing and Follow up of Applications and Appeals:

During the year, 55,854 applications, 4,167 appeals and 401 cases for administrative relief were received. All were processed within the designated time.

### 3) Evaluation of Annual Programs:

Four programs were devised to strengthen services, including a program for promotion of achievements, community mental health centers, prevention of tuberculosis and prevention of tooth decay among children. The programs were under the supervision of the City Government. A program to implement the Mayor's "White Paper" is under the supervision of the Department and was recently implemented.

### 4) Overseas Visits and Reports:

During the year, 19 overseas visits were made for the purpose of further studies, reports and meetings. The

reports and information resulting from the visits are managed and referred to as resources of the concerned units.

## 3. Medical Research and International Cooperation

### 1. Medical Management Study

The Johns Hopkins University was commissioned to provide on-the-job training. On September 6, 2003, a committee was convened to approve research topics and oversee student affairs. The contract between the Department and the Johns Hopkins University was extended to March, 2004.

### 2. International Cooperation on Medical Affairs

Based on the international medical conference subsidies policy of Department of Health, Taipei City Government, the Department subsidized international medical conferences held in Taipei City and worked closely with conference organizers. Managers in the Department and its affiliated hospitals were provided with opportunities to share experiences with scholars and experts both from Taiwan and abroad. As of November 30, 2003, 431 people in 10 groups—from Japan, Vietnam, Australia, among other countries—visited the Department and Municipal Hospitals.

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The Department offered research grants to medical centers, national medical or public health associations, medical research institutions in universities and colleges, as

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### 3. Medical Research Grants

The Department offered research grants to medical centers, national medical or public health associations, medical research institutions in universities and colleges, as

well as non-profit organizations of public health and medicine. Grant applications from 11 organizations were approved. The grants totaled NT 790,000.

#### 4. Bilingual Signage

More English and Chinese signs were set up in Municipal Hospitals to make the medical care environment more accessible to foreigners. English versions of hospital flyers were also produced.

#### 5. SARS-Related International Forums

- 1) 2003 Asia-Pacific SARS Prevention Forum was held from September 27 to 28, 2003.
- 2) Experience sharing in the post-SARS era—learning from emergency network in Canada and the US:
  1. In late July, Deputy Mayor Ou Chin-der and Department of Health Commissioner Chang Yen led a delegation to Vietnam, Singapore and Hong Kong, where they visited government agencies, such as hospitals, public health authorities, Department of Social Welfare, and

Occupational Safety and Health Services, Labour Department, to learn from their SARS combating experience.

2. In late August, Mayor Ma Ying-jeou and Department of Health Commissioner Chang led a delegation to visit Centers for Disease Control, Department of Health Services, Public Health Service in the U.S. and Canada to learn from their emergency coping mechanisms. Department of Health also developed "Incident Command System (ICS)" to manage the impact of major disasters.
3. In mid September, Deputy Mayor Ou Chin-der and Deputy Commissioner Wu went to Monterey and share the SARS fighting experience with local officials.

After the SARS outbreak passed, medical groups from around the world came to visit Department of Health and Municipal Hoping Hospital to learn from our experience. Since June, dozens of groups from the U.S., Japan,







Chapter VII  
Vital Statistics



## Chapter VII Vital Statistics

### 1. The Population

#### 1) Population and Average Life Expectancy

As of 2003, Taipei City had a population of 2,627,138 people, accounting for 11.62% of the total population of Taiwan.

When Taipei became a national municipality in 1967, the city's population was 1,604,543 persons. By 1990 the population had grown to 2,719,659, an increase of 69.50% in 22 years. The population began to fluctuate between 1991 and 1998, primarily due to the yearly decline in the natural population growth rate and as more people moved out of the City. The social increase rate of the population has however, always been higher than the natural growth rate.

The population in 2003 decreased by

0.56% compared to that in 2002. The crude birth rate was 8.85‰; the crude death rate, 5.23‰; and the natural increase rate, 3.62‰. At the end of 2002, the average life expectancy was 79.32 years—77.56 years for males, and 81.95 years for females.

