



Public Health of Taipei City

Annual Report 2007



Public Health of Taipei City

Annual Report 2007



Department of Health, Taipei City Government
September, 2008

Foreword



Health is the basic right of every citizen; it is also an important indicator of the quality of medical care services provided to the citizens by the Health Department. In the last one and more years since I took the office, I have this in my mind: I hope to, through the promotion of health policies, develop plans that are advantageous to the quality of life of the people to provide the citizens with health care services of the highest quality.


The World Health Organization has been advocating the concept of “Health for All”. This is our goal in building Taipei City a healthy city. In the last year, we have actively promoted public health policies using the following three principles as the main axes:

1. Stressing the pragmatism of policies

The adequacy and pragmatism of a health policy is the utmost important consideration on the substantial benefit of the citizens. How to effectively allocate and operate the manpower and supplies needed in program operation is a direction that an administrator should think about and strive for. For instance, the plan of the Department to allocate communicable disease control workers in communities is an example in point. The centralized allocation of disease control workers at the time of SARS outbreak is an active operational mode; at ordinary time, disease control workers should go deep into the community to face the needs of the community in disease control. One should not, therefore, adhere rigidly to the operational modes of the past, and should act pragmatically and with innovation to bring the best welfare to the people.

2. Establishing an operational platform for communication

The three-stage and five-level concept of public health is an important concept accepted and practiced by each and every public health worker. There are main directions and strategies in each stage. The role of the Health Department is to merge tasks of each stage and to play the role of communication platform to facilitate the promotion of programs. By adequately combining the concepts of prevention and medical care services together, the health of the public can be guaranteed. The hot spring tour-cum health examination is a case in point. The



Health Department plays the role of a platform to link the health examinations of hospitals with the legal and high-quality hot spring industries to allow citizens, while on recreational tours, to enjoy relaxation on one hand, and to have a complete health examination at the same time. When necessary, comprehensive care is accessible on the spot in the hospital.

3. Amending laws and regulations to meet public needs

Goals can only be attained by enforcing laws and regulations. Rigid contents of laws and regulations will have impact on the quality and efficiency of administration. Since I took the office, I have reviewed across the board the laws and operational guidelines formulated by the Department. Laws that are found out-of-date or in violation of the rights and interests of the citizens are, through reviews of experts and by legal procedures, properly amended. In the past year, two self-government regulations have been amended, two have been newly formulated, and three out-of-date ones are abolished; 39 administrative rules have been amended, 15 have been formulated, and 18 have been either abolished or terminated. Through these actions, it is hoped that administration can be more efficient and its quality can be upgraded.

This volume of “Public Health of Taipei City” documents the achievements of the Department of Health Taipei City Government and its subordinate organizations in public health, medical care and health promotion for the year 2007. I thank the citizens and leaders of all circles for their participation and guidance. I look forward to more suggestions from you to help the Department of Health Taipei City Government strive to improve the health of the citizens and to reach the goal of “Health for All”, and thus to build Taipei City a city of international health standard.

Allen W. Chiu

Commissioner
Department of Health
Taipei City Government

Table of CONTENTS

Part 1 Introduction	11
Chapter 1 Organization Structure	12
Chapter 2 General Status of Manpower	15
Chapter 3 Health Expenditures	15
Chapter 4 Service Quality	16
Section 1 Overall Improvement of Service Quality	16
Section 2 Service Effectiveness	17
Chapter 5 Health Information Network	19
Section 1 Development of Information Systems	19
Section 2 Cooperating with the Plan of the Department of Health, Executive Yuan	20
Section 3 Working in Line with the Plan of “Setting up a Single Sign- in Page and Integration of the Content” by the Health Centers of the Taipei City Government	20
Section 4 Promotion of Public Health Information	21
Section 5 Internet Service	22
Section 6 Information Training	23
Part 2 Shaping Healthy Lifestyles of the Citizens	25
Chapter 1 Health Promotion and Maintenance	26
Section 1 Maternal and Child Health and Genetic Health	26
Section 2 Healthcare for Children and Adolescents	28
Section 3 Healthcare for Adults and the Elderly	33
Section 4 Healthcare for Indigenous Peoples	35
Section 5 Promotion of Wellness Card	36
Section 6 Health Fitness	37
Section 7 Tobacco Hazards Prevention	37



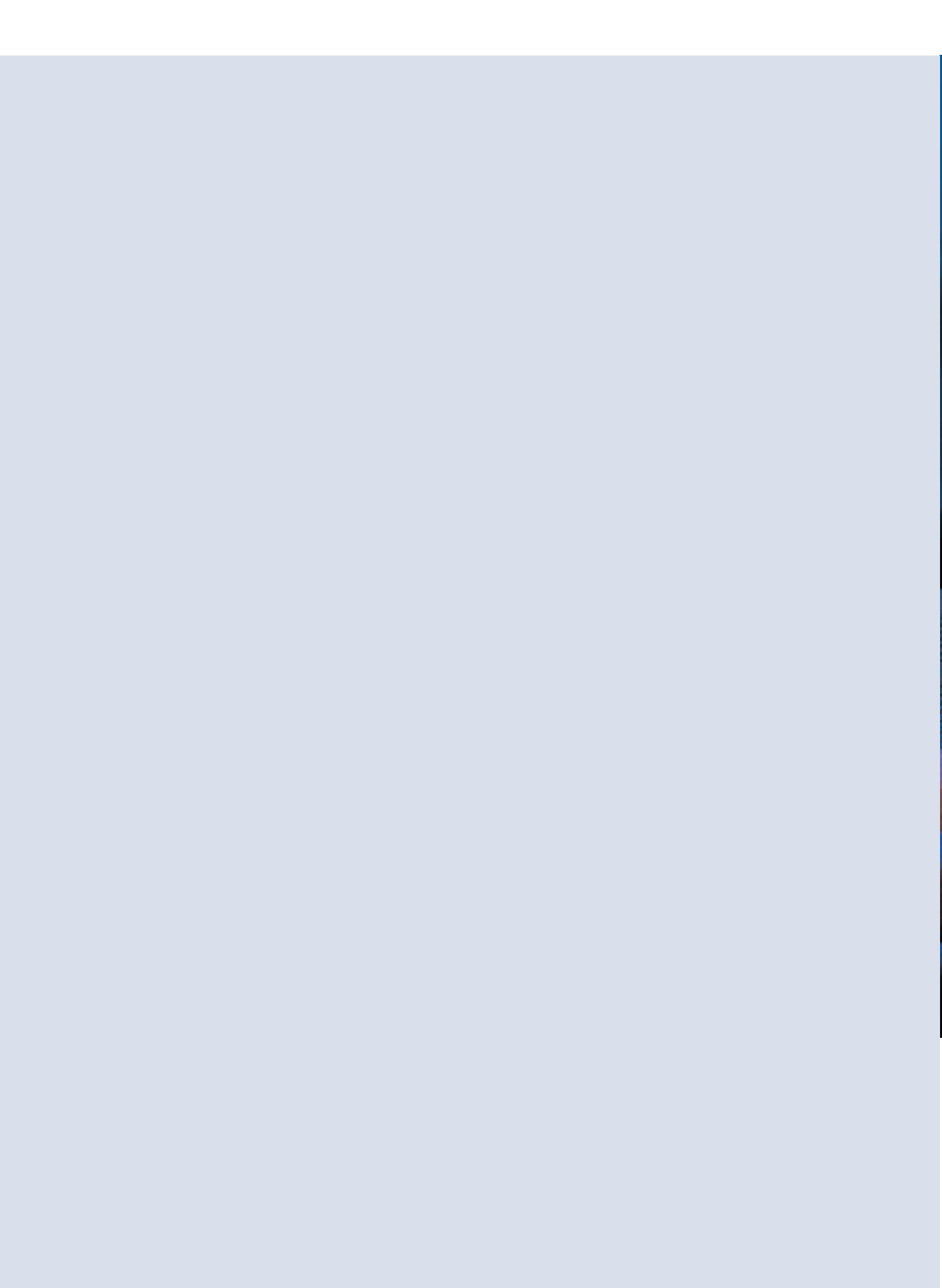
Chapter 2 Screening and Follow-up Care	42
Section 1 Disease Screening for Adults and the Elderly	43
Section 2 Health Examination for the Elderly	43
Section 3 Cancer Control	43
Section 4 Healthcare for Residents of Radioactive Buildings	50
Chapter 3 Integrated Health Care	51
Section 1 Joint Health and Medical Care Network	51
Section 2 Household Health Management	52
Section 3 Community Healthcare Network	52
Chapter 4 Community-Based Healthy Environment	53
Section 1 Healthy City	53
Section 2 Safe Community	53
Section 3 Health Promotion at Workplace	55
Section 4 Community Health Building	56
Chapter 5 Health Centers	57
Section 1 Management of Health Centers	57
Section 2 Functions of Health Centers	58
Part 3 Providing Quality Medical Care Services	59
Chapter 1 Early Care of Children and Medical Subsidies	60
Section 1 Assessment of Children of Retarded Development and Early Care	60
Section 2 Medical Subsidies for Children	61
Chapter 2 Mental Health and Suicide Prevention	62
Section 1 Promotion of Mental Health	62
Section 2 Prevention of Depressive Disorders	65

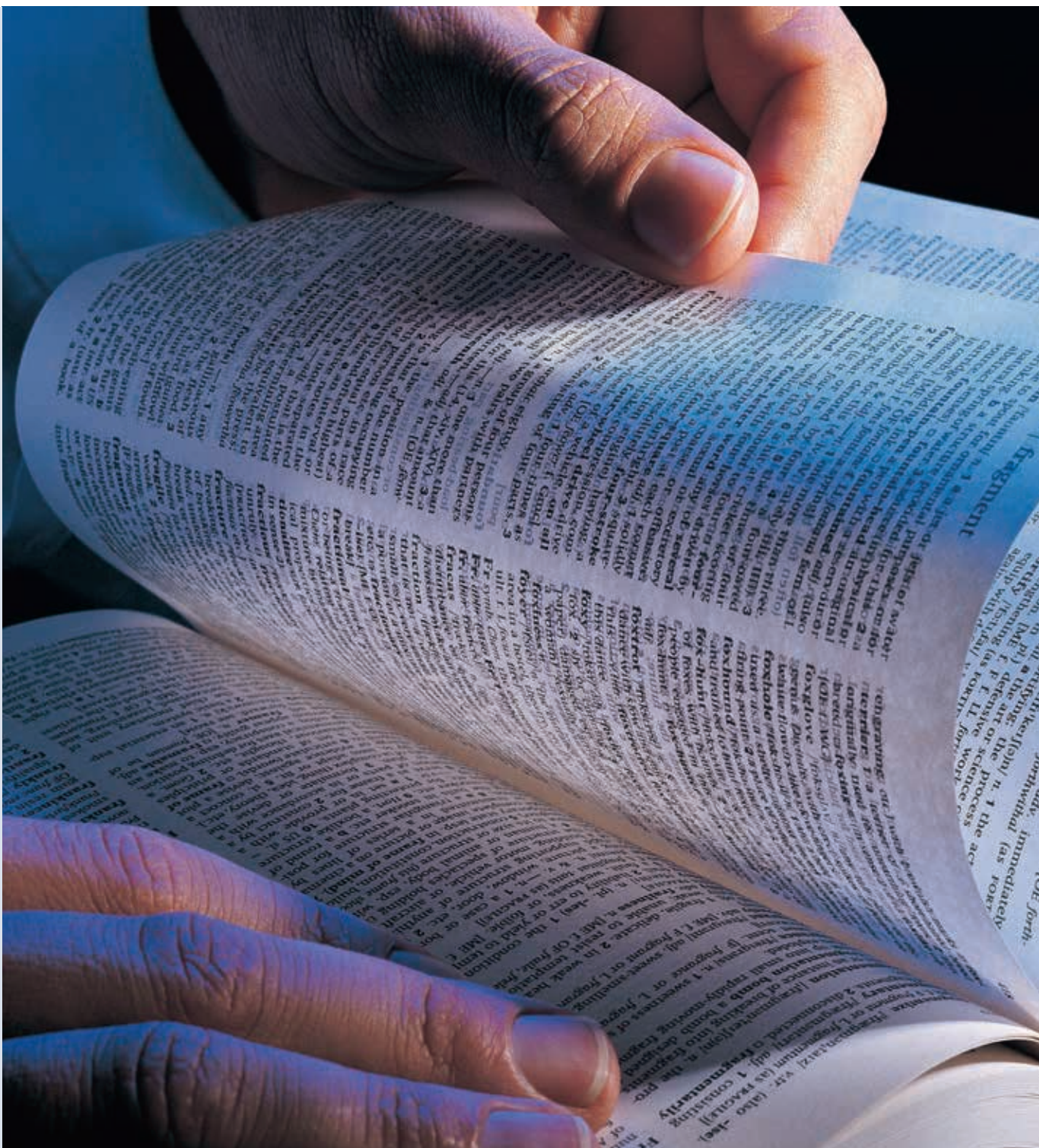
Section 3	Suicide Prevention	65
Section 4	Psychiatric Care and Rehabilitation	66
Chapter 3	Emergency Support and Rescue	69
Section 1	CPR Training for the General Public	69
Section 2	Integration of EOC and Disaster Response Mechanism	71
Chapter 4	Long-Term Care	72
Section 1	Home Care	72
Section 2	Institution-Based Respite Service	73
Section 3	Rehabilitation Service in Community	73
Section 4	The Angel Volunteer Manpower Bank	74
Chapter 5	Management of Medical Institutions and Personnel	74
Section 1	Improvement of the Quality of Medical Care Institutions	74
Section 2	Improvement of the Quality of Nursing Care Institutions	76
Section 3	Improvement of the Quality of Psychiatric Rehabilitation Institutions	76
Section 4	Registration for Practice of Medical Personnel and Training	77
Part 4	Safety Network of Food and Drugs-Building a Healthy Consumer's Environment	81
Chapter 1	Establishing a Joint Inspection System-Strengthening Learning-type Organization	82
Section 1	Safeguard the Safety of Food and Drugs	82
Section 2	Training to Improve Quality of Inspection	84
Chapter 2	Management of Pharmaceutical Affairs	85
Section 1	Inspection and Examination	85
Section 2	Census of Pharmaceutical Dealers and Pharmacies	86
Section 3	Service Fees Collected Online	86

Chapter 3 Management of Food Sanitation	87
Section 1 Inspection and Examination	87
Section 2 Plan on the Prevention of Food Safety and Maintenance of Public Security	87
Section 3 Food Sanitation Volunteers	89
Chapter 4 Building a Healthy Consumer Environment	89
Section 1 Management of Drugs, Cosmetics and Food Advertisements	89
Section 2 Challenging 1824: Health Fitness for Adults	90
Section 3 Promotion of Healthy New Dietary Culture	90
Section 4 Sanitary Management of Business Establishments and Promotion of the Self-Control of Sanitation, the OK Certification System	91
Section 5 Management of Complaints and Disputes	95
Chapter 5 Building a Safe Drug Use Healthy Community	96
Section 1 Education on Safe Drug Use and Control of Drug Abuse	96
Section 2 Home Delivery of Prescription Medicines	96
Section 3 Smoking-Cessation Counseling Stations in Communities	97
Section 4 Promotion of Pharmaceutical Counseling Services for Long-Term Care	98
Section 5 Building Safe Drug Use Healthy Communities	98
Chapter 6 Laboratory Testing	98
Section 1 Improving Quantity and Capacity of Laboratory Testing: the Golden Swallow Laboratory Testing Team	98
Section 2 Free Supply of DIY Reagents for Food and Cosmetics and Laboratory Services	99
Section 3 Mobile Laboratory Service Vans: the Golden Swallow Team	100
Section 4 Development of New Laboratory Techniques	100