#### 2) Age Structure of Population

At the end of 2003, there were 1,291,742 males and 1,335,396 females. The male-to-female ratio was 96.73. By age, young children of 0-14 years accounted for 18.19% (478,000) of the total population; the working age group (15 to 64) accounted for 71.23% (1,871,000); and the elderly (65 years and above) accounted for 10.58% (278,000).

Since 1992, the elderly population has accounted for more than 7% of the total population, making Taipei City an aging society by the UN definition. The elderly population's share of total population has

Table 7-1 Population and Life Expectancy, Taipei City, 1993-2003

Item	Year-end Population	Crude Birth Rate (%)	Crude Death Rate (%)	Natural Increase Rate (%)	Life Expectancy (at 0 age)	
					Male	Female
Year						
1993	2,653,245	12.85	4.12	8.73	75.99	80.83
1994	2,653,578	12.66	4.24	8.43	76.18	80.95
1995	2,632,863	13.15	4.47	8.68	76.18	81.08
1996	2,605,374	13.04	4.67	8.37	76.37	81.14
1997	2,598,493	13.48	4.75	8.73	76.51	80.96
1998	2,639,939	11.53	4.72	6.81	76.56	81.2
1999	2,641,312	12.05	4.80	7.25	76.84	81.55
2000	2,646,474	12.74	4.91	7.83	76.97	81.62
2001	2,633,802	10.23	5.05	5.17	77.33	81.79
2002	2,641,856	9.72	5.13	4.6	77.56	81.95
2003	2,627,138	8.85	5.23	3.62	--	--

Table 7-2 Population Indicators, Taipei City, 2003

Year	Year-end Population (thousand)	Population Structure (%)			Population Indicators (%)			Aging index
		Aged under 15	Aged 15-64	Aged over 65	Dependence Ratio	Dependence Ratio of Aged under 15	Dependence Ratio of Aged over 65	
82	2,653	22.91	69.47	7.63	43.96	32.98	10.98	33.29
83	2,654	22.12	69.87	8.01	43.12	31.66	11.46	36.19
84	2,633	21.58	69.98	8.44	42.90	30.83	12.06	39.12
85	2,605	21.15	70.09	8.75	42.67	30.18	12.49	41.38
86	2,598	20.81	70.14	9.05	42.57	29.66	12.90	43.50
87	2,640	20.30	70.48	9.22	41.89	28.80	13.09	45.43
88	2,641	19.93	70.63	9.44	41.57	28.22	13.36	47.34
89	2,646	19.64	70.69	9.67	41.46	27.78	13.68	49.25
90	2,634	19.27	70.79	9.94	41.27	27.23	14.04	51.58
91	2,642	18.77	70.97	10.25	40.90	26.45	14.44	54.61
92	2,627	18.19	71.23	10.58	40.38	25.53	14.85	58.15