Part 5 Improvement of Municipal Hospitals and International Medical Care Services	101
Chapter 1 Promotion of International Cooperation and Exchange in Health	102
Section 1 Subsidies on the Holding of International Conferences	102
Section 2 Operating International Medical Support	103
Section 3 Training Program for Taipei City Hospital	105
Section 4 Development of International Tourism-cum-Medical Care Services	106
Chapter 2 Sales and Promotion of Health and Medical Care	107
Chapter 3 Public Health and Medical Care of the Taipei City Hospital	108
Chapter 4 Outsource Operative Hospitals	128
Section 1 The Municipal Wanfang Hospital	128
Section 2 The Municipal Guandu Hospital	139
Part 6 Strengthening Communicable Disease Control Network	151
Chapter 1 Immunization	152
Section 1 Immunization against Influenza	152
Section 2 Immunization of Children against Streptococcus pneumoniae	153
Section 3 Immunization of 2-6 Year Old Indigenous Children against Hepatitis A	154
Section 4 Human Papillomavirus Immunization	155
Chapter 2 Control of Communicable Diseases in Community	156
Section 1 Control of Enterovirus Infection	156
Section 2 Control of Tuberculosis: the DOTS Plan	157
Section 3 Control of Dengue Fever	159

Chapter 3 Control of H5N1 Influenza	160
Chapter 4 Harm-Reduction against AIDS	161
Part 7 Health Statistics	163
Chapter 1 The Population	164
Section 1 Population and Life Expectancy at Birth	164
Section 2 Population Structure	165
Chapter 2 Medical Affairs Statistics	167
Section 1 Number of Medical Care Institutions	167
Section 2 Number of Hospital Beds	168
Section 3 Hospital Service Capacity	170
Section 4 Medical Personnel	170
Chapter 3 Causes of Death	172
Section 1 Ten Leading Causes of Death and their Changes	172
Section 2 Ten Leading Causes of Cancer Death	175
Appendix Chronicle of Major Events	177
Index	187





Part 1 Introduction

Part 1 Introduction

Chapter 1 Organization Structure

Taipei City was upgraded to a national municipality in 1967. However, the organizational framework of the Department of Health, Taipei City Government (hereafter referred to as the Taipei City Health Department) and its subordinate medical care institutions has followed primarily that of the Taipei City Health Bureau when it was directly under the Taiwan Provincial Government and stayed relatively unchanged for 30 some years. To catch up with the international trend in health and medical care development and thus to become a healthy city at the global level, following the restructuring of the national health organization, action was taken in 2003 and 2004 to review and revise the organizational structure of the Taipei City Health Department and its subordinate medical care institutions with a view to establish a responsibility mechanism of unified authority and duties of clearly defined authority and responsibility to fully manage functions of each department, to allow the existing manpower to execute in full their best and thus to upgrade service efficiency. The Taipei City Health Department was then reorganized from seven sections and eight offices into five divisions and seven offices; the ten medical care institutions were integrated into one Taipei City Hospital; and the 12 district health institutes were restructured into 12 district health centers. The restructuring plan was reviewed and approved by the 9th City Council at its 8th meeting of the 10th interim meeting on July 7, 2004. The restructuring was announced by the Taipei City Government on August 4, 2004 under Fu-Fa-3 Order No. 09312728300 to be effective on January 1, 2005.

The Taipei City Health Department after the restructuring now has five divisions and seven offices. The Division of Disease Control and Prevention is in charge of epidemic monitoring, investigation, training and infection control in hospitals, planning and executing immunization policies, prevention and control of communicable diseases and emerging diseases in communities, disease control for alien labors and employees of business establishments, and commissioning the Taipei City Hospital to conduct matters concerning disease control. The Food and Drug Division manages matters concerning pharmaceutical affairs, drugs, medical devices, cosmetics, food sanitation, nutrition surveys, counseling and management. The Medical

Affairs Division administers medical affairs, hospital management, nursing administration, supply of medicines and medical devices, emergency care, special care and mental health counseling. The Health Promotion Division handles health management and health promotion, supervision, planning and evaluation. The Research and Planning Division operates overall program planning, research and development, program evaluation, international cooperation in health, public relations, supervision and training. The Administrative Services Office handles management of properties, documents and filing, general affairs, payment, and other matters not under other offices. The Laboratory conducts laboratory testing of food, drugs and public health; supports public health-related sampling testing and special testing of complaints and appeals; and accepts applications for testing of foods and drugs. The Systems Administration manages the computerization of information and plans and promotes the automation of office, and supervises the information management of the affiliated organizations. The Accounting Office conducts budgeting and accounting. The Statistics Office handles by law matters concerning statistics. The Personnel Office operates management of personnel affairs. The Government Ethics Office supervises ethical matters.

The ten medical care institutions, the Municipal Renai, Zhongxiao, Heping, Zhongxing, Yangming, Women and Children, the Sanatorium, Chinese Medicine, Chronic Disease and STD Control Institute, have been integrated into the Taipei City Hospital to strengthen the functions of planning, analysis and assessment for local health policies, to clarify authorities and responsibilities of policy formation and implementation, and thus to intensify the public health administrative system. Matters concerning achievements, quality control, medical education, community medicine, procurement of supplies, human resources, and accounting are planned and managed as a whole to attain the goals of direction, supervision, and planning for the overall management strategies.

The health institutes are reorganized into health centers. The organization, missions and functions of the new centers are different from those of the original institutes. The health centers focus mainly on case management and health promotion to strengthen and promote public health functions, including supervision of the newly-established community health building centers, promotion of healthy workplace, management of volunteers, promotion of breast-feeding, prevention of accidents and injuries, promotion of community



Organization of the Taipei City Health Department, 2007

mental health, and health education on specific health issues. The disease control functions of the original health institutes now come under the Division of Disease

Control and Prevention of the City Health Department and the Disease Control Branch of the City Hospital.

Chapter 2 General Status of Manpower

1. Positions of Health Manpower

By positions, of the 3,040 employees of the Department (not including those of the Municipal Wanfang and Guandu Hospitals that are commissioned out), there are ten senior-rank officers, accounting for 0.33% of all; 406 recommended-rank officers (13.36%); 253 commissioned-rank officers (8.32%); 30 employees (0.99%); and 2,341 medical personnel (77.01%).

2. By Education

Of the existing health personnel (not including those of the Municipal Wanfang and Guandu Hospitals), 286 persons hold either doctor's or master's degree, accounting for 9.41% of all; 1,157 persons

hold bachelor's degree (38.06%); 1,298 persons hold a diploma of junior college (42.70%); 207 are graduates of senior high schools (9.77%); and two with other academic background (0.07%).

3. By Qualifying Examination

Not including those of the Municipal Wanfang and Guandu Hospitals, 550 of the existing health manpower are qualified by national examinations, accounting for 18.09% of all; 475 are qualified by general examinations (15.63%); 73 are qualified by special examinations (2.40%); and 604 are qualified by other examinations (19.87%) (such as the elementary and promotion examinations). 1,338 persons are employed by other regulations (44.01%).

Chapter 3 Health Expenditures

1. Budget for Health and Medical Care

Budget for health and medical care for the fiscal year 2007 was NT

\$4,331,330,000, accounting for 3.05% of the total City Government annual budget of NT \$142,046,630,000. Expenditures from the medical care funds were budgeted for NT \$11,742,170,000.

2. Final Account of Health and Medical Care Expenditures

Health and medical care expenditures for the fiscal year 2007 were NT \$4,237,240,000, accounting for 3.06% of the total expenditures of NT \$138,581,030,000 of the Taipei City Government. Total expenditures from the medical care funds were NT \$11,406,380,000.

Chapter 4 Service Quality

Section 1 Overall Improvement of Service Quality

To provide the citizens of Taipei City with quality medical care and to upgrade the quality of medical care services, the Department has, through health and medical care, made available more services in the areas of preventive healthcare, disease control, integration of medical care resources, sanitary management of business establishments, management of drugs, cosmetics and foods, and the promotion of various public health policies.

Four of the Taipei City Health Department and its subordinate organizations participated in 2007 in the 6th Quality Innovation Award, Advancement Award and Partnership Award of the Taipei City Government. Six quality improvement plans were presented

for the Awards, including the Taipei City Hospital Zhongxing Branch on "innovative service at post-partum nursing care institutions;" the Yangming Branch on "electronic mobile clinic;" the Xinyi District Health Center on "health promotion for the elderly - case management of dementia patients;" the Department on "reducing unqualified rate of noodle products in Taipei City" and "improving laboratory testing techniques of the Golden Swallow Team;" the Taipei Municipal Guandu Hospital on "establishing a community-oriented hospital for chronic diseases and long-term care." These plans aimed at making health information more accessible to the public to build together with the people a healthy living environment.

To continue to improve service quality, to activate functions of organizations, and to provide the public

with high-quality health and medical care services, the Department has formulated a “plan to review for the service quality award in 2007” and another “plan to upgrade service quality,” and, in coordination with the actions of the Research, Development and Evaluation Commission of the Executive Yuan and the Research and Evaluation Council of the Taipei City Government, amended relevant plans to supervise subordinate divisions and health/medical care institutions in their execution of the plans to improve service quality.

On December 17, 27 and 28, 2007, five training courses were held at the Civil Service Manpower Development Institute of the Taipei City Government on “creating competitive superiority through innovations,” “utilization of public opinion polls,” “promotion and service quality of health,” “win-win strategies for both internal and external clients,” and “future directions of healthcare” to improve the professional capacity and service quality of the research and evaluation staff of the Department and its subordinate organizations.

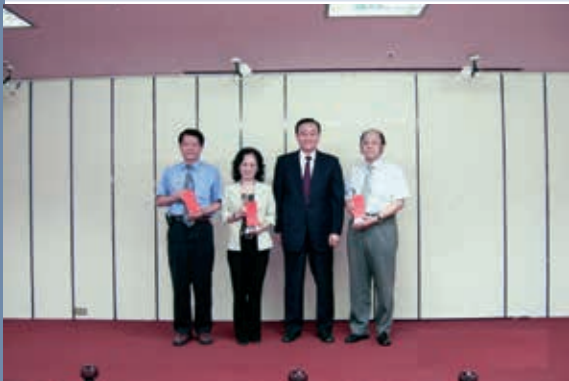
To assure that each organization processes official documents following the standard operational procedures of the Taipei City Government in time and of high-quality, the Department organized inspection teams to visit branches of the Taipei City Hospital and the 12 district health centers for on-site inspections on the timeliness of documents, processing

and filing, and handling of classified documents. In 2007, the Department was assessed excellent for document management by the Taipei City Government.

For the inspection and evaluation of various program activities and their schedules, an index management system has been set up. In 2007, 178 indexes had been established. Reports on progress were presented and discussed at the monthly staff meetings. Schedules that had lagged behind (80% of the goal) were reviewed and improvement strategies made for goal attainment and to meet the demands of the public.

Section 2 Service Effectiveness

The Department, for many years, has made all efforts to realize the three-stage, five steps concept of public health, and to integrate in all program activities the ideas of the Ottawa Outline of the World Health Organization, to attain the goals of health promotion through the formulation of healthy public policies, to build supportive environment, to strengthen community participation, to enhance individual capabilities, and to adjust orientation of healthcare services, with a view to protect the health of the residents by the “healthy Taipei City,” to provide the public with the best services, and to link with the WHO health system to move Taipei City toward an international city.



Receiving award from DOH, Executive Yuan on comprehensive assessment



Receiving award from DOH, Executive Yuan on medical affairs



Receiving award from Mayor Hau on innovative proposals

The “establishing a community-oriented hospital for chronic diseases and long-term care” plan proposed by the Taipei Municipal Guandu Hospital won the Partnership Award of the 6th City Quality Award. The Department has urged the subordinate organizations to strive for improvement, and thus to provide the citizens with higher-quality health and medical care services.

By the evaluation regulations of the program implementation plans for 2007, the item, “making community health part of life,” was chosen for evaluation. Through efforts of all organizations concerned, the goal has been met by schedule.

The Department also won the second prize in the first group of the General Award, second prize in the first group of the Healthcare Activities – Indexes, and third prize in the first group of the Medical Affairs of the 2006 evaluation of local health organizations conducted by the Department of Health of the Executive Yuan . The Wenshan District Health Center won the first prize in Space Planning of the second Health Center Award conducted by the Bureau of Health Promotion of the Department of Health, the Executive Yuan. The Department has demonstrated, within the limited available resources, her outstanding achievements in work performance.

The plan for the establishment of a fee collection system in Taipei City – operational procedures for administrative fines and service to the public, proposed by the Food and Drug Division of the Department was submitted to the Innovative Idea Committee of the Taipei City Government for review and was accepted at the primary, and eventually won the first prize of the Advancement Award .

Chapter 5 Health Information Network

The primary functions of information management of the Taipei City Health Department are to plan for the computerization of various program activities, supervise, promote and integrate the information systems of the Department and its subordinate health centers to develop more comprehensive health information, and to coordinate and cooperate with the National Health Information System in the promotion of major program activities.

Section 1 Development of Information Systems

To effectively promote the information activities of the Department, a system to integrate information of the Department, the Taipei City Hospital and the health centers was set up in 2007. Through transparency of information and sharing of medical care information, the consistency, accuracy and real-timeliness of information are attained. More will be done to integrate cross-departmental information systems to improve the decision-making and management functions. The Staff Directory has names and addresses of all staff members for real-time e-mail and PHS message to facilitate communication. The Administration Information System inaugurated in February 2007, of which, the attendance management system, the

conference room management system and the application for supplies system, make the operational procedures more precise and simplified to reduce paper work. The procedures are now made online to save time on making applications for leave, overtime, and progress of the processing of applications. The original "Events of the Department" initiated in January 2007 is now "Chronicle of Major Events" to include major events of the Department, the City Hospital and the health centers during the year and also any documents and files online to help all divisions and units concerned store and manage their information and to set up their own blogs.

A Symposium System has also been set up for professional workers to apply for registration online. The number of likely participants for each symposium can thus be more accurately estimated.



An updated version of the Taipei City Health Department website

The Communicable Disease Information Integration System establishes links for disease control information. In collaboration with the Center for Disease Control of the Department of Health, the Executive Yuan, information on disease control is provided and uploaded and integrated periodically on the GIS system of the Department to understand the epidemic situations and also to respond to the public's inquiries on information of disease control. This System won the Grade A prize of research reports of the Research and Evaluation Council of the Taipei City Government. To simplify the administrative processing of medical institutions, Internet facilities have been utilized to support reporting procedures to shorten time required for application and to attain the goal of effective management. By December 2007, 1,535 institutions had been in use of this system for a total of 16,536 applications.

Section 2 Cooperating with the Plan of the Department of Health, Executive Yuan

Work is continued to coordinate with the "Internet reporting system of health information," "reporting system for suicide prevention," "reporting and integrated system for psychiatric care," "online management system for the assessment of physical and mental

disabilities," "online application system for medical advertisements," "online account application system for medical care institutions," and "long-term care information system" of the Department of Health, the Executive Yuan. By the use of information technologies, the overall and consistent Internet technology has been promoted to medical care institutions for health information services to realize the computerization of reporting, and thus to reduce time lost in paper work. The original "psychiatric care system" of the Department was integrated into the National Health Department's system in November 2007. Cases reported by medical care institutions will then be accepted by public health nurses for home visit and care management to improve the effectiveness of case care/management and follow-up. In this way, the Department has effectively laid foundations for the electronic system of healthcare for the public; and at the same time, the central government can access the real-time information for the country as a whole.

Section 3 Working in Line with the Plan of "Setting up a Single Sign-in Page and Integration of the Content" by the Health Centers of the Taipei City Government

The information systems developed by the central government organizations have come more and more in number. To help county/city health bureaus set up a consistent and professional operational platform as a catalogue service management system for health workers, counties and cities have integrated their existing systems with other information systems. In 2007, action was taken to plan and integrate the information systems within the Department to enhance work efficiency. The System, since the inception in 2005, has integrated the health information reporting system, medical affairs management system, health stations system, and the controlled drugs management system of the National Health Department for single entry to enhance efficiency.