Figure 7-1 Age structure of population, Taipei City, 2003

Male 1,291,742

Female 1,335,396

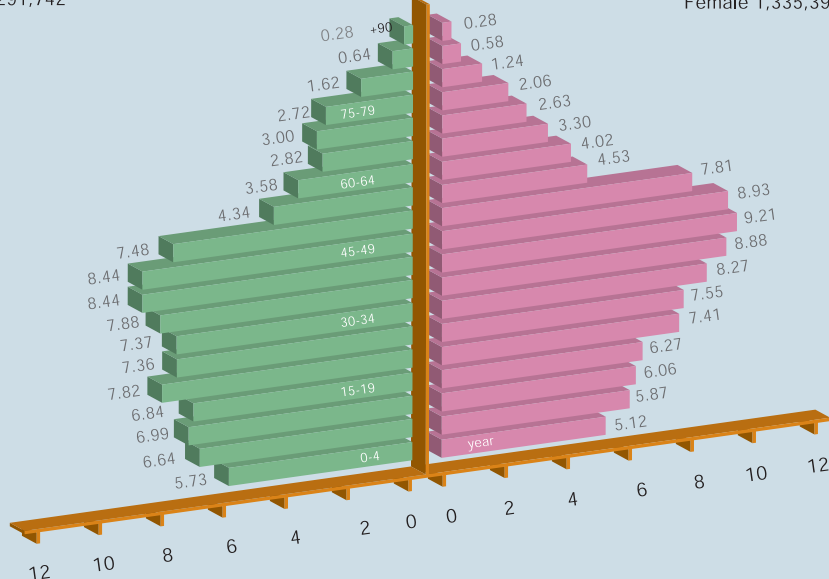


Table 7-3 Leading Causes of Death, Taipei City, 2002

Date: 01/01/2003-12/31/2003

Rank	Cause of Death	No. of Deaths Total	%	Death Rate per 100,000 Population		
				Total	Male	Female
	All causes of death	13,279	100.00	503.41	615.07	394.76
1	Malignant neoplasms	4,169	31.40	158.05	193.72	123.33
2	Heart disease	1,450	10.92	54.97	68.88	41.44
3	Cerebrovascular disease	1,233	9.29	46.74	56.43	37.32
4	Diabetes mellitus	889	6.69	33.70	35.67	31.79
5	Accidents	514	3.87	19.49	27.6	11.59
6	Nephritis, nephrotic syndrome and nephrosis	456	3.43	17.29	18.91	15.71
7	Pneumonia	448	3.37	16.98	24.14	10.02
8	Suicide	325	2.45	12.32	16.45	8.3
9	Chronic liver disease and cirrhosis	305	2.30	11.56	16.07	7.18
10	Hypertensive disease	179	1.35	6.79	7.61	5.98
	All other causes	3,311	24.93	125.52	149.6	102.09
11	Bronchitis, emphysema and asthma	123	0.93	4.66	5.77	3.59
12	Septicaemias	109	0.82	4.13	4.07	4.19
13	Tuberculosis	82	0.62	3.11	5.15	1.12
14	Certain conditions originating in the perinatal period	70	0.53	2.65	3.23	2.09
15	Congenital anomalies	64	0.48	2.43	2.61	2.24

Table7-4 Serial Comparison of Ten Leading Causes of Death, Taipei City, 1992-2002

Cause of Death	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
All causes of death	396.49	396.39	415.24	437.00	457.75	463.27	465.98	470.49	484.10	500.81	503.41
Malignant neoplasms	(1) 104.73	(1) 107.23	(1) 111.55	(1) 120.31	(1) 128.52	(1) 134.67	(1) 133.21	(1) 134.97	(1) 141.38	(1) 154.88	(1) 158.05
Heart disease	(3) 45.73	(3) 44.68	(2) 49.63	(3) 47.56	(2) 52.84	(2) 55.84	(2) 50.82	(2) 54.08	(3) 47.35	(3) 52.38	(2) 54.97
Cerebrovascular disease	(2) 48.28	(2) 45.02	(3) 43.64	(2) 49.41	(3) 51.96	(3) 50.96	(3) 49.75	(3) 45.78	(2) 52.20	(2) 52.91	(3) 46.74
Diabetes mellitus	(5) 20.43	(5) 21.09	(5) 19.79	(5) 23.46	(5) 24.21	(4) 29.02	(5) 24.70	(4) 32.68	(4) 37.97	(4) 34.20	(4) 33.70
Accidents	(4) 35.06	(4) 34.81	(4) 33.54	(4) 28.45	(4) 29.48	(5) 26.25	(4) 26.42	(5) 24.92	(5) 22.66	(5) 19.17	(5) 19.49
Nephritis, nephrotic syndrome and nephrosis	(9) 8.61	(9) 8.56	(7) 12.14	(8) 13.54	(6) 14.05	(6) 14.53	(6) 15.77	(6) 15.87	(6) 17.29	(6) 18.56	(6) 17.29
Pneumonia	(7) 10.71	(8) 10.24	(8) 11.61	(7) 14.07	(8) 12.68	(9) 10.61	(8) 12.60	(8) 15.00	(8) 11.95	(7) 13.90	(7) 16.98
Suicide	(13) 4.88	(11) 5.27	(10) 6.52	(10) 7.79	(10) 8.55	(10) 8.22	(10) 7.67	(10) 8.03	(9) 8.96	(9) 10.98	(8) 12.32
Chronic liver disease and cirrhosis	(6) 10.75	(7) 11.48	(6) 13.49	(6) 14.38	(7) 14.01	(7) 13.41	(7) 14.85	(7) 15.30	(7) 14.11	(8) 13.83	(9) 11.56
Hypertensive disease	(8) 8.90	(6) 11.52	(9) 9.95	(9) 11.05	(9) 12.52	(8) 10.99	(9) 10.73	(9) 9.47	(10) 7.22	(10) 6.33	(10) 6.79
Bronchitis, emphysema and asthma	(11) 5.17	(10) 6.21	(11) 5.69	(11) 7.19	(11) 6.99	(11) 6.99	(11) 7.64	(11) 5.91	(11) 5.37	(11) 5.64	(11) 4.66