Section 4 Promotion of Public Health Information

To promote health maintenance and management for residents of Taipei City, since July 1, 2007, a project entitled “health and medical care double wins – Wellness Card point collection” has been carried out on trial basis to encourage citizens to accept immunization on regular basis, to self-manage their health through screenings for five major cancers and three-highs, high blood pressure, high cholesterol and high blood lipid, or to



The point collection on Wellness Card begins, July 1, 2007



Medical personnel online application for practice in other institutions

attend health seminars or participate in health-related activities, and to serve as health promotion volunteers. The points earned on the health card can be accumulated. For every two points so accumulated, they are entitled to health promotion and care services later when need be. Through this “Wellness Card,” citizens are encouraged to fully utilize the healthcare services offered by the health centers. By the end of December, 76,199 cards had been issued. In addition, to strengthen the management of the “system for the management of the re-issuance of certificates for medical

subsidies to children” to assure the accuracy of the issuance of certificates, a database on the certificate issuance system and management was set up in 2007 to allow personnel of the 12 district health centers to more effectively control the issuance of certificates for medical subsidies to children by checking their qualifications against the information of the household registration office. With the certificate, children are subsidized for their medical costs at contracted medical care institutions.

To strengthen the management of screening for children, to provide them with quality services for the early assessment of development and early intervention, medical care institutions can search for the medical subsidy status of the children in question through the Department’s “information system on medical care services for early intervention of children of retarded development” to guarantee the accuracy of subsidies and to effectively control claims to reduce wastes in medical care resources. The processing of application is computerized; the work efficiency of the Department and that of the medical care institutions is also enhanced.

Section 5 Internet Service

To make available demand-oriented electronic services to the public, the website of the Taipei City Health

Department (<http://www.health.gov.tw>) was renewed in April 2007. New information on health and health-related activities is posted everyday in colors and pictures, rich in contents and clear at glance, to appeal to the visual sense of the public.

The front page of the new website contains two columns of “express news” and “subscription to e-bulletin.” By the end of December, some 3,000 viewers had subscribed to the e-bulletin. The “medical care counseling” page has 35 categories, and the questions asked by the e-generation viewers are diversified. By the end of December, 20,854 inquiries had been made. Information on difficult and complicated health problems can be found online to help people access to health and medical care information online. The web pages are more lively and vivid, and the contents have been adjusted.

The “express news” on the front page has the information on the newest activities of the Department and issues most interesting to the public; viewers can quickly access to the most recent information.

The “health information” page compiles various educational materials related to health issues such as vision health, maternal and child health and genetic health, mental health, ten leading causes of death, obesity, sex education, AIDS and other major diseases.

The “health interaction” page allows

viewers to check their own health and to review activities of past years of the Department; viewers can thus understand their own health and at the same time know about the health-related activities organized by the Department in past years. People are thus made to understand the importance of their health.

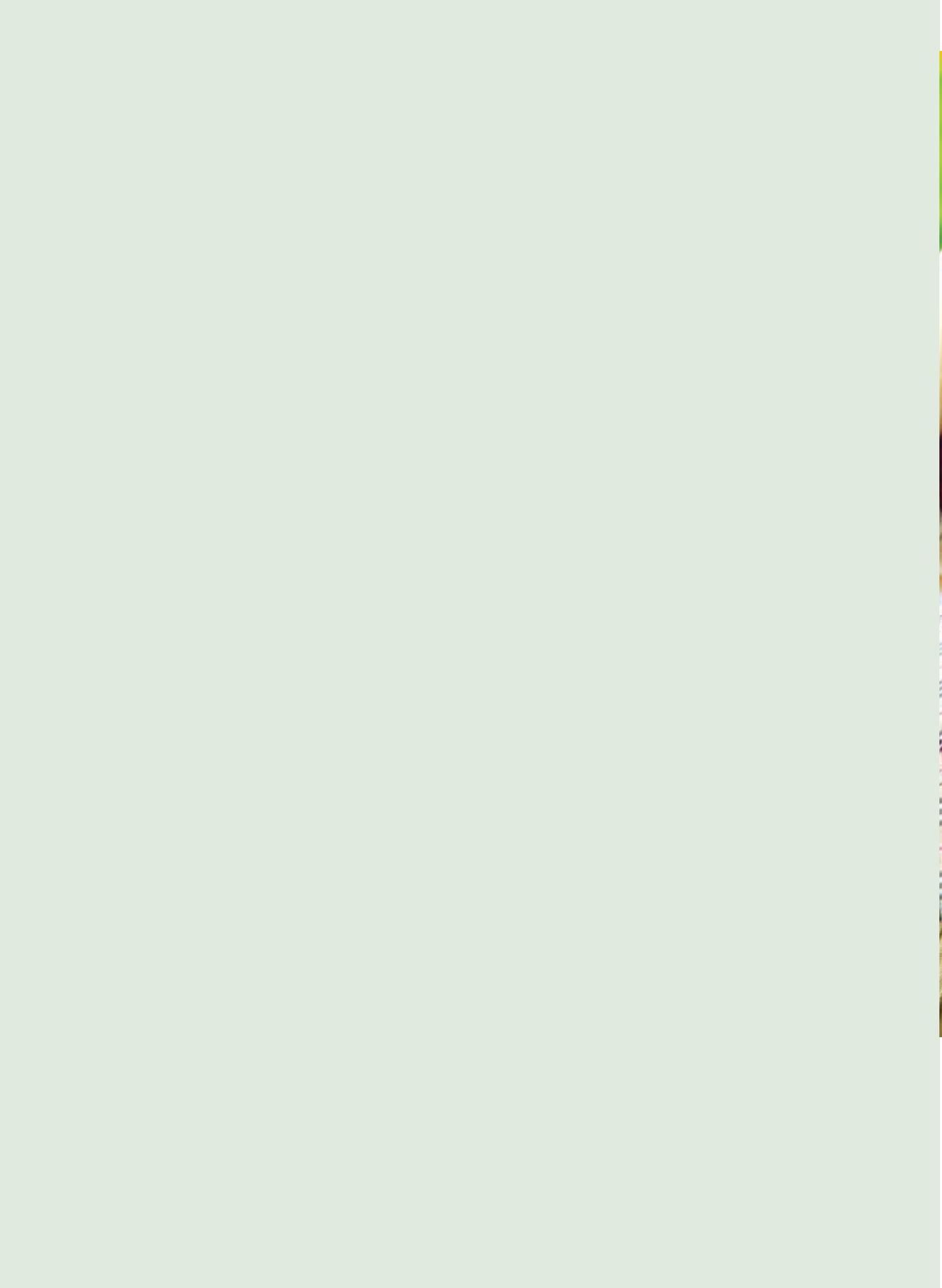
This health information website tailored to the viewpoint of the public integrates various medical care resources to provide the public with quick and convenient health and medical care information and also serves as a platform for the exchange of professional knowledge. The design and development of the website meets the requirements of the “specifications on the development of obstacle-free website” of the Research, Development and Evaluation Commission of the Executive Yuan to make available more convenient health information services to the public.

To make available equal health information of health and medical care to alien residents in Taipei City, an English-version website is also set up. Health information is renewed every two weeks to allow alien residents to know about the health and medical care policies of Taipei City.

Section 6 Information Training

Facing the era of information, to allow

new employees of the department and its subordinate health centers to promptly adjust to the use of computers in program operation, training on information services had been held in 2007. Teaching materials on the information demands of each unit have been compiled with diversified, vivid and practical materials to induce learners to actively participate in the learning process. The training focuses primarily on three categories, “use of personal computer,” “use of software tools,” and “use of the information systems of the Taipei City Government,” and 23 subject matters such as “integrated use of Office,” “the revised edition of the Taipei City Health Department website,” “enjoy being online,” “quality information on website,” “introduction to the use of blog,” and “information security.” The total hours of training were 100 hours, and the number of participants was 440.





Part 2 Shaping Healthy Lifestyles of the Citizens

Part 2 Shaping Healthy Lifestyles of the Citizens

Chapter 1 Health Promotion and Maintenance

Section 1 Maternal and Child Health and Genetic Health

To guarantee the health of the next generations, services in maternal and child health, genetic health and reproductive health for pregnant women, infants and young children, and special groups have been offered. Through measures such as pre-natal genetic diagnosis, screening of the newborns for congenital metabolic disorders, blood screening of pregnant women for Down's syndrome, and subsidies to induced abortion and IUD insertion, the willingness of the public to accept these services is enhanced and their medical costs are reduced. Home visits are made to follow-up suspected cases so detected or cases with genetic disorders and their families to offer them counseling, referral and guidance in reproductive health to minimize the births of children with congenital genetic defects. The population policy is actively promoted; marriage counseling is offered; and health education of the public is conducted to help people build happy and healthy families.

1. Genetic Health

To build a supporting environment for marriage and reproduction, seminars on marriage and population policies have been organized; post-marital and pre-natal health examination is promoted; a booklet on genetic health for the newly-weds has been distributed to advocate the importance of pre-natal genetic health. Subsidies to fertility regulation (such as sterilization, IUD insertion and induced abortion) are made to members of special groups (the married mentally retarded, mental impairment and underage women) for a total of 26 cases.

To improve the quality of population, subsidies to genetic health services were offered in 2007 for pre-natal genetic diagnosis, screening for Down's syndrome, genetic health examination for a total of 7,833 person-times, and 19,935 person-times for screening of the newborns for congenital metabolic disorders. A total of 269 families with children of congenital anomalies and congenital metabolic disorders (suspects) had been followed-



Citation of genetic health volunteers



Health counseling station for new immigrants



New immigrants supporting group

up for management to help them accept early treatment and thus to minimize the occurrence of mental disorders.

2. Healthcare for the New Immigrants

To provide healthcare to the new immigrants and their children, using information collected through marriage registration and birth registration, services in genetic health and reproductive health were offered, for a total of 2,773 families in 2007. In 2007, 181 families of new immigrants were reported and home-visited for early intervention during the pregnancy period. 12 community health counseling centers for the new immigrants have been set up to serve 8,511 person-times. Bilingual handbooks on healthcare for the new immigrants, genetic health for the newly-weds, healthcare during pregnancy, child care and women's healthcare have been produced. New immigrant supporting

groups are set up in the 12 district health centers to conduct 111 educational activities for the new immigrants for a total of 6,233 person-times of participants.

3. Breast Feeding

To promote breast-feeding, 19 "mother-infant-friendly medical care institutions" were certified in Taipei City in 2007; three medical care institutions more over 2006. Action was also taken to train 198 breast-feeding volunteers; and supervise public and private organizations and companies to set up 377 breast-milk collection rooms, at a growth rate of 8.02%. The Internet is used to advocate the advantages of breast-feeding, to provide women with relevant information, and to enhance public support for the breast-feeding policy. A total of 17,300 person-times have visited the website. Two leaflets on "early skin contact between mother and infant" and "10

ways to increase mother's milk secretion" have been produced and placed at the 12 district health centers, obstetrics and gynecology clinics, and pediatric clinics of medical care institutions to promote breast-feeding. Thus far, 16,000 copies of these leaflets have been distributed. A hot-line for counseling on mother's milk has been set up to provide women with accessible and continuing support and counseling on breast-feeding. 647 person-times of women have used the hot-line. Training has been given to breast-feeding related medical and nursing personnel, volunteers and child-care workers for seven times for a total of 704 participants. Surveys of 25 obstetrics and gynecology medical care institutions in Taipei City on their breast-feeding rates have been conducted. The breast-feeding alone rate of women during hospital care is 60.18%; the breast-feeding alone rate within one month after delivery is 47.23%; and the breast-feeding alone rate within two months after delivery is 36.79%.

Section 2 Healthcare for Children and Adolescents

To provide comprehensive preventive healthcare services to pre-school age children to promote the holistic service and management model, and to improve the self-care knowledge and skills of adolescents in the care of their mental

and physical health, to help them develop correct concepts and habits of health, to reduce the occurrence of diseases and injuries and thus to upgrade the quality of health, plans and policies relevant to the health of children and adolescents have been formulated. The main purposes are: (1) to provide pre-school age children with integrated screening services for early detection and early treatment; (2) to help children and adolescents develop correct knowledge on health, positive attitude toward health and sound lifestyles; and (3) to construct pluralistic healthcare networks for children and adolescents.

1. Development Screening for Pre-School Age Children

(1) To early detect children of retarded development, the Health Department, the Department of Social Affairs and the Education Department join together to conduct screening of children 0-6 years old. The Health Department subsidizes children 0-3 years old for development screening at the contracted medical care institutions at the time when they visit there for care; the Department of Social Affairs and the Education Department focus on the screening of children in kindergartens and nurseries. In 2007, a total of 29,309 children 0-3 years old had been screened to find 1,400 of suspected retarded development. They were referred

to the referral reporting center of the Department of Social Affairs for further follow-up and management.

- (2) To upgrade the healthcare quality for children in Taipei City, two workshops for the training of seed workers on child development screening and reporting have been organized for 600 participants. Radios, press releases and healthy baby contests have been used to improve the knowledge of the public on children screening. Bilingual printed materials (Chinese-English, Chinese-Indonesian, Chinese-Vietnamese, and Chinese-Thai) have been produced and videos on the health checking of children (Chinese-English, Chinese-Indonesian and Chinese-Vietnamese) are posted on website for downloading by medical care institutions and parents, and are also used at the time of health examination, immunization and home-visiting.

2. Screening of Pre-School Age Children for Visual, Hearing and Oral Cavity Health

(1) Visual Health for Pre-School Age Children

The age before six years is the critical period for the effective correction of strabismus and amblyopia of children; it is also the last chance for the vision screening of pre-school age children. It is hoped that through vision screening, the vision problems of strabismus, amblyopia and myopia of young children can be detected earlier for timely and effective correction to prevent the worsening of vision.

- 1) Four workshops on integrated community screening for pre-school age children have been conducted for 800 participants. Proposals for a short video on oral cavity and visual health have been solicited. The video has been played on the



Training of leaders in breast-feeding



Development screening for pre-school children

Eastern TV Channel Yo Yo for 40 times for community education.

- 2) Vision screening: In 2007, 43,396 children 4-6 years old in kindergartens and nurseries had been screened for vision, strabismus and amblyopia. In the primary screening, 11,725 children were found abnormal, giving an abnormal rate of 27%. Of them, 11,556 accepted a second screening, at a rate of 98.6%; and 8,925 were found abnormal, giving an abnormal rate of 20.6%.

(2) Hearing Screening of Pre-School Age Children

Hearing plays an important role in the language development of young children. Hearing impairment not only affects the language learning of young children and their communication with others; it can also bring about in later days poor coordination in cognition, socialization and emotional development; and the impact is far-reaching.

- 1) Training programs on the standardization of hearing screening for pre-school age children have been organized to train 140 nursing personnel of the health centers and temporarily employed home visitors. Two workshops on the hearing health of infants and young children are conducted for 100 participants.

Four training courses for teachers and caregivers of kindergartens and nurseries are conducted for 800 participants. Through press releases and radio broadcasting by physicians, the importance of hearing screening for pre-school age children is advocated.

- 2) Hearing screening: In 2007, 16,163 children 3-4 years old had been screened. In the primary screening, 937 were found abnormal, giving an abnormal rate of 5.8%. Of them, 920 accepted a second screening, at a rate of 98%; and 168 were found abnormal, giving an abnormal rate of 1%.

(3) Oral Cavity Healthcare for Pre-School Age Children

To understand the dental caries rate of young children in the Taipei City-registered kindergartens and nurseries, work was continued in 2007 to examine 51,209 children in these institutions for their oral cavity health.

- 1) Promotion of mouth rinsing with fluoridated water for the prevention of dental caries: Survey of the dental caries status of pre-school age children in Taipei City in 2005 shows that the milk tooth caries index for children 3-6 years old is 3.2 teeth; and the prevalence rate of dental caries for children in the first grade is as high as 58.56%. Fluorides



Citation of healthy kindergartens



Debate contest of university students on sex education

are currently the most effective tool for dental caries prevention. The Ministry of Education is promoting a dental caries prevention program for all primary school children throughout the country by mouth rinsing with fluoridated water to prevent dental caries and improve the cure rate of dental caries. In 2007, 26,454 children 5 years old in kindergartens and nurseries in Taipei City took part in this project. The practice was highly appreciated by both parents and teachers.