Table 7-5 Leading Causes of Death from Cancer, Taipei City, 2002

Rank	Cause of Death	No. of Deaths Total	%	Death Rate per 100,000 Population		
				Total	Male	Female
	Malignant neoplasms	4,169	100.00	158.05	193.72	123.33
1	Trachea, bronchus, and lung cancer	889	21.32	33.70	45.20	22.51
2	Liver and intrahepatic bile ducts	661	15.86	25.06	37.82	12.64
3	Colon and rectum cancer	490	11.75	18.58	21.91	15.33
4	Female breast cancer	192	4.61	14.36 (1)	--	14.36
5	Stomach cancer	374	8.97	14.18	17.76	10.70
6	Prostate cancer	106	2.54	8.15 (2)	8.15	--
7	Cervix uteri cancer	105	2.52	7.85 (1)	--	7.85
8	Non-Hodgkin's lymphoma	172	4.13	6.52	7.46	5.61
9	Pancreas cancer	157	3.77	5.95	7.38	4.56
10	Oesophagus cancer	123	2.95	4.66	8.92	0.52
	All other causes	900	21.59	34.12	39.13	29.24
11	Gallbladder and extrahepatic bile ducts	119	2.85	4.51	4.69	4.34
12	Ovary and other uterine adnexa	53	1.27	3.96 (1)	--	3.96
13	Leukemia	94	2.25	3.56	3.69	3.44
14	Oral cavity cancer	92	2.21	3.49	6.30	0.75
15	Nasopharynx cancer	71	1.70	2.69	4.00	1.42

**Table 7-6 Serial Comparison of Ten Leading Causes of Death from Cancer, Taipei City, 1992-2002**

Causes of Death from Cancer	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Malignant neoplasms	104.73	107.23	111.55	120.31	128.52	134.67	133.21	134.97	141.38	154.88	158.05
Trachea, bronchus, and lung cancer	(1) 21.91	(1) 20.94	(1) 23.33	(1) 23.27	(1) 24.63	(1) 27.59	(1) 27.83	(1) 28.40	(1) 28.41	(1) 33.45	(1) 33.70
Liver and intrahepatic bile ducts cancer	(2) 20.58	(2) 20.71	(2) 17.68	(2) 21.56	(2) 22.18	(2) 23.29	(2) 22.45	(2) 21.36	(2) 21.26	(2) 25.42	(2) 25.06
Colon and rectum cancer	(4) 9.27	(3) 11.07	(3) 11.65	(3) 12.45	(3) 14.74	(3) 14.07	(3) 15.20	(3) 15.79	(3) 17.47	(3) 16.82	(3) 18.58
Female breast cancer	(5) 8.19	(5) 8.27	(5) 10.13	(5) 10.23	(5) 11.69	(4) 13.97	(5) 12.47	(4) 12.18	(4) 12.66	(4) 14.90	(4) 14.36
Stomach cancer	(3) 11.30	(4) 10.73	(4) 11.08	(4) 12.41	(4) 13.59	(5) 13.30	(4) 12.48	(5) 12.00	(5) 12.41	(5) 13.22	(5) 14.18
Prostate cancer	(12) 2.49	(10) 2.97	(7) 4.66	(7) 3.85	(7) 5.19	(8) 5.00	(8) 5.06	(7) 6.94	(7) 7.10	(6) 9.20	(6) 8.15
Cervix uteri cancer	(6) 7.96	(6) 6.92	(6) 7.79	(6) 8.18	(6) 7.79	(6) 9.82	(6) 7.75	(6) 8.50	(6) 7.27	(7) 8.24	(7) 7.85
Non-Hodgkin's lymphoma	(7) 3.14	(7) 3.14	(8) 3.50	(10) 3.48	(8) 5.08	(7) 5.11	(7) 5.19	(8) 5.42	(9) 5.14	(8) 4.92	(8) 6.52
Pancreas cancer	(8) 3.07	(9) 3.03	(12) 2.98	(9) 3.67	(9) 4.24	(10) 4.19	(9) 4.28	(9) 4.62	(8) 5.22	(9) 4.70	(9) 5.95
Oesophagus cancer	(11) 2.77	(12) 2.73	(10) 3.05	(14) 2.84	(14) 3.09	(11) 3.92	(12) 3.36	(11) 3.67	(11) 4.08	(13) 3.90	(10) 4.66
Gallbladder and extrahepatic bile ducts cancer	(15) 1.92	(14) 2.43	(10) 3.05	(15) 2.42	(14) 3.09	(16) 2.73	(11) 3.55	(12) 3.56	(12) 3.93	(12) 4.01	(11) 4.51