- 2) A demonstration project for the prevention of dental caries of physically and mentally disabled school children by fluoride coating: Disabled children often have difficulty in rinsing mouth; for it takes some learning, understanding and coordination for children to rinse their mouth. They are therefore not included in this project of mouth rinsing. To protect their oral cavity health, Taipei City began a special

project in 2007 by way of fluoride coating. A total of 283 children took part in this project.

- 3) To make school children, parents, teachers and caregivers understand the importance of oral cavity health, a clean teeth contest of pre-school age children was held. At the end, three each were chosen for the children's group and the parent-children's group; and six other won the prizes of clean mouth, the best tooth brushing skill, and the best user of dental floss.
- (4) Healthy Kindergarten Environment
 - 1) The mental and physical development of a child affects his/her learning and personality development in later days. The Department thus initiated in 2002 the first project in the country the plan for the accreditation of healthy kindergarten environment. The project became a "self-management and special feature development" project in 2007 to encourage the

passively accredited schools to take initiative in self-management. They are also encouraged to develop special features of their own focusing on certain health issues to maintain and improve the health quality of the kindergarten, and to allow children to learn and grow in a healthier and safer environment.

- 2) In 2007, 521 kindergartens and nurseries applied for the assessment of the self-management of healthy school environment; 479 of them passed the assessment. 83 kindergartens and nurseries developed their own special features focusing on five health issues, visual health, oral cavity health, nutrition and health, communicable disease control, and prevention of accidents and injuries. 131 program proposals were received and of them, 74 were accepted. Their achievements were shared at the 2007 healthy school environment self-management award celebration.

3. Health Promotion for Children and Adolescents

- (1) Developing Special Features of Health Promotion for Children and Adolescents
Medical care institutions and youth-related associations are encouraged to develop programs of special features for the health

promotion of children and adolescents. Medical care institutions will thus be able to go more actively into schools and communities to advocate and promote health promotion for children and adolescents.

1) Health Clinics for Adolescents

At present, there are three health clinics for adolescents, the sex education clinic of the Taipei Municipal Guandu Hospital, the acne clinic of the Kungming Branch of the Taipei City Hospital, and the sports injury prevention clinic of the Taipei Municipal Wanfang Hospital. They offer medical care and counseling services to the adolescents and visit schools to give lectures on health promotion.

- 2) Information on the "My Youth Days" website is renewed to provide the youths with correct information on sex. This website is rated by the Corporate Taiwan Website Classification and Promotion Foundation as one of the best.

3) Training of Seed Workers for the Health Promotion of Children and Adolescents

60 have been trained. They visit schools and communities for health education.

- (2) Debate Contest on Sex Education for College Students

The 1st Taipei Debate Contest

on Sex Education for College and University Students was held on December 2, 2007, at the National Chengchi University. Students from seven colleges and universities in eight teams took part in this contest. Through debate contests, students, in the course of personal participation, collection of information, thinking and discussion, and clear presentation, can understand deeply the real meaning of sex education. Through public debating, they have the opportunities to clear in their minds the myths and doubts about sex and answers to these doubts to develop more positive concepts and attitudes toward sex education.

Section 3 Healthcare for Adults and the Elderly

To provide high-quality disease prevention and care services to adults and the elderly, efforts of specialists and scholars in all disciplines and medical groups have been consolidated to jointly promote healthcare services. People are made to understand more various chronic diseases and their control to minimize complications of these diseases.

1. Prevention and Healthcare of Cardiovascular Diseases

To make people understand better the prevention and control of cardiovascular diseases and thus to take action accordingly, 36 workshops were organized in 2007 for a total of 2,000 participants. In coordination with the “World Heart Day” and the “World Hypertension Day,” two promotional activities had been held for 1,500 participants.

2. Prevention and Healthcare of Diabetes

36 workshops on diabetes were held in communities in 2007 for 1,856 participants. To improve the self-care capacity of diabetes patients and their families, action was taken together with the Department of Health of the Executive Yuan and the ROC Diabetes Society to hold a “Health and Vitality



“Hand in hand and heart to heart”, cardiovascular disease prevention promotion



Health and vitality garden party – diabetes prevention promotion



“Go, go, remember” – prevention of dementia



Prevention of kidney diseases



"Say goodbye to allergic asthma" – asthma prevention promotion



"Overcoming bone fractures" – osteoporosis of women in menopause

Garden Party – 2007 World Diabetes Day" for 2,000 participants.

3. Prevention and Care of Dementia

24 workshops on dementia were held in 2007. 12 health education activities on dementia were held in communities together with the Department of Education of the Taipei City Government and the community college for 2,000 participants. To reach a consensus on the care of dementia patients among professional caregivers, a training course was held for 306 professionals in the care of dementia cases. 15 community rehabilitation activities were organized together with the Department of Social Affairs of the Taipei City Government and day care centers for 267 participants. In collaboration with the Taiwan Dementia Association, a garden party, "Go! Go! And Remember," was organized to celebrate the World Dementia Day for 1,200 participants.

4. Prevention and Healthcare of Renal Diseases

24 health education activities were organized for 1,164 participants in 2007 to make people understand more about renal diseases and their prevention. 44 screenings were held in communities for case detection.

5. Prevention and Healthcare of Asthma and other Diseases

In coordination with the World Asthma Day, activities on allergic asthma were held in 2007 together with the Taiwan Asthma Education Association for 1,000 participants. On December 2, 2007, a garden party, "Stay Away from Stroke, Embrace Health," was held jointly with the Taiwan Stroke Society at the Daan Forest Park for 1,200 participants. On the scene, stroke prevention kits were distributed for use at home at any time. People were also urged to change their lifestyles for the prevention of stroke.

6. Health Promotion and Healthcare for Women in Climacteric

Training was offered to 89 seed workers of the climacteric-supporting groups. 136 workshops were held in communities for climacteric-supporting groups for a total of 2,368 participants. More than 352 community educational activities were organized for some 15,019 person-times of participants. On the World Osteoporosis Day on October 20, an activity on “Bone Care” was held together with the ROC Osteoporosis Society for 500 participants.

Section 4 Healthcare for Indigenous Peoples

To realize the provisions of Article 5 of the Health and Medical Care Autonomy of Indigenous Peoples in Taipei City Act: “To strengthen the health and medical care education, the City Government shall implement health promotion activities for the indigenous peoples,” and Article 6: “The City Government shall provide the indigenous peoples in Taipei City with preventive healthcare services,” the Department continues to provide the indigenous peoples with preventive healthcare and health promotion activities.

1. Preventive Healthcare Services

To improve the health of the



Health promotion lectures for indigenous people

indigenous peoples, health examination for the elderly has been conducted for six times in communities to provide health examinations for the elderly indigenous people above 55 years in Taipei City. In the year, 524 indigenous people participated in this project.

2. Health Promotion Activities

By the 2004 Statistics Yearbook of the Indigenous Peoples in Taiwan, if the death rate of the indigenous peoples in the country as a whole, when compared with that of the general public of Taipei City, is statistically significantly higher than that of the general public of Taipei City, the indigenous peoples will be categorized under the item, “indigenous peoples with unusual health problems due to special ethnical and cultural features,” for intensified care. On March 23, 2006, it was announced that the unusual health problems of indigenous peoples due to special ethnical and cultural features be: accidents and injuries, chronic liver diseases and cirrhosis, cerebrovascular diseases, tuberculosis, bronchitis,

pulmonary emphysema and asthma, hypertensive diseases, certain conditions originated in perinatal period, congenital anomalies, duodenal and stomach ulcer.

Health promotion activities have been continued. In 2007, in collaboration with the Taipei City Indigenous Peoples Affairs Council and the Taipei City Hospital, the Department had conducted 12 health promotion and screening activities for oral cavity cancer, liver cancer screening for those above 40 years, chest x-ray examination, colon-rectum screening for people aged 50-69, mammography examination for women 30 years and above, Pap-smear examination, three-in-one examination (for blood pressure, blood sugar and cholesterol), for a total of 1,473 persons.

Section 5 Promotion of Wellness Card

1. Point-Collection on the Wellness Card

To make the citizens more health-conscious and thus to earn more health capitals and to protect their own health, a pilot project, "Wellness Card," was tried out between July 1 and December 31, 2007. Health points can be collected on the Wellness Card at the time of immunization, screening for five major cancers, screening for the three-highs, or participation in health lectures and health promotion

activities or serving as volunteers at the 12 district health centers and the Taipei City Mental Health Center. When the points are cumulated to certain amount, the collectors are entitled to free health services such as health education or health examination offered by the Taipei City Hospital.

To make more people understand the nature of the Wellness Card and participate in related activities, the public is encouraged to use more the Card and less the National Health Insurance IC Card to protect their health. In total, four news releases had been issued; leaflets on "health protection for the citizens of Taipei City through the Wellness Card" had been distributed and posters displayed; advertisements on buses and the Bee-TV, and light-boxes at the MRT stations had been shown to promote the Wellness Card.

2. Achievements of the Wellness Card

During the trial period, some 75,250 cards had been issued; and the total points collected were 71,141. 19 persons had collected enough points to visit the Taipei City Hospital for free services. Points collected under each of the five major items are: 24,551 person-times for the screening of five major cancers, 23,106 person-times for immunization, 14,492 person-times for health lectures and health promotion activities, 2,719 person-times for screening of the three-highs, and 3,645



Helping the elderly apply for Wellness Card



Promotion of the Wellness Card

person-times as volunteers. Surveys show that 92.4% of the citizens are satisfied or very satisfied with the Card; and of them, 92.1% would participate in this activity again next year. This Wellness Card activity seems to be highly regarded by the public.

Section 6 Health Fitness

1. To promote the health fitness of the citizens, educational activities have been organized at fixed hours at fixed sites in communities to attract 18,310 person-times in 6,576 meetings, 2,276 person-times in 42 health fitness testing, and 27,631 person-times in 1,679 hiking.
2. The 2007 Taipei Fair of Vital Families was held at the Daan Forest Park together with the Nescafe Co. for 5,000 some people.
3. An 1111 Health Hiking Day – Marching Forward Happily” was organized together with the ROC Healthy Life and Physical Exercise Association for 4,000 some people.
4. A video on hiking and waistline has been produced and shown on TV for 32 times. 2,000 pieces of DVD and 1,000 copies of posters have also been produced for use at the 12 district health centers.
5. A questionnaire survey on the “cost-effectiveness of hiking” was conducted. The findings show that the hiking classes are highly regarded by the people. It is recommended that more should be done in the future.
6. Work is commissioned out for the production of two commercials on the Wellness Card and the “stay away from metabolic syndromes by keeping waistline at 80-90.” These commercials have been shown on TVs for 218 and 225 times. Two ten-minute programs on the Health Card and two sixty-minute programs on the Waistline at 80-90 are made and shown.

Section 7 Tobacco Hazards Prevention

The Tobacco Hazards Prevention Act was implemented in 1997. In order to all-directionally promote tobacco

hazards prevention, and to deeply root in the mind of each citizen the concept of refusing smoking, violations of tobacco hazards have been punished since 1998; and in 2000, public places in Taipei City were supervised to either totally ban smoking or setting up smoking areas. In 2001, work began to promote smoke-free restaurants; and later on, to promote, advocate, supervise, assess and inspect certification of smoke-free beauty parlors, smoking-cessation classes, smoke-free workplaces, smoke-free schools and hotels, and smoke-free parks, with a view to establish, following the policy of the central government, a healthy city, and to develop a tobacco hazards prevention project that can best reflect the special features of Taipei City. The idea of refusing smoking can thus be deeply rooted in the minds of the citizens, and resources for tobacco hazards prevention can be better consolidated to reduce the smoking rate of

the citizens, to improve smoking-cessation rate, to prevent second-hand smoking and to set up an anti-second-hand smoking environment to build eventually a healthy Taipei City of no tobacco hazards.

1. Building a Smoke-Free Environment

(1) Education against Tobacco Hazards

1) Community-Based Tobacco Hazards Prevention

Community and private sector resources will be consolidated to conduct in communities, schools and workplaces educational programs on tobacco hazards prevention to enrich the public's knowledge on tobacco hazards prevention, and to encourage them to refuse smoking. In 2007, 16 anti-tobacco educational activities and 630 community and school activities had been held.

2) A Smoke-Free Map

Tobacco hazards prevention-



The Taiwan Health Month activity



Smoke-free park – anti-smoking volunteers' rally

related information is consolidated to set up a tobacco hazards prevention website. Various channels and contests are used to make the public know about this website, and to provide them with complete and convenient information related to tobacco hazards prevention. On the map, there are smoke-free restaurants, smoke-free workplaces, smoke-free schools, smoke-free parks and smoking-cessation resources. In June and August 2007, two promotional activities were held on the website.

3) Tobacco Hazards Prevention for Women

Wedding studios, cake shops, restaurants catering for wedding parties, infants goods, medical care institutions in Taipei City, and industries focusing on women consumers are brought together to promote tobacco hazards prevention for women. Activities such as selection of women anti-tobacco ambassadors and others are organized to improve the anti-tobacco notions of women, to encourage them to stay away from tobacco products and thus to promote their health. On December 23, 2007, at the K Mall Square in front of the Taipei Railway Station, the final contest of the women anti-

tobacco ambassadors was held. Promotional activities had also been held at the Warner's Studio, the Daan Forest Park, Hsimenting, and the Sing Kong Mitsukoshi Department Store.

(2) Establishing Smoking-Cessation Resources

1) Smoking-Cessation Classes

To encourage smokers to quit smoking and thus to protect their health and the rights of others, medical care institutions in Taipei City are consolidated to organize smoking-cessation classes to provide smokers with convenient smoking-cessation services and information. In 2007, 10 medical care institutions in Taipei City organized 31 smoking-cessation classes. In addition, two training courses had also been organized for school teachers and medical personnel on tobacco hazards prevention. A demonstration session on smoking-cessation class was held at the Taian Hospital.

2) Smoking-Cessation Counseling Stations in Community

Resources of the community pharmacies are integrated to provide the public with accessible smoking-cessation services to improve their willingness to quit smoking and the smoking-cessation

rate. In 2007, training courses on smoking-cessation were organized for pharmacists to encourage the establishment of community-based smoking-cessation counseling stations. In the year, 46 such counseling stations had been set up to provide 603 person-times of counseling and 402 person-times of case visiting.

(3) Establishing and Promoting Smoke-Free Environments

1) Smoke-Free Parks

To maintain the health of the public, to prevent them from hazards of second-hand smoking, since 2007, in each of the 12 districts of Taipei City, one neighborhood park or square, the City Zoo and other open areas where people gather was selected as the starting point for outdoor smoke-free environment to provide the public with a smoke-free recreation area. In 2007, 12 demonstration smoke-free parks were promoted, including eight neighborhood parks (the Yenshou No. 2 Park, Heping Park, Rende Park, Zhisheng Park, Siyuan Park, Nanxing Park, Yangguang Park and Ziyang Green), one theme park (the Shilin Meilung Park), two squares (the Xinyi Square, Longfu Neighborhood Smoke-Free Square), and one zoo (the Taipei City

Zoological Garden). Four training courses had also been organized for anti-smoking volunteers to improve their skills in persuading people to quit smoking. A citation of the anti-smoking volunteers was held at the City Hall on December 10, 2007. In October through November, 2007, experts and scholars were invited to conduct questionnaire survey and on-site inspections of the status of the 12 district smoke-free parks to assess the achievements of the promotion.

2) Smoke-Free Taxi

Six taxi companies are included in the tobacco-hazards prevention self-management plan to provide the citizens with a smoke-free, comfortable riding environment and the drivers with fresh and healthy workplace. Two promotional activities for taxi drivers were held. On November 23, 2007, a press conference and achievement presentation meeting was held on smoke-free drivers and taxis.

3) Smoke-Free Restaurants

Food and beverage industries in Taipei City are encouraged to join on their own initiative in the self-management of tobacco hazards; and certification of smoke-free restaurants is promoted to maintain and promote the health rights of the

citizens and to make restaurants free from second-hand smoking. In 2007, in collaboration with the Bureau of Business Enterprises of the Taipei City Government, a 2007 Taipei International Beef Noodle Fair was held to jointly advocate the smoke-free restaurant policy. The plan is to increase 381 more smoke-free restaurants. On December 10, at the City Hall, certificates of smoke-free restaurants were officially issued.

4) Smoke-Free Campuses

In collaboration with the “health promoting schools” project of the Taipei City Government Education Department, work has been done to promote anti-smoking in schools for senior high and under schools in Taipei City to provide students with smoke-free learning and growth environments. In 2007, in collaboration with the Taipei City Government Education Department, a summer camp on anti-smoking for students was held. Following the model of health promoting schools, work has been done to promote smoke-free school environment in 57 schools.

5) Smoke-Free Workplaces

Public and private enterprises in Taipei City are encouraged to join the self-management of

tobacco hazards prevention; and certification of smoke-free workplaces is promoted to maintain and promote the health rights of the citizens, and to provide the public with workplaces of no second-hand smoking. In 2007, 50 more smoke-free workplaces were added. On December 10, at the City Hall, certificates of smoke-free workplaces were officially issued (together with that of the smoke-free restaurants).

6) Tobacco Hazards Prevention in Community

Community organizations are integrated to build outdoor smoke-free environments. Anti-smoking volunteers are trained. Community resources are consolidated to strengthen tobacco hazards prevention in communities. In 2007, four community organizations were encouraged to build four smoke-free demonstration spaces (at the Shilin MRT Station Square, Yungle Market Square, Beitou Park, Nanchang Park); seven training courses were organized for anti-smoking volunteers to train 120 community tobacco hazards prevention volunteers.

(4) Enforcement of the Tobacco Hazards Prevention Act

The goals are to realize the inspections and seizure of violations

against the Tobacco Hazards Prevention Act, to strengthen supervisions of industries to comply with the laws and regulations, and thus to protect and maintain the health of the citizens and to build a smoke-free healthy city.

- 1) In 2007, 55,478 cases were inspected; and 1,511 were seized.
- 2) Work has been continued to encourage some 500 government organizations, schools, public places and mass transportation means to join the self-management mechanism for tobacco hazards prevention to actively control tobacco hazards in their respective areas, and thus to build more smoke-free spaces. Two training courses on the self-management mechanism were held.

2. Inspection on Tobacco Hazards

In the period between January and

December 2007, 55,478 inspections had been made to seize 1,511 cases of violations, and penalize 106 cases.

- (1) 3,082 inspections were made on advertisements of tobacco products; 11 cases seized.
- (2) 1,893 cases that sold tobacco products to persons of unknown ages; five cases seized. 11,950 minors under 18 years were found smoking; 1,405 cases were seized. 2,121 cases were found to supply tobacco products to minors; 41 seized. 11,088 cases were found to smoke in no-smoking areas; 2 cases seized.
- (3) 14,014 inspections were made on places without significant signs of no-smoking; 5 cases seized. 5,355 inspections were made on smoking areas (rooms) without distinct partitions or signs; 42 cases seized. 3,020 inspections of no warnings on tobacco packs and 2,953 inspections on no labeling of nicotine and tar contents were made.

Chapter 2 Screening and Follow-up Care

To face the aging of population, free health examination and integrated healthcare services on the screening of the three-highs for prevention have been offered to the elderly of Taipei City for the

secondary prevention for early detection and early treatment to minimize the worsening of chronic diseases and the occurrence of disabilities.

Section 1 Disease Screening for Adults and the Elderly

1. Blood Sugar, Blood Pressure and Cholesterol

Individuals above the age of 40 years are given screening for blood pressure, blood sugar and cholesterol. In 2007, a total of 1,265,432 persons had been screened, at a screening rate of 20.44%. Of them, 37,663 persons were detected with abnormal blood pressure; 5,478 persons with abnormal blood sugar; and 10,679 persons with abnormal cholesterol level. Abnormal cases have been referred for care and follow-up at a rate of 99.87%.

2. Screening for Dementia

At the time of the 2007 free health examination for the elderly, the Short Portable Mental State Questionnaire (SPMSQ) was used for the preliminary screening of dementia. The elderly health examination information system has been used to pick up high-risk groups, and less those who were issued mental and physical disability handbook on January 15, 2007, a total of 372 cases of the high-risk groups were picked up. Of them, 52 were diagnosed new cases. The follow-up rate was 74.6% (16 refused to be visited; 28 were unable to visit for short of information; 31 were dead; and 168 were in institutions). To respond to the International Dementia Day, free screening

for dementia was held on the occasion of 58 community fairs on September 15 through 30 for a total of 666 persons. Of them, 22 were found abnormal; and 16 of them were referred to the district health centers for management and follow-up.

Section 2 Health Examination for the Elderly

One free health examination per year is offered to all citizens above the age of 65 years and indigenous people above the age of 55 years registered in Taipei City in 2007. In 2007, a total of 43,572 out of 47,896 eligible persons had been examined. The co-payment of NT\$ 50 under the National Health Insurance for the elderly above the age of 65 years registered in Taipei City is subsidized when they visit the clinics of the 12 district health centers for medical care. A total of 36,000 person-times of the elderly have been served. A set of Regulations Governing Subsidies to the Health Examination of the Elderly in Taipei City has been formulated.

Section 3 Cancer Control

To help people build up correct ideas about cancer control, to understand the importance of early detection and early treatment, various cancer control services such as Pap-smear screening for cervical cancer, mammography examination, screening of high-risk groups for liver



Pap-smear testing – protect your entire life in six minutes



“Say goodbye to breast cancer” – breast cancer prevention promotion

cancer, screening of high-risk groups for colon-rectum cancer, and screening of oral cavity cancer have been conducted.

1. Cancer Medical Care Network

- (1) A meeting of the Cancer Control Medical Care Network Advisory Committee for Taipei City was held on December 24, 2007. In 2007, a two-day training course for cancer control workers in Taipei City was organized for 148 staff members of the Taipei City Health Department, district health centers and medical care institutions of Taipei City. Seven hospitals in Taipei City have been designated by the Bureau of Health Promotion of the Department of Health, the Executive Yuan, as cancer control centers.
- (2) 25 hospitals in Taipei City have been designated by the Bureau of Health Promotion of the Department of Health, the Executive Yuan, as contracted hospitals for breast x-ray image medical care institutions.
- (3) 18 hospitals in Taipei City have been

designated by the Bureau of Health Promotion of the Department of Health, the Executive Yuan, as responsibility hospitals for the confirmation diagnosis and treatment of oral cavity cancer.

2. Prevention and Control of Cervical Cancer

(1) Pap-smear Testing

The 12 district health centers and private organizations join together to promote education focusing on women who have not accepted Pap-smear testing in the last three years, to strengthen supervision of the National Health Insurance contract public and private hospitals and clinics to provide one Pap-smear testing each year for women above the age of 30 years, and to set up stations in communities and thus to effectively improve the screening rate. In the period between 2005 and 2007, a total of 808,844 person-times women had been Pap-smear screened. A project to encourage medical care institutions

in Taipei City to promote Pap-smear screening has been implemented to encourage medical care institutions to promote the practice of Pap-smear screening. Quick screening clinics have been set up to provide the public with no registration, smear collection and testing on arrival quick services to encourage women to accept the screening and to supervise medical care institutions to set up automatic display systems (18 by the end of 2007), and also to encourage women visiting other departments for care to accept Pap-smear testing. At the time of income-tax returns, education is intensified in communities.

- (2) Education on Cervical Cancer Control
 - 1) To improve the screening rate for cervical cancer in women of Taipei City, and thus to reduce the mortality rate, the 12 district health centers join together to set up screening spots, at time of large-scale activities such as the income-tax returns and festivals, in neighborhood, schools, organizations, and district administration centers. Positive cases are followed-up. In 2007, 1,436 screening spots had been set up in communities to serve 51,017 women.
 - 2) On August 29, 2007, a breast cancer, cervical cancer and liver cancer control workshop and

screening was held at the City Hall. Physicians from the Chang Gung Memorial Hospital were invited to talk on "cervical cancer control and Papillomavirus, breast cancer control and mammography examination," and the Taipei City Hospital Renai Branch to talk on "control of liver cancer." A total of 289 persons participated in this activity; and 43 accepted Pap-smear testing, 72 were referred for mammography examination, and 60 accepted screening of oral cavity mucous membrane, for a total of 320 person-times.

3. Prevention and Control of Breast Cancer

(1) Mammography Examination

Since July 2004, mammo-graphy examination has been reimbursable under the National Health Insurance. In the period between January and December 2007, a total of 18,054 women of Taipei City aged between 50 and 69 had accepted the examination; and 100 of them were diagnosed breast cancer.

(2) Education on Breast Cancer Control

- 1) The rate of breast cancer has been increasing in recent years, and the age of patients is declining. Statistics of the Department of Health, the Executive Yuan, shows



Screening for oral cavity cancer

that in 2003, there were 1,000 breast cancer cases in Taipei City, and cases aged between 30-49 years accounted for 44.4% (444 women). To find out a breast cancer screening tool that suits young women of 50 years and under, the Bureau of Health Promotion started in 2004 a pilot project of random screening of women aged 40-49. The result will be available in 2009. In the meantime, the Taipei City Health Department initiated a pilot project of ultrasound examination of women aged 30-50 at 56 community screening spots for a total of 1,133 women.

- 2) On May 5, 2007, in collaboration with the Breast Cancer Control Foundation and the P&G Co., the Department held at the Tazhi Géant Flagship Store free examination services entitled "Life-saving in Six Minutes – Love Yourself and Love Your Mother." A series of free cancer screening and health education were offered by the

Taipei City Hospital Zhongxing Branch and the Zhongshan District Health Center. 103 women had accepted the breast ultrasound examination; 15 were referred for mammography examination; 62 accepted Pap-smear testing; 72 took the osteoporosis examination; 34 accepted the oral cavity mucus membrane screening; and 14 the colon-rectum screening.

- 3) On October 22, 2007, in collaboration with the Éstee Lauder Co. and the Taiwan Clinical Oncology Research Foundation, the Department held a breast cancer control month activity at the SingKong Department Store Xinyi Branch to "Say Goodbye to Breast Cancer." Procedures for the self-examination of breast were presented; free breast ultrasound examination, Pap-smear testing and bone density examination were offered. At the same time, aerobic boxing was demonstrated to show that correct aerobic boxing could effectively fight against breast cancer, and that we should say goodbye to breast cancer. In total, 62 women accepted the breast ultrasound examination, and 43 accepted Pap-smear testing and bone density examination.
- 4) To improve the health of the citizens,

to serve women with cancer and help them live a happy life, to increase their confidence and hope, to make patients and their families understand more about cancer, and to offer quality care to cancer patients, in 2007, a “Love Yourself, Embrace Happiness” cancer control lecture and meeting of patients and families was held for 495 participants.

- 5) To upgrade the service quality of cancer screening in the medical care institutions of Taipei City and to improve the screening rate of Pap-smear testing, to strengthen the case follow-up system of Pap-smear positive cases, on December 18, 2007, the Department held a “Healthy City series activity - demonstration and citation of medical care institutions with outstanding performance in cervical and breast cancer control.” In total, 27 medical care institutions were awarded; and 71 persons attended the activity.

4. Prevention and Control of Oral Cavity Cancer

- (1) Screening of Oral Cavity Mucus Membrane

Between January and December 2007, a total of 24,777 persons had been screened; of them, 179 were found positive, and 179 had been

successfully followed-up, at a follow-up rate of 100%. Seven of them were diagnosed oral cavity cancer. The goal was attained 216.7%.

- (2) Education in Community

In 2007, 12 meetings were held once a month at each of the 12 district health centers on “betel nuts prevention and oral cavity cancer control” for a total of 3,870 participants.

- (3) To improve the professional skills of the medical personnel on the prevention of betel nuts and control of oral cavity cancer, one training course was organized for 250 participants.
- (4) In collaboration with the Taipei City Dentists Association, a “tooth cleaning contest for children” was held on August 3, 2007, to offer education on the health examination of oral cavity mucus membrane. In total, 155 parents and children participated.
- (5) On the occasion of the “Double-Nine the Elderly Day” of the indigenous people, a series of health lectures and health screening were held for indigenous people above the age of 55 years, for a total of 85 participants. In collaboration with the various activities of the indigenous people, a series of celebration activities were held to offer, at the same time, free oral cavity mucus membrane examination and education on the hazards of betel nuts chewing.
- (6) In collaboration with the Health



Prevention of liver cancer



Screening for colon-rectum cancer



Comprehensive health screening

Promotion Foundation, a "Health Afternoon Tea" lecture was held; and oral cavity cancer screening was offered at the same time.

- (7) In December 2007 during the betel nuts prevention month, in collaboration with the Traffic Management Bureau, health lectures on the hazards of betel nuts chewing and oral cavity examination were held for taxi drivers at the rest areas.
- (8) During the betel nuts prevention month, advertisements were placed on buses for one month; warnings were put on tissue paper packs and betel nuts packs; and posters were produced and distributed to alert the public to the dangers of oral cavity cancer.

5. Prevention and Control of Liver Cancer

(1) Screening for Liver Cancer

In 2007, 6,100 persons were screened for liver cancer; of them, 634 were found hepatitis B carriers, 127 were hepatitis C carriers, and 9 were hepatitis B+C carriers. Through abdominal ultrasound examination, 89 persons were found with fatty liver, 17 with blood vessel carcinoma, 6 with liver cirrhosis, and one with liver cancer.

(2) Education on Liver Cancer Control

To make people place more attention on the control of liver cancer, on June 9, 2007, in collaboration with the Liver Cancer Research Foundation, lectures on ways to live with liver cancer were held for cancer patients; and screening was offered at the same time, for a total of 250 persons. On November 4, 10 and

December 2, 2007, in collaboration with the Health Promotion Foundation, the Taiwan Clinical Oncology Research Foundation, and the National Taiwan Science and Education Museum, a series of lectures on “Health Afternoon Tea” were held at the National Taiwan Science and Education Museum for 750 participants.

6. Prevention and Control of Colon-Rectum Cancer

(1) Screening for Colon-Rectum Cancer

Fecal occult-blood screening was used to screen colon-rectum cancer in the period between January and December 2007, for 33,734 persons. Of them, 1,234 persons were found positive; 30 were confirmed colon-rectum cancer; and 443 had colon polyps.

(2) For the smooth operation of the screening for colon-rectum cancer, a meeting was called on May 3, 2007. 19 representatives from the 12 district health centers, the Taipei City Hospital and the Health Promotion Division of the Department took part in the meeting.

(3) To improve the follow-up rate of cases detected positive by the colon-rectum screening, the first coordination meeting of hospitals in the follow-up, referral and confirmation of positive cases detected through colon-rectum screening was

held for representatives of 17 medical care institutions and 12 district health centers.

7. Integrated Prevention Care

Through outreaching of medical care institutions and health centers into the community, pluralistic health examination for adults and screening of various cancer have been provided. Communities and families are encouraged to participate in, and to upgrade service quality and efficiency. In 2007, 44 such activities were held at the 12 district health centers for a total of 7,454 persons. The result is shown in Table 1.