been steadily increasing since 1992. In 2003, people aging 65 years old and above accounted for over 10% of the total population. This percentage ranked 11<sup>th</sup> among 23 counties and cities in Taiwan. In the city, every 100 people in the working age group support 40 dependents.

## 2. Vital Statistics

### 1) Changes in the Ten Leading Causes of Death

In the last ten years, malignant neoplasm has been the leading cause of death in the City, followed by heart diseases and cerebrovascular diseases. Number of deaths due to accidents and injuries has declined year by year. In 2002, the mortality rate in Taipei City was 503.41 deaths per 100,000 people.

Malignant neoplasm accounted for 158.05 deaths per 100,000 people, or 31.40% of all deaths. The mortality rate of cerebrovascular diseases was 54.97 deaths/100,000 people,

accounting for 10.57% of all deaths. The mortality rate of heart diseases was 54.97 deaths/100,000 people, accounting for 10.92% of all deaths. Other leading causes of death were, in descending order, diabetes, accidents and injuries, nephritis, nephrotic syndrome and nephrosis, pneumonia, suicide, chronic liver diseases and cirrhosis of the liver, and hypertension.

### 2) Ten Leading Causes of Cancer Death

A total of 4,169 persons died of cancer in 2001, at a mortality rate of 158.05 deaths per 100,000 people. Of these, 2,565 were males, at a mortality rate of 196.59 deaths per 100,000 men and 1,524 were females, at a mortality of 114.12 deaths per 100,000 women.

The ten leading causes of cancer death were, in descending order, lung cancer, liver cancer, colon-rectum cancer, breast cancer, stomach cancer, prostate cancer, cervix cancer, non-Hodgkin's lymphoma, pancreatic cancer and esophagus cancer.



Chapter VIII

Restructuring of  
the Institutions under  
the Department of Health





## Re-structuring of the Institutions under the Department of Health

### A. Background:

The organization structure of the medical institutions under Department of Health, Taipei City Government dated back to 1967 when Taipei City was still one of the cities under the jurisdiction of Taiwan Province. The organization structure had remained roughly the same for thirty years. A restructuring was required to make the public health authority more efficient and accountable. Therefore, in tune with the restructuring of the central public health agency, the organization of Taipei City's Department of Health and 12 district public health centers was reviewed, and the 10 municipal hospitals were reorganized. The restructuring aimed at improving medical service quality, improving efficiency and cutting staffing cost.

### B. Process

1. The re-structuring proposal was submitted to the City Government on September 18, 2003.
2. The Department presented the proposal to the Mayor and related agencies in the City Government on October 23, 2003.
3. The revised re-structuring proposal was submitted to the City Government on October 27, 2003.
4. The re-structuring proposal was approved at the 1243<sup>rd</sup> City Policy Meeting on November 11, 2003.
5. "The Streamlining of Taipei City Municipal

Hospitals Initiative" was approved by the Taipei City Government on December 18, 2003, and approved by the Executive Yuan on December 29, 2003.

### C. Responsibility Allocation in the Public Health System

1. The Department of Health is responsible for policy-making, enforcement of public health laws and regulations, research and development, as well as supervision. Within the Department will be Disease Control Office, Food and Drug Office, Medical Affairs Office, Public Health Office and Planning Office. The number of staff will become 302 people, up from the previous 173.
2. District Public Health Centers will be renamed as Health Services Centers with the objective of promoting public health in communities. The number of staff will become 318 people, down from the previous 502.
3. Municipal medical institutions will be merged into one Taipei City Municipal United Hospital, with 9 branches. The United Hospital will be positioned as a community hospital, responsible for providing medical services and building a public health and disease control network at the community level. It will also fulfill teaching and research purposes. Municipal Venereal Disease Control Institute and Municipal Chronic Disease Hospital will be transformed into disease control hospitals to undertake disease control projects commissioned by Disease Control Office.