Table 1 Outcomes of the Integrated Preventive Healthcare Services, 2007

Item		No. Screened	No. Abnormal	Follow-up completed
Hypertension	No.	6,353	1,210	1,129
	%		19.05%	93.30%
Blood sugar	No.	5,334	514	483
	%		9.63%	94.00%
Cholesterol	No.	5,334	2,671	2,450
	%		50.00%	91.70%
Blood urea nitrogen (BUN)	No.	5,175	209	
	%		4.04%	
Creatinine	No.	5,375	79	
	%		1.47%	
Urine protein	No.	5,158	575	
	%		11.15%	
Pap-smear testing	No.	3,497	52	44
	%		1.49%	84.61%
Breast cancer screening	No.	1,332	28	28
	%		2.10%	100.00%
Liver cancer	No.	5,688	683	654
	%		12.00%	95.75%
Oral cavity cancer	No.	5,484	27	27
	%		0.17%	100.00%
Colon-rectum cancer	No.	2,113	57	44
	%		2.69%	77.20%

Percent of abnormal cases = No. of abnormal cases/No. of cases screened*100

Percent of follow-up completed = No. of cases followed-up/No. of abnormal cases*100

Section 4 Healthcare for Residents of Radioactive Buildings

1. To provide comprehensive health promotion and care for residents of radioactive buildings in Taipei City, in 2007, 2,028 cases were placed under management to provide 1,678 of them

with health examination, at a cumulative examination rate of 82.7%. In addition, subsidies on their registration fees at outpatient clinics and emergency departments are provided six times a year per person; 1,471 persons had applied for the card, and 1,258 had used the card, at a rate of 85.5%.



Training of workers in perinatal care



Beitou healthy city campaigns

2. To make residents of the radioactive buildings understand the health risks of exposing to radioactive substances, and also the importance of long-term healthcare, the Department held a lecture on the health examination

of residents of radioactive buildings together with the Taipei City Hospital, the Atomic Energy Council of the Executive Yuan, and the Taiwan Radioactive Safety Promotion Association for 68 participants.

Chapter 3 Integrated Health Care

For the early detection, adequate care, long-term follow-up, and overall care of adults and the elderly suffering from illnesses and pregnant women of the high-risk groups, the Department has set up cross-discipline, cross-level "cardiovascular disease control network in Taipei City," "diabetes patients shared care network," and "perinatal care network," by combining efforts of professional groups and through on-job training of medical personnel, quality control measures such as professional certification, to work together to serve citizens of Taipei City, and to attain the goal of high-quality care for patients.

Section 1 Joint Health and Medical Care Network

1. Diabetes Shared Care Network

In 2007, 181 institutions had passed the certification of diabetes shared care network institutions; and 1,249 medical personnel had passed the certification. Nine training courses had been organized for the certification of medical personnel in the diabetes shared care network and their continuing education, for a total of 1,076 participants.

2. Cardiovascular Disease Control Network

In 2007, 255 institutions had passed the certification of the cardiovascular disease control network institutions; and 2,070 medical personnel had accepted the certification. One certification was held for medical personnel; three training courses were organized; and six case conferences were held, for a total of 1,161 participants

3. Perinatal Care Network

A meeting of the perinatal care network was held in 2007 to discuss the operation and labor-sharing of the perinatal care network to promote the functions of the Taipei City perinatal care network.

Workshops were held for perinatal care-related medical personnel to improve the quality of care of pregnant women and the newborns. Two NPR workshops and three workshops on pregnant women of high-risk groups and referral of the newborns for care were held for a total of 416 participants.

was initiated in July 2004. The 12 district health centers provide services through care, home-visiting and health counseling to five specific groups, the elderly living alone, stroke patients, physically disabled, mentally impaired, and the mentally retarded. Services focus more on the three-in-one screening, assessment of health needs, and delivery of medicines to home. In 2007, 19,202 person-times of the elderly living alone, 7,415 person-times of stroke patients, 5,934 person-times of the dementia patients, 3,393 person-times of patients with multiple-disabilities, 4,242 person-times of the handicapped, and 1,606 person-times of the mentally retarded had been served.

Section 2 Household Health Management

Focusing on the health needs of the community people, 6,893 low-income households and 4,337 households of indigenous people had been home-visited for public health and preventive healthcare.

Section 3 Community Healthcare Network

The community healthcare network

Chapter 4 Community-Based Healthy Environment

Section 1 Healthy City

1. Taipei City has made all efforts to promote the healthy city. In 2006, Daan District successfully joined the Healthy City Alliance. In 2007, the Department, in collaboration with the Shilin District Administration Center and the Beitou District Administration Center, and all community organizations concerned in the districts, to establish the "Shilin Health Promotion Association" and the "Beitou Health Promotion Association" to serve as platforms for promoting the healthy city. Individuals and groups can thus contribute their efforts in maintaining the health of the communities, and building a healthy city by sharing resources, responsibilities, capabilities and benefits.
2. Shilin and Beitou Districts, through extensive communication and cooperation, have, following the special features of the districts and needs of the residents, prepared a community health need assessment report, established indicators of health, environment and ecology, and social-economics of the districts, and completed a white paper on healthy city. These remarkable achievements made both the Shilin and Beitou districts successfully join the Healthy City Alliance in November 2007.

They share with other cities in the world experience in the building of healthy cities; and the successful experience of Taipei City is made known to the world to improve the image of Taipei City in the promotion of healthy environment.

3. A press conference was held on November 15, 2007, to celebrate the successful joining of Shilin and Beitou Districts in the Health City Alliance to share the experience and achievements of both districts in building a healthy city. Under the witness of Deputy Mayor Wu and 200 some distinguished guests, Songshan, Zhongshan and Wanhua districts took over the missions of promoting Taipei City a healthy city.

Section 2 Safe Community

Accidents and injuries are not accidental at all. They can be prevented through education, engineering, economics, and law enforcement focusing on causes of accidents with immediate results. The goal of the Department in the promotion of accident prevention and safety promotion is to use the six safe community indicators developed through years-long experience in the international promotion of accidents and injuries prevention to integrate cross-departmental resources, to strengthen action plans, to



Workshop on health promotion in workplace



Exhibition of achievements in community healthy life promotion

develop accident prevention and safety promotion strategies that most meet local needs. Achievements in 2007 are summarized as follows:

1. Manpower development: Two workshops on the practice of healthy city and safe community, two tours of safe communities in Neihu District, and one meeting on safe community were held for participants of the district health centers, district administration centers and persons concerned.
2. Establishment of community accident surveillance mechanisms: the Zhongcheng District Health Center has been assisted to set up an accident registration system at the emergency department in hospitals. A total of 1,000 cases have been registered. The Taipei City Hospital Zhongxiao Branch is asked to develop a Taipei City accident surveillance system.
3. Supervising communities to promote community safety building:
 - (1) The Neihu District Health Center, in the capacity of executive director of the first

action group, participated in the setting up of the Neihu community safety and health promotion association, to build through action safety of Neihu District. Action plans include: assessment of unsafe spots on sidewalks and their improvement, assessment of unsafe spots of neighborhood parks and their improvement, assessment of unsafe spots of hiking paths and their improvement, "My Home is Safe" activity, and a special workshop of "preventing father and mother from falling."

- (2) In Zhongzheng District, on the basis of community health mutual help network, a Zhongzheng Safe Community Promotion Committee was set up jointly by the District Administration Center, the Health Center, the community health building center and community leaders to promote: home safety (demonstration of home safety building model, class on the prevention of falls), safety at places (restaurants ordering taxis for customers, evacuation drills

at HSR and MRT stations), road safety (clearing of sidewalks), school safety (safe walking to school), and prevention of intentional injuries.

- (3) Xinyi, Datong, Wenshan and Nangang districts are supervised to solicit support of the communities focusing on the six safe community indicators as the core issues, and to understand the needs of the communities. Hospitals in the districts are approached to set up surveillance mechanisms. The establishment of cross-disciplinary working group on the promotion of safety community is promoted.

Section 3 Health Promotion at Workplace

1. The Department recommended and supervised 17 outstanding enterprises in Taipei City for the 2007 National Healthy Workplace Autonomy Certification organized for the first time by the Bureau of Health Promotion of the Department of Health, the Executive Yuan; of them, 15 were selected excellent healthy workplaces and were publicly cited at the Citation of Outstanding Healthy Workplaces and National Workplace Health Promotion Advanced Workshop.
2. A plan for the promotion of mental and physical health at workplaces is promoted under the theme of "building a healthy and happy workplace." The self-assessment tool is used to assess the mental and physical health of the employees. 38 enterprises took part in this plan; and 5,678 copies of the questionnaire were returned. Results of the assessment were analyzed and a statistical report was produced to feedback to the enterprises to understand the stress and the emotional status of their employees for the early prevention of any health hazards. Through follow-up health promotion measures, the sensitivity and understanding of owners and employees of enterprises on mental and physical health is enhanced. By supportive healthy environment, the goal of healthy employees and healthy workplace has been attained.
3. Training has been organized to develop seed workers for healthy workplace. In total, 100 persons-in-charge of health promotion at workplaces from enterprises in Taipei City participated in the training.
4. To improve the professional skills in health promotion for enterprises, through coordination meetings and health promotion activities, an interaction channel has been built to gain consensus. On November 29, 2007, a 2007 Workplace Health Promotion Lecture and Coordination Meeting was held. At the meeting, 36 enterprises were cited for their outstanding



Year-end award to outstanding district health centers

achievements in the health promotion at workplaces. A total of 224 persons participated in this meeting.

5. To correctly understand the status of illness and injuries at workplaces in Taipei City, and the kinds of accidents and injuries and diseases more likely to occur at workplaces, the Environmental and Occupational Disease Department of the National Taiwan University Hospital was commissioned to conduct a 2007 Taipei City Occupational Illnesses and Injuries Survey.
6. Occupational disease specialists have been commissioned to develop a booklet, "Knowing Health Examination for Diseases Especially Hazardous to Work". The booklet was printed 1,200 copies and distributed to all medical care institutions in health examination.
7. A registration system for the health examination of laborers in Taipei City has been developed and established. Special individual cases reported by the health examination institutions are put together for future case management and analysis.

8. Occupational disease specialists make on-site inspection to enterprises that are likely to be especially hazardous to health and offer health education at the same time. In 2007, four such inspections were made.
9. In 2007, 7,057 health examinations of cases in especially hazardous enterprises had been reported. Of them, managers at the second level totaled 1,149 persons.

Section 4 Community Health Building

1. To encourage community residents to solve community health problems on their own, to consolidate local resources, to make health part of life and life part of health, in 2007, 30 community health building units took part in the Healthy Life Plan of Taipei City. 12 local-colored tour routes of community health have also been developed. Resources of 284 community organizations have been consolidated.
2. In the construction of the community health building partnership mechanism, six experts have been invited to inspect on-site by the life circles around the community, and in collaboration with the 12 district health centers, and make recommendations of ways to promote the Healthy Life Plan of Taipei City. They have met 39 times to share their experience to solve common problems

of communities, and to coordinate and consolidate community resources.

3. To improve the manpower resources for community health building, a 12-hour basic course and a six-hour advanced course on community health building have been organized; and one study tour of the community health building centers in other counties and cities has been made.
4. To help the sustained development of communities, community leaders are invited to participate in and to listen to recommendations on the sustained development of community health building. Achievements of community building are advocated in the form

of posters at the Taipei International Conference on Healthy City, at the cross-departmental monthly meetings of communities, and by inviting communities of other counties and cities to visit. The 2007 Workshop on Taipei Healthy City Achievements in Communities (for 357 participants, including 77 from 17 county/city community health building centers) successfully served as a platform for communication, learning and experience-sharing; and the experience of community health building in Taipei City is thus spread to other cities and counties.

Chapter 5 Health Centers

Section 1 Management of Health Centers

1. 2007 Training of Public Health Nurses

- (1) The Taipei e-web platform was used for the basic training of public health nurses in 12 district health centers. All nurses took part in the on-job training on the e-web (including 17 hours of core course and 3 hours of practice).
- (2) Public health nurses of the health

centers completed the basic training and practice course in June 2007; a total of 120 participated.

- (3) A 15-hour video on the second-training of public health nurses through electronic means has been made. In August 2007, an advanced course (including metabolic syndromes and care of dementia patients) for the second-training of public health nurse was completed and trained 218 persons.

2. Evaluation of the program activities of health centers

- (1) A 2007 award plan on the improvement of service quality of 12 district health centers was carried out to strengthen quality of services.
- (2) On December 13, 2007, a meeting of directors of the health centers was held at the City Hall to share reports of the year. The Wenshan District Health Center that won the golden prize of health centers organized by the Bureau of Health Promotion of the Department of Health, the Executive Yuan, and the Shilin and Beitou Health Centers that successfully joined the Healthy City Alliance of the WHO/WPRO region made their reports at the same time.

Section 2 Functions of Health Centers

Health centers are to promote public health and preventive healthcare service focusing on the health needs of community residents, and to coordinate the Taipei City Hospital to provide localized medical care and disease control.

1. For the localization of services and to encourage the public for more utilization of services, in addition to the functions of the “case management section” and the “health promotion section” of the health center, to strengthen the local management of the outpatient clinics of the Taipei City Hospital, a set of

Guidelines Governing Management of the Outpatient Department has been formulated. Medical care affairs of the affiliated outpatient clinics will be supervised by the Taipei City Hospital; the rest affairs will be supervised by the directors of the health centers.

2. To promote disease control and thus to realize the policy of disease control, to upgrade the quality of disease control, a set of Operational Outlines Governing Disease Control has been formulated. Disease control in Taipei City is arranged, planned and supervised by the Taipei City Health Department; their execution is shared by the Bureau for Disease Control and Prevention of the Department, the subordinate Taipei City Hospital, and the 12 district health centers to protect the health of the residents.
3. To strengthen functions of community health services, a “health and medical care win-win special plan” has been carried out to promote the point-collection activity through the Wellness Card.



Part 3 Providing Quality Medical Care Services

Part 3 Providing Quality Medical Care Services

Chapter 1 Early Care of Children and Medical Subsidies

Section 1 Assessment of Children of Retarded Development and Early Care

1. Early Care of Children of Retarded Development

- (1) There are in Taipei City 15 contracted medical care institutions providing services at 22 spots in the early care of children of retarded development; of them, two are assessment centers, 17 spots (including the assessment centers) provide services in assessment and care, and 7 spots provide care services.
- (2) Clinical departments and items of assessment include: pediatric psychiatry, pediatric genetic endocrinology, pediatric neurology, pediatric rehabilitation, intelligence assessment, child occupational therapy, vision examination, child physical therapy, language development, hearing, family functions, and education assessment. Care services include: physical therapy, cognition therapy, psychological therapy, visual training, behavioral and emotional therapy, hearing training, language therapy, parent education, and family therapy.
- (3) Medical subsidies to assessment and care of children of retarded development: In the period between January and December 2007, 1,977 children had been subsidized for the assessment of development, and 96,351 person-times of children had been subsidized for care services.

2. Promotion of the Early Care of Children of Retarded Development

- (1) To strengthen the service quality of medical care for children of retarded development, experts in related fields have been invited to inspect medical care institutions. Their recommendations are used for the improvement of the service quality of the contracted institutions.
- (2) To minimize the repeated visits to hospitals for assessment of children with multiple retardation problems, medical care institutions are encouraged

to set up joint clinics. In the period between January and December 2007, 725 children had been served at clinics. Communication between medical personnel and families is strengthened to help understand problems of the cases. In January through December 2007, care conferences had been held for 931 persons.

- (3) To strengthen quality of the early medical care of children of retarded development, to improve the professional skills for personnel related to early care, four training courses have been organized for 433 professionals, 20 lectures have been organized for the education of parents of children of retarded development for a total of 1,495 person-times.
- (4) Waiting time for the assessment of children of retarded development and their care has been shortened. In February through December, the waiting time for child assessment had been shortened on average 39 to 15 days; the waiting time for care had been shortened on average 74 to 53 days.

Section 2 Medical Subsidies for Children

1. To realize the policy of caring for people of the less privileged groups, on December 25, 1995, the Taipei City



Meeting held at Mackay Memorial Hospital to discuss ways to reduce waiting time for medical care of children of retarded development and referral between Taipei City and County, September 26, 2007

Health Department initiated the first one in the country medical subsidies to children under three years of age in Taipei City. This project was further extended on October 10, 1998 to children under 6 years to care for more children and families in Taipei City. In 2001, a new subsidy system began to strengthen medical care subsidies to children of the second category under the principles of excluding the rich, helping the poor, and helping patients. The new system is to help children under 5 years of low-income families, children of poor families, and children under 12 years with critical illnesses or rare diseases to attain the goal of caring for people of the less privileged groups. The project was continued in 2007; and beginning January 1, 2007, subsidies to medical costs have been made available

- to the third-parity and above children under 6 years registered in Taipei City.
2. Certificates for medical subsidies: In 2007, certificates for medical subsidies for children of general status were issued to 17,893 person-times of children; and to 572 person-times of children of the second category.
 3. Contracted medical care institutions: 414 medical care institutions are contracted for such services, including 36 hospitals and 378 clinics.
 4. Payment of Medical Subsidies
 - (1) In 2007, a total of 131,895 person-times of children had been subsidized for a total amount of NT \$39,923,535; of them, 46,584 person-times of children accepted health counseling.
 - (2) In 2007, subsidies had been made to 19,768 person-times of children above the third parity for a total amount of NT\$ 1,305,520.
 5. More convenient service to children: Since November 1, 2007, documents required for the application of subsidies have been simplified. The NHI IC card is no longer required for the application. For children above the third parity, only a certificate of children of third parity and above is required for medical subsidies.
-

Chapter 2 Mental Health and Suicide Prevention

Section 1 Promotion of Mental Health

1. Health Promotion

(1) Mental Health Promotion in Schools

In 2007, with the resources of the Education Department of the Taipei City Government, work was done to: organize 40 lectures on mental health in schools for 2,494 person-times; mobile drama performances and visits to community mental health centers for 44 times for 17,939 person-times; emotional thermometer care activities

in 126 schools, and 125,000 students took part in the self-assessment of the emotional status; training of gatekeepers for risks on campus for 8 times to train 410 person-times of school nurses, teachers, personnel of general affairs, and 102 person-times of supervisors.

(2) Mental Health Promotion at Workplaces

In 2007, the community mental health centers, in collaboration with the 12 district health centers, labor education centers and private enterprises, conducted 32 lectures for



Mental health drama performance at the Children's Recreation Center, November 3, 2007



"EAPS Mental Health Plan – mental health gatekeepers at workplace," November 3, 2007

1,921 person-times of participants. The Department had also organized three workshops on the subject of gatekeepers of mental health at workplaces for owners and managers of enterprises for 298 person-times .

(3) Mental Health Promotion in Communities

The community mental health centers, in collaboration with the 12 district health centers and the Taipei City Hospital, had organized 80 lectures for 6,335 person-times of participants.

2. Community Mental Health Counseling Clinics

The Department, since July 2005, has initiated on trial basis in Xinyi and Wenshan districts community mental health counseling services with the help of the Taipei City Hospital. The project was extended to 13 places, including the 12 outpatient clinics of the Taipei City Hospital and the community mental health centers. Counseling services are provided three times a week for each clinic. In 2007,

services had been offered for a total of 1,364 clinics; 6,734 person-times made appointment, and 5,260 person-times of persons had actually been served. 96% of those who were attended at the clinic were satisfied with the service; and 96% of them would recommend this service to their relatives and friends.

3. Community Mental Health Service with Private Sector Resources

(1) Private organizations are commissioned to provide mental health service by district.

1) By the Government Procurement Act, the Bright Wisdom Social Affairs Foundation was made responsible for Shilin, Beitou, and Zhongshan districts; the Taipei Branch of the Master Chang Foundation was responsible for Songshan, Neihu, and Nangang districts; the Mckay Memorial Hospital was responsible for Zhongzhen, Wanhua and Datong districts; and the Mental Health

Center of the Department was responsible for Daan, Wenshan, and Xinyi districts to provide services in mental health. Services provided include: individual psychological guidance of cases of high-risk groups, group guidance, coordination meetings, case conferences of schools, outreach services for cases, and concern by telephone.

- 2) In 2007, 1,047 person-times of counseling were offered to cases of high-risk groups; 176 group counseling were held for 1,380 person-times; 118 training courses were organized for 1,290 person-times of professionals; 23 coordination meetings were held with 331 units; 25 case conferences on schools were held; outreach services were offered 126 person-times; and telephones were used to express concerns for 619 person-times.
- (2) Subsidizing Private Organizations for Mental Health Services

In 2007, 12 private institutions or groups (including the Army Beitou Hospital, Clinical Psychology Office of the Psychiatry Department of the Tri-Service General Hospital, Taipei City Lifeline Association, Holistic Development Center of the Sacred Heart Foundation, Guangching Cultural Foundation, Dunan Social Welfare Foundation, Buddhist

Guanyin Association, Friends of the Restored Association, Xinlin Medical Foundation, Taipei YWCA, Mental Health Foundation, Lu Xuli Memorial Foundation, etc.) had been subsidized to provide 13 items of services to victims of family violence and sexual assaults, and alcoholic groups, and to organize training for depression and suicide prevention workers and professional mental health workers.

4. Prevention of Family Violence and Sexual Assaults

(1) Medical Care

In 2007, medical care institutions in Taipei City had provided medical care services to 4,413 person-times of victims of family violence, and 352 person-times of victims of sexual assaults. Of those medically cared, more of them are female adults.

(2) Management of the Injuring Persons of Sexual Assault

Since the implementation of the Sexual Assault Prevention Act, the Department has accepted 360 cases referred by the judicial system. There were 92 new cases in 2007; and of them, 90 are undergoing physical and mental therapy, at a management rate of 98%.

Section 2 Prevention of

Depressive Disorders

1. A depression shared care network has been set up in Taipei City since 2003. Non-psychiatry primary care medical personnel in internal medicine and family medicine were trained for certification to set up a cross-level, cross-discipline, cross-professional medical team. By December 2007, 168 primary care clinics in Taipei City had participated in the depression shared care network to be certifying institutions for depressive disorders.
2. In 2007, continuing education on the depression shared care certification was continued for 14 sessions for 430 participants. The Songde Branch of the Taipei City Hospital conducted two advisory meetings on the depression shared care network.
3. In collaboration with the Taipei City Hospital, the National Suicide Prevention Center, the John Tung Foundation, Can Love Social Service Association, Dwen An Social Welfare Foundation, and the Taiwan Association Against Depression, a screening for depression was organized on October 3, 2007, at the Xinyi Square for some 1,000 participants.

Section 3 Suicide Prevention

1. Research and Development Center on Suicide Prevention



Depressive disorders screening day, October 13, 2007

The Songde Branch of the Taipei City Hospital was asked to set up in October 2003 the Research and Development Center on Suicide Prevention to be fully responsible for the reporting of suicide attempts, and to provide follow-up intervention service. Cases reported by year are shown in Figure 1.

2. Network Coordination of the Suicide Prevention

- (1) In 2007, one cross-departmental suicide prevention coordination meeting was held to invite representatives of the Department of Social Affairs, Education Department, Bureau of Labor, Bureau of Civil Affairs, Fire Department, Police Department, Information Office, and the Personnel Affairs Department to discuss matters concerning suicide prevention. Five sessions of training on skills of suicide prevention have been organized for 208 person-times of public health nurses and social workers.
- (2) In July through August, the Department, in collaboration with the Suicide Prevention Center of the Department of



"Love and Care", film-show on life education, October 27, 2007

Community garden party on mental health, July 14, 2007

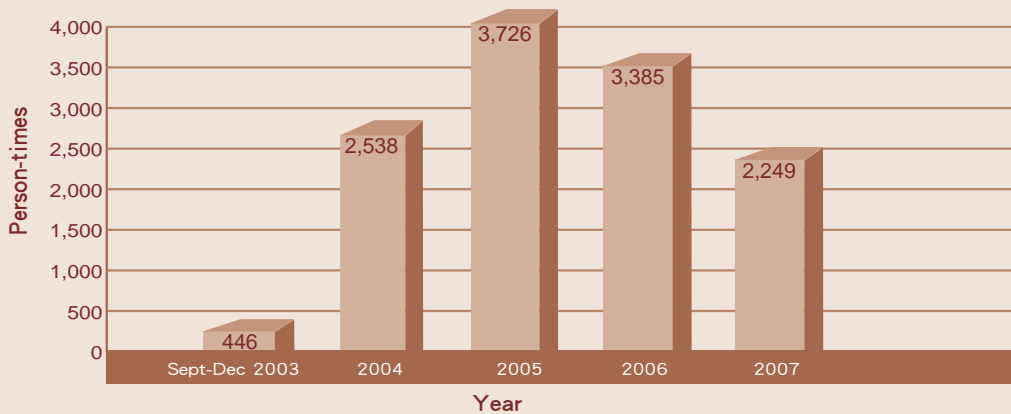


Figure 1 Suicide Attempts Reported in Taipei City by Year

Health, the Executive Yuan, conducted seven sessions of training for gatekeepers of suicide prevention such as the neighborhood chiefs, clerks, policemen and fire fighters for a total of 839 person-times.

- (3) In October through November, 2007, the Department, in collaboration with the Taipei City Life Line Association, organized four sessions of film show entitled "Love and Care" for 1,460 audience.

- (4) Two videos on suicide prevention, "Care for Life," have been produced and shown on public TV channels and in theaters.

Section 4 Psychiatric Care and Rehabilitation

1. Facilities for Psychiatric Care and Rehabilitation

2. Psychiatric Care in Communities

- (1) Following the Guidelines Governing Home Visit to Psychiatric Patients in Community by District Health Centers amended in January 2005, the 12 district health centers continue to provide follow-up care in community for psychiatric patients. By December 2007, a cumulative total of 15,277 patients had been followed-up; and 40,567 person-times had been home-visited.
- (2) Supervisory meetings on the care in community of psychiatric patients are held at the 12 district health centers, totaling 34 sessions for 188 person-times of participants. Representatives of the police department, fire department, social affairs, schools, health administration, medical care, and civil affairs are invited to the meetings for discussion and coordination on matters concerning care in community of psychiatric patients.

3. Emergency Care in Community for Psychiatric Patients

- (1) In January through December 2007, the Songde Branch of the Taipei City Hospital admitted 3,593 patients for emergency care; 1,867 of them were referred for outpatient care. In the same period, the Songde Branch admitted 1,288 patients for acute hospital care; 114 in the ICUs, 53

were referred to general hospitals for problems of internal medicine and surgery, 62 were referred to other psychiatric hospitals, 181 left the Hospital on own initiative, and 28 were for other reasons.

- (2) To strengthen the emergency delivery network of patients, in January through December 2007, the Department commissioned the “community emergency medical care teams of the Taipei City Hospital Songde Branch and the Army Beitou Hospital” to assist in the emergency delivery of patients for care, for a total of 179 person-times.

4. Support and Concern over Families of Psychiatric Patients

- (1) A respite care service for psychiatric patients is provided by the Department. In 2007, 48 psychiatric patients had utilized this service for a total of 612 days.
- (2) To strengthen care in community of psychiatric patients, in 2007, the Department and personnel of hospitals and the health centers joined together to conduct an assessment of problems of 994 psychiatric patients; held 318 sessions of community education for 5,377 person-times of participants; and organized 11 workshops on social adjustment for 92 person-times.

Table 2 No. of Psychiatric Care and Rehabilitation Institutions and No. of Beds in Taipei City by District, 2007

Category	Psychiatric Care Institutions						Psychiatric Rehabilitation Institutions			
	Clinic	Hospital (outpatient service)	Acute Beds	Chronic Beds	Beds for Day-care	Home Care	Community Rehabilitation Center	Midway House		
Total	21	28 (Note 1)	1,126	603	1,348	12 (Note 2)	9	450	38	948
Songshan	0	6	53	141	50	0	0	0	2	46
Xinyi	3	2	444	175	350	2	0	0	1	29
Zhongshan	1	1	0	0	53	1	0	0	6	158
Daan	12	3	0	0	30	1	1	29	2	58
Zhongzheng	3	2	68	0	210	2	2	49	3	83
Datong	0	1	0	0	40	1	0	0	1	28
Wenshan	0	1	38	0	50	1	1	117	5	98
Neihu	1	2	143	0	130	1	1	120	2	46
Nangang	0	1	0	0	45	0	0	0	2	34
Wanhua	0	2	0	0	0	0	0	0	3	86
Shilin	1	2	25	0	90	1	3	98	3	62
Beitou	0	5	355	287	300	2	1	37	8	220

Note 1. Outpatient clinics of hospitals: 23 outpatient clinics in six branches of the Taipei City Hospital, the Songde branch (Xinyi District), Zhongxing branch (Datong District), Renai branch (Daan District), Heping branch (Zhongcheng District), Yangming branch (Shilin District), and Zhongxiao branch (Nangang District), provide services.

Note 2. Home care: eight clinics in five branches of the Taipei City Hospital, Songde branch (Xinyi District), Zhongxing branch (Datong District), Renai branch (Daan District), Heping branch (Zhongcheng District), and Yangming branch (Shilin District) provide home care services.

5. No More Insulting Names for Psychiatric Disorders

(1) On April 28, 2007, a cooking contest was held for inmates of the psychiatric centers, health centers, community rehabilitation centers, midway houses and community healthcare centers, for a total of 550 inmates.

(2) On September 17, 2007, psychiatric patients in communities of Taipei City organized a joint team to participate in the 2007 Games of Friends of Midway Houses held in the Kaohsiung County Arena. They won the third prize in table tennis and the group vitality prize.

6. Control of Addictive Drugs

(1) There are in Taipei City 11 medical care institutions that are designated by the Department of Health, the Executive Yuan, as institutions for the cessation of

drug addiction.

(2) In 2007, clinical services and counseling on drug abuse were offered 368 person-times at the drug cessation medical care institutions.

Chapter 3 Emergency Support and Rescue

Section 1 CPR Training for the General Public

To set up in community a comprehensive “life chain”, to allow the public to have correct concepts and skills of life-saving at times of accidents and injuries, and thus to build a safe community and workplace environment, the Department continued to promote CPR training for the general public. Institutions such as the 12 district health centers, hospitals and

private sector organizations concerned (the Taipei Branch of the Red Cross Society, the ROC Emergency Care Skill Promotion Association) joined together to train teachers and students of schools and kindergartens, volunteers, government employees, the general public and aliens. Courses include general concept of emergency rescue, group demonstration of CPR, practice of skills and a written test. A total of 1,781 sessions were held for some 100,000 person-times.



Community mental health education in Wanhua district, October 3, 2007



Community mental health education in Daan district-problems of psychiatric patients and their management, October 17, 2007

To strengthen and establish community volunteer service networks for mutual help in communities, and to establish in the minds of all citizens the concept of emergency care, and thus to build a safe and healthy community, in 2007, the training programs were extended to include places closely associated with the daily life of community residents such as the convenience stores, taxi drivers, neighborhood chiefs and managers of apartments, for training in CPR skills. In total, 1,972 person-times passed the certification as follows:

1. Convenience Stores

Four chain stores (the 7-11, Hi-Life, OK and Family-Mart) of 1,274 persons participated in 19 sessions of the training.

2. Taxi Groups

Three taxi companies (the Taipei Satellites, Friendly, Jihying) of 74 taxi drivers participated in three sessions of the training.

3. Neighborhood Chiefs

Training will be held in 2008 for Neihsu and Beitou districts. In 2007, ten health centers organized 18 sessions of CPR training for 684 neighborhood chiefs.

4. Managers of Apartments

CPR training and suicide prevention were combined in the training programs for managers of apartments in Xinyi, Zhongcheng, Wenshan and Shilin districts for eight sessions for 303 participants.

To make citizens and members of the high-risk groups learn about the basic skills in life-saving, to make people know more about prevention of accidents and injuries, and thus to attain the goal of "everyone knows about CPR," and "everyone is a gatekeeper of community safety," and to present the achievements of the year, in 2007 for the first time, a joint CPR certification, contest, and exhibition of achievements was held at the City Hall on December 21, 2007.