## D. Presentations on the Restructuring

### 1. Municipal Hospitals:

To help the employees of the municipal hospitals understand the restructuring, the Department of Health held 10 presentations at all the municipal medical institutions—Municipal Chungshing Hospital (August 8), Municipal Chunghsiao Hospital (August 11), Municipal Jenai Hospital (August 12), Municipal Yangming Hospital (August 13), Municipal Hoping Hospital (August 13), Municipal Women and Children's Hospital (August 14), Municipal Venereal Disease Control Institute (September 2), Municipal Traditional Chinese Medicine Hospital (September 2), Municipal Psychiatric Center (September 3), and Municipal Chronic Disease Hospital (September 4). The Commissioner himself went to host the presentations. In addition, another six

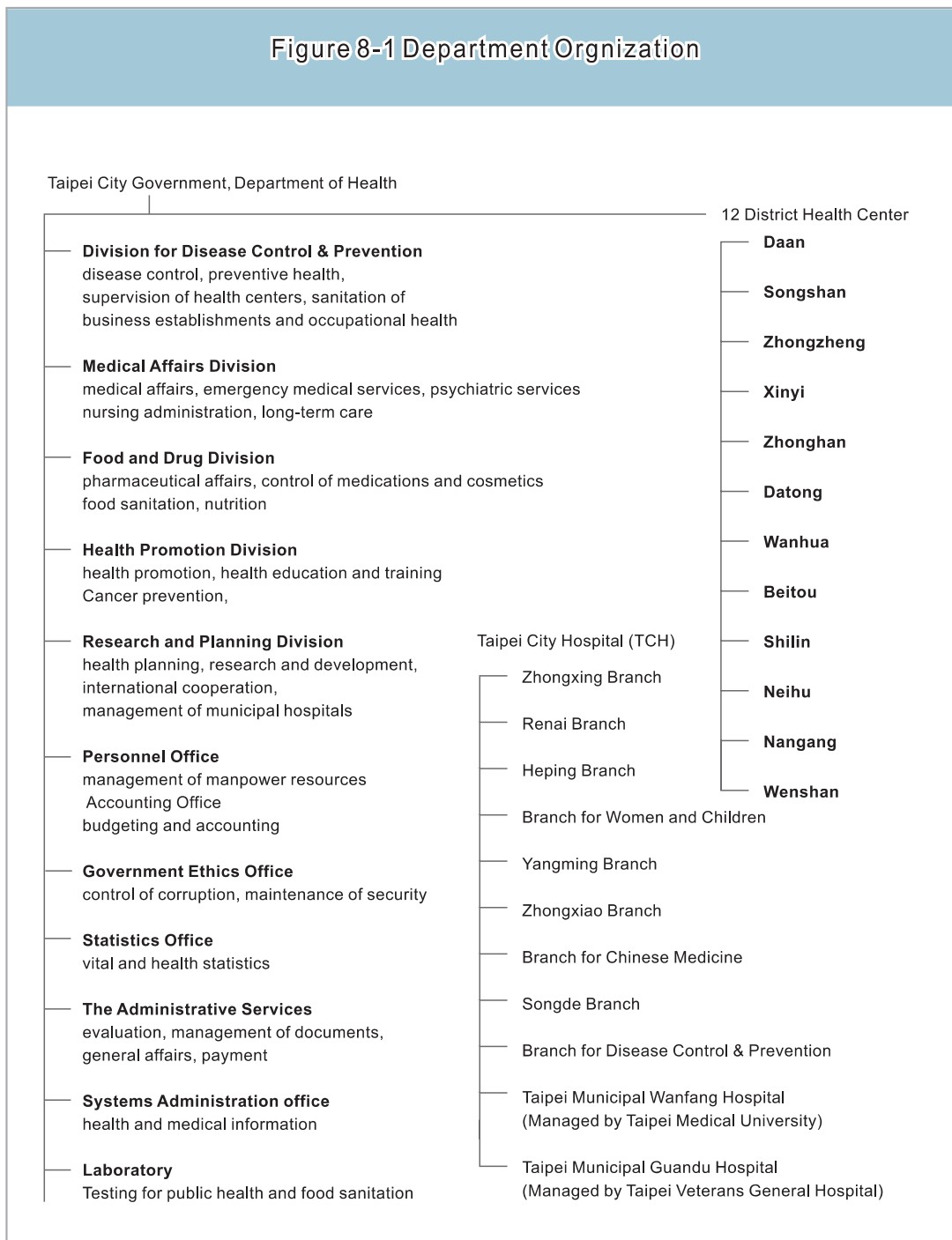
presentations were held for professionals working in hospitals, including the panel discussion with the medical professionals (pharmacists, rehabilitationists, radiologists) (October 4), one with the nursing staff (November 2) and one with other hospital staff (November 16). On Saturdays, the Commissioner held talks with staff on a regular basis, and welcomed staff to call or email him. Three panel discussions between the City Secretariat and staff of Municipal Hospitals were also held to consolidate the commitment, including one with doctors (December 10), one with administrative executives (December 12) and one with the directors of Municipal Hospitals.