CPR training, Wuchang Elementary School, April 26, 2007



CPR training press conference for convenience store employees, August 6, 2007

Members of the City Council, the 12 district health centers, institutions and individuals participated in the 2007 CPR training courses (four convenience store chains, three taxi groups, neighborhood chiefs, and managers of apartments), 18 emergency responsibility hospitals in Taipei City, societies and associations related to emergency care education were invited to the event for a total of 300 audience.

(1) Certification

Representatives of organizations participated in the CPR training organized by the Taipei City Health Department in 2007, the 7-11, Family-Mart, Hi-Life and OK convenience store chains, the Taipei Satellite Taxi Group, the Friendly Taxi Group, and the Jihying Taxi Group, and neighborhood chiefs were certified for a total of 30 persons.

(2) Contest on CPR Skills

50 teams of two persons each took part in the contest. They were to care for adults (40 teams) and infants (20 teams). Six experts on emergency care education and training were invited to serve as judges. At the end, 10 from the adult groups and five from the infant groups were chosen (30 persons in total) and awarded.

Section 2 Integration of EOC and Disaster Response Mechanism

To upgrade emergency medical response measures against disasters, to perfectly link with the upon-arrival emergency care system of the fire department, after several cross-departmental coordination meetings, the Emergency Operations Center (EOC) of the Department was officially integrated with the Taipei City Disaster Response Center as one unit for operation in a hope to improve the hard and software and to upgrade the level of the Taipei City Disaster Response Center, and to strengthen the medical care service functions and benefits before and after arrival to the hospital.

To match with the functions of the EOC, the Department amended the establishment and operation principles of the Center, including amendment of the title, organizational structure and functions.

To upgrade the service quality of the EOC, relevant operational procedures have been formulated, including procedures for the reporting of mass casualties, reporting for emergency medical care of natural disasters, and operational procedures for the reporting of various disasters (mass casualties, natural disasters, epidemics and food poisoning). Information systems have been set up to improve reporting of



Department's Emergency Operations Center moves to the Taipei City Disaster Response Center

emergency incidents and the coordination mechanism on the referral of cases between hospitals, the “hundreds respond

to a small call” system for instance. This system contains three standard operational procedures for bed searching, dialogue and reporting. To ensure the normal coordination functions of the system, the system is tested regularly; and accuracy of reporting is monitored. For on-job training, operators of the system are asked to produce summaries of the books read, and to take training courses on disaster medicine held by external organizations.

Chapter 4 Long-Term Care

Section 1 Home Care

1. To upgrade the quality of home care, and to improve the home care skills, health education and counseling service of the main caretakers, subsidies have been made to the home visits of home care professionals. In 2007, there were 10 home care institutions providing six professional home visiting services for a total of 2,653 person-times.
2. To provide the citizens with more convenient, humanistic, comprehensive and continuous long-term care services, the following activities have been promoted:
 - (1) A Task Force on the Planning and Promotion of Long-Term Care in Taipei

- City is created to meet regularly. In 2007, five long-term care service centers continued to provide services in case assessment, visits by professional teams, case management and referral. Of the cases managed, 1,461 are old cases and 1,409 are new cases.
- (2) Training is conducted to upgrade the knowledge and skills of home caregivers. Supporting groups for home caregivers are set up for mutual support to reduce pressure of families, and to provide cases with higher-quality care. In 2007, 20 training courses had been organized for 1,833 home caregivers; and five supporting groups of home caregivers had been set up for 264 participants.

(3) To reduce the burdens of the home caregivers of low and medium income families, to reduce the burdens of tracheotomy patients in long-term institutions, their costs at care institutions are subsidized. Patients of low-income families are subsidized NT \$15,000 per person per month; and patients of medium income families are subsidized NT \$10,000 per person per month. In 2007, a total of 77 tracheotomy patients for 571 person-times were subsidized; of them, 56 (443 person-times) are from low-income families; and 21 (128 person-times) are from medium-income families.

Section 2 Institution-Based Respite Service

To reduce pressure of home caregivers, at times when caregivers should be off-duty temporarily for medical care, traveling abroad, or temporary rest, full-time care institutions can help them care for the patients. For this purpose, the institution-based respite care services are offered to give caregivers a break and to prevent them from giving up care for their family members. The cared can at the same time be exposed to different experience. In 2007, 163 patients had been cared for 1,328 person-days.

Section 3 Rehabilitation Service in Community

1. To improve the mobility of the disabled patients in Taipei City, to upgrade their quality of life, projects are commissioned out to combine private sector resources to help chronic patients in community improve their self-care capabilities, and thus to reduce the burdens of caregivers.
2. The projects aim at the elderly above 65 years in Taipei City or chronic patients above 40 years who have been diagnosed by specialists in rehabilitation, neurology, neurosurgery, orthopedics, plastic surgery, rheumatic immunology, internal medicine and family medicine to require rehabilitation to provide them with individual physical or occupational rehabilitation. Persons above the age of 40 who have been diagnosed by specialists of the above-mentioned eight specialties to require rehabilitation and have been noted such need on their referral sheets may also avail themselves to the service. Those who have been assessed by physical therapists or occupational therapists to undergo group therapy or health education may also do so.
3. The community rehabilitation project was initiated in October 2004, in the initial stage, in Datong, Xinyi, Wanhua and Neihu districts. Since 2005, this project has been implemented at the outpatient clinics of the Taipei City Hospital in 12 districts. Rehabilitation professional

groups are commissioned to provide the public in the neighborhood with healthcare services such as physical and occupational therapy, and group therapy. In January through December 2007, 6,043 such sessions had been held to serve 69,094 person-times.

Section 4 The Angel Volunteer Manpower Bank

1. To face the aging of population, to carry on the idea of humanitarian concern, to realize the spirit of mutual help, the Angel volunteer manpower bank is promoted to provide the disabled elderly and elderly living alone with community concern services such as household

management, physical care and accompanying them for medical care.

2. A long-term care volunteer manpower bank has been set up to develop long-term care volunteer manpower resources. In collaboration with public-interest groups and the 12 district health centers, volunteer manpower bank and branch banks have been set up to provide home care services. The cumulative total of the number of volunteers is 3,564 persons. In 2007, 17,272 person-times of services had been offered for 57,380 hours.

Chapter 5 Management of Medical Institutions and Personnel

Section 1 Improvement of the Quality of Medical Care Institutions

1. In accordance with regulations of Article 99 of the Medical Care Act, to protect the rights of the public to medical care, and to establish channels of communication between physicians and patients, a medical dispute mediation group has been set up. Since 2005,

the Department has, through various channels, advocated the medical dispute mediation mechanism. In 2007, 257 cases had been handled; of them, 86 cases were for mediation of medical disputes, and of them, 22 (25.58%) had been successfully mediated. To help medical personnel understand medical disputes from the viewpoints of humanitarian concerns and medical ethics, the legal practice

aspects and the internal management mechanisms of hospitals, learn about how to prevent medical disputes, to realize a safe environment for medical care, to enhance patient participation, and to make physicians realize the importance of the ethics of informing patients, a symposium on “practice of medical care quality management and trend of development of medical industries” was held in 2007 at the Taipei Medical University. 500 some medical practitioners of the medical care institutions in Taipei City took part in this symposium .

2. To improve the health of medical personnel, to make hospitals a healthy workplace and medical environment meeting the eight patient safety goals advocated by the Department of Health, the Executive Yuan, and thus to upgrade the quality of medical care and safety of patients, on June 1 through 8, 2007, 40

hospitals in Taipei City were supervised, inspected of their medical care safety and assessed as a healthy hospital. 15 healthy hospitals were so selected.

3. To realize and improve the service quality of primary care institutions, primary medical care institutions have been evaluated. Evaluation is made for western medicine, dentistry, Chinese medicine and other medical institutions. Evaluation took place in April through October 2007 for 1,257 western medicine institutions, 1,189 dental clinics, 396 Chinese medicine institutions, and 380 other medical institutions. A total of 3,222 institutions had been supervised and inspected.
4. To make medical care institutions place more importance on the quality of medical care safety operation, to provide them with innovative and constructive recommendations, to set up indicators for the improvement of the quality



Symposium on Patient Safety at Taipei Medical University, August 11, 2007



Award to outstanding plans on improvement of medical care safety quality, December 11, 2007

of medical care safety operation, in September through December 2007, an award plan to solicit proposals for the improvement of medical care safety quality was implemented. There were 28 entries in the first stage. They were reviewed through documents, and 15 of them passed the review. In the second stage of presentation, five proposals were selected, one golden medal for NT \$50,000, one silver medal for NT \$40,000, one bronze medal for NT \$30,000, and two fair works for NT \$10,000 each. They were cited publicly, and the works are posted on the website of the Department for mutual learning and experience-sharing .

Using the 2007 goals of patient safety advocated by the Department of Health, the Executive Yuan as themes, the Department, in collaboration with the medical centers of Taipei City, conducted ten sessions of training on patient safety for medical personnel for a total of 3,893 person-times. The Department had also conducted 13 public education activities for 2,240 participants. Two symposiums were held each at the Taipei Medical University and the Mckay Memorial Hospital to discuss matters concerning the classification of medical wastes at medical care institutions, their storage, disposal, management and relevant laws and regulations to improve infection control in hospitals and to attain the goal of patient safety .

Section 2 Improvement of the Quality of Nursing Care Institutions

To provide the public with quality nursing care, establishment of nursing care institutions is actively supervised. By 2007, there had been 15 nursing homes, 32 home care institutions, and 22 post-partum care institutions. Inspection, management and supervision are conducted constantly to upgrade their service quality. In addition, the nursing care institutions established under the supervision of the Social Affairs Department are assisted to offer the public with continuous and high-quality care services.

Section 3 Improvement of the Quality of Psychiatric Rehabilitation Institutions

1. Meetings of the Committee on the Plan for the Improvement of the Quality of Psychiatric Rehabilitation Institutions were held on June 27 and October 1, 2007, to revise indicators for the assessment of the quality of psychiatric rehabilitation institutions and their awards.
2. In the period July 10 through September 10, 2007, on-site inspections were made to 41 psychiatric rehabilitation institutions.

3. A certification ceremony was held on November 9, 2007 at the City Hall to certify six community rehabilitation centers and 10 midway houses for their excellent performance.

Section 4 Registration for Practice of Medical Personnel and Training

1. By December 2007, there were in Taipei City 40 hospitals, 2,902 clinics, with a total of 22,497 beds. There were 40,404 medical practitioners; of them, 11,126 are practicing physicians. The ratio is 42.31 physicians per 10,000 population. The number of acute and general beds is 50.94. Medical care resources in Taipei City far exceed those of other counties and cities.

2. Social resources are consolidated to strengthen the practice registration of medical personnel to upgrade efficiency.

- (1) Practice and revocation of medical personnel shall be, by law, registered with the Department. Revocation and management of practice, however, depend on the understanding of the persons concerned of the relevant laws and regulations, and also on their motivation, and the convenience of applying for registration. The Department has thus made all efforts, through the assistance of the various professional medical associations, to strengthen information for medical personnel registering for practice, to remind them that when there are changes in the status of practice, they should register by regulations. A reminder, "revocation shall be made to the



Symposium on medical quality management and development trend of medical industries at Taipei Medical University, December 4, 2007



Award to outstanding psychiatric rehabilitation institutions at the Taipei City Hall, November 9, 2007



Ceremony to award outstanding psychiatric rehabilitation institutions, November 9, 2007

Health Department within 30 days after resignation," is noted on the certificate to remind them.

- (2) To simplify the operational procedures, to make services more convenient to the public, to make it more convenient for medical personnel to register changes in status of practice, applications are accepted and processed immediately at windows of the Department and the inspection teams; they are also accepted for processing by the various professional medical associations for convenient service. With the assistance of the associations and medical institutions, laws and regulations concerning practice and termination of practice are advocated to improve the knowledge of medical personnel about laws and regulations and to avoid violations of laws.
- (3) The registration for practice of 14 categories of medical personnel in Taipei City, by the Government Procurement Act through open bidding, is commissioned out to ten associations, the dentists association, Chinese medicine doctors association, respiratory therapists association, medical laboratory technologists association, medical laboratory technicians association, occupational therapists association, physical therapists association, physical therapy technicians association, medical radiologists association, and nursing association. They help in the registration of changes of practice of medical personnel.
- (4) No. of cases processed by the commissioned associations:
 - 1) The dentists association processed 294 cases, the Chinese medicine doctors association processed 192 cases, the respiratory therapists association processed 100 cases, the medical laboratory technologists (technicians) association processed 359 cases, the occupational therapists association processed 4 cases, the physical therapists association processed 236 cases, the physical therapy technicians association processed 67 cases, the medical radiologists association processed 229 cases, the nursing association processed 9,197 cases.
 - 2) In the year, there had been 29,885 changes of practice status in Taipei City; of them, 10,879 cases were processed by the commissioned associations, accounting for 35.7% of all.
- (5) Approximately 35-54% of changes of practice status of medical personnel in Taipei City are processed by the commissioned associations. The satisfaction rate is 95%. The service thus is rather convenient. This and

other convenient service measures to the public will be further advocated. The Taipei City physicians association will be invited to join the commissioned services to extend services to more persons concerned.

3. The physician-friendly electronic supporting system is promoted to simplify the registration of practice, to promote training of medical personnel, and thus to improve the quality of professional medical services.

(1) Through the auditing mechanism and supervision, the Taipei City medical management system and data of the status of medical care institutions are inspected. When unusual cases are detected, they are confirmed and corrected in time to improve the accuracy and completeness of the data registered on the medical management system. Through inspections of medical care institutions, their current status is understood. The regulations governing the practice registration and continuing education for five categories of medical personnel have been amended. Medical personnel should comply with the new regulations for registration of their practice and to undergo continuing education. Medical care institutions are asked to implement relevant strategies.

(2) Functions of the report supporting system of the Department are

strengthened to avoid personnel of medical institutions from overdue in reporting for support, to prevent re-applications for leave-outs due to negligence to end up in loss of National Health Insurance payments. The functions of the report supporting system are strengthened to include automatic indication functions. These functions are produced by the system and automatically notify by e-mail the original application medical care institutions. They are directly linked to the Department's report supporting system for application, and thus to improve the friendliness of the report supporting system.

(3) A set of Operational Procedures for Application for Registration of Medical Personnel in Taipei City has been formulated, and standard flows of application and electronic application forms are produced at the same time to promote a quick processing of the registration of practice of medical personnel, their revocation, changes, re-issuance, and replacement, and thus to prompt processing and upgrade service quality.

4. To care about the safety and protection of practicing physicians of the primary care clinics from threats of violence for money and frauds through telephones, the Department has promoted a Safety Protection Plan of Primary Care

Clinics in Taipei City. Physicians are encouraged to ask for checking by security consultants. The Department is concerned about the safety of the practicing primary care physicians to ensure that they fully execute their primary care functions, and to give citizens of Taipei City a more protected medical care environment.



Part 4 Safety Network of Food and Drugs- Building a Healthy Consumer's Environment

Part 4 Safety Network of Food and Drugs -Building a Healthy Consumer's Environment

Chapter 1 Establishing a Joint Inspection System-Strengthening Learning- type Organization

Section 1 Safeguard the Safety of Food and Drugs

1. Inspection and Seizure of Illegal Drugs

To protect the health and consumer safety of the citizens, action has been taken closely with the prosecution, police and investigation authorities to conduct inspection and seizure of illegal drugs, and to coordinate with the "Crack-down of Livelihood Crimes Special Project" of the High Prosecutor's Office of the Ministry of Justice to crack down crimes, and to timely release news to scare dishonorable business people. In 2007, 29 cases of counterfeit drugs, four cases of prohibited drugs, four cases of illegal medical devices, and one case of inferior drug had been detected; and 87 violations had been fined.

2. Strengthening