### 2. District Health Centers

Department of Health Secretariat Wu Shiow-Ing led a team to explain the restructuring to employees of District Health Centers.



Figure 8-1 Department Organization



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## Innovative Initiatives from Department of Health, Taipei City Government in 2003

### I. Mobile Epidemic Control Teams

To meet emergency needs during the outbreak of a new disease, mobile epidemic control teams were formed, which allowed the city to mobilize more efficiently and increase

the quality of investigations. 210 health care professionals from affiliated medical institutions were assigned into teams of 7 people and took turns working on duty as the mobile epidemic control team. In addition, the "Disease Control Volunteer Training Program" provided basic training to volunteers, and those who did well at basic courses were selected to receive advanced training. These volunteers helped contain the spread of the epidemic, maintain hospital care quality, and reduce the public's fear.



## II. Sanitation Self-Monitoring Verification Mark Registration

Department of Health awards the "Sanitation Self-Monitoring Verification Mark" to hotels, beauty salons, hair salons, swimming pools, movie theaters, restaurants and food vendors

that maintain good public health standards. To prevent illegal use or infringement of this mark, the Department registered it with Intellectual Property Office, Ministry of Economic Affairs. The exclusive use of the mark is protected for 10 years, from September 1, 2003 to August 31, 2013.



衛生自主管理  
台北市政府衛生局



### III. Research Center for Suicide Prevention

The suicide rate in Taipei City has been slowly rising for the past 10 years. According to research, the successful suicide rate of people who have attempted suicide is 1% in the year following their first attempt. This rate is 100 times the average. After the first year, the successful rates decrease, but are still higher than the average until 8 years after their first attempt. In an effort to prevent further suicide attempts from who have attempted suicide and implement

suicide prevention programs, the Department commissioned Municipal Psychiatric Center to set up the Research Center for Suicide Prevention on October 2003.

28 hospitals in the City are responsible for identifying suicidal cases in ER, and report them to Research Center for Suicide Prevention within 24 hours. Once the Center receives a report, psychiatric care professionals will give interviews (phone interviews and household visits), assessment and follow-ups.





#### IV. Integrated Depression Care Network

According to statistics from Bureau of National Health Insurance's Taipei Branch, in the two-year period from September 2000 to August 2002, 96,507 people were diagnosed with depression in medical institutions in Taipei City. However, 31,418 of them only went back once for depression-related treatment. This suggested that even after being diagnosed with depression, as many as 30% of the patients did not seek long-term treatment.

Most people with psychiatric disorders—at the onset of symptoms—seek help from general practitioners instead of from psychiatrists. Considering this, Department of Health established Integrated Depression Care Network, incorporating general practitioners in to the depression care network. This would help depression patients get appropriate assessment and treatment. As of December 31, 2003, 76 GP clinics were certified and incorporated into the network.





### VII. Taipei City Cardiovascular Diseases Prevention Network

In 2003, the number of deaths from heart diseases, cerebrovascular diseases, and high blood pressure combined was 3751. These diseases were the second, the third and fourth most common causes of death. Based on the cardiovascular prevalence rate, it is estimated that 457,352 people in Taipei City over 45 years old suffer from high blood pressure, high blood

sugar or high blood lipid levels. The first local Cardiovascular Diseases Prevention Network was set up in Taipei City in 2002. This health care network integrated various professions, organization levels and departments. As of the end of 2003, 4 series of personnel training were completed under the framework. 148 medical institutions (16.38%) and 1,026 medical professionals were certified. In addition, a Bp Book System was also developed, providing patients with comprehensive medical care.



### VIII. Qualified Dried Daylily Store Certification Mark

In recent years, random inspections of dried daylily products found 70% of them unacceptable, with trace sulfur dioxide levels over 4.0g/kg. In a

joint effort to protect public health, District Health Centers in DaTung, SongShan and ZhongShan inspected stores that sold dried daylily products and gave 18 stores that sold qualified products with a certification mark.



### IX. Model Smoke-Free Schools

Together with Department of Education, Department of Health organized "Kick Butts Day" activities in elementary schools, junior high schools and high schools across the city. The "Smoke Free Model School" program helped students understand the hazards of smoking and other related information. After 6 months of implementation, at the end of October, schools

were evaluated for their program performance based on 4 criteria: plan, survey, campaign, and smoking cessation counseling. On November 20, an anti-smoking rally was held. 12 schools with the best performance received the Model Smoke-Free School Award. 7 schools were awarded with a flag. Winners of the anti-smoking street dance competition—teams from Shihlin Vocational High School and Mucha Junior High School—also performed at the rally.





## X. Model Smoke-Free Restaurants

In line with World No Tobacco Day, Taipei City Government promoted smoke-free restaurants. Mayor Ma Ying-jeou himself gave awards to model smoke-free restaurants. Department of Health has certified smoke-free restaurants for 3 years. In 2001, most certified smoke-free restaurants were mostly chain fast food restaurants. More restaurants of other types applied for certification in 2002. 375 restaurants

were certified smoke-free in 2001-2002. In 2003, another 324 were certified, including 112 Chinese restaurants, 128 western food restaurants, 62 Japanese restaurants, and 22 others. The number of certified smoke-free restaurants over the years almost reached 700. This suggested that more and more restaurant owners were following government policy in providing a smoke-free dining environment.



### **XI. Tooth Decay Prevention— Promoting Use of Chlorinated Mouthwash for Children over Five Years Old**

Since August 2000, chlorinated mouthwash had been provided to children attending public kindergartens in Taipei City as part of the effort

to prevent tooth decay in children. Starting from September 2001, the program was extended to public and private kindergartens and childcare centers. With parents' consent, children over 5 used chlorinated mouthwash once a week in kindergartens and childcare centers. In 2003, the program covered 29,211 children in 1319 classes.





## XII. Healthy Campus Evaluation

In 2003, the Health Campus Evaluation was conducted for the second time. The evaluation examined 11 areas—vision, oral hygiene, student health records, kitchen sanitation, public health facilities, food storage and safety, nutrition, health education, accident prevention, communicable disease prevention, and others. 136 schools

won the Healthy Campus Certification Mark, and 19 best schools in their respective district won the Golden Healthy Campus Certification Mark. The awarding ceremony was held at the square east of Dr. Sun Yat-sen Memorial on December 14, 2003, with Mayor Ma attending the awarding ceremony and concurrent displays.





### XIII. Employee Gym in Taipei City Hall

For the health benefits of city government employees, the recreation room in the city hall was redesigned and renovated into a gym. The

gym was open to the employees on March 18, 2003. Mayor Ma attended the opening ceremony, which featured dragon dance and aerobics demonstrations. From March 18 to December 30, the gym offered 58 fitness classes to 793 city government employees in total.





#### XIV. 10,000 Volunteers

In 2003, the number of public health volunteers reached 11,000. Department of Health developed a four-stage training program—basic,

special, professional and leadership. Volunteers were encouraged to develop a first specialization area and a second, according to the training courses they took.





2003

Department of Health Taipei City Government

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URL: <http://www.health.gov.tw/>

TEL: +886 2 2728-7120

FAX: +886 2 27592318

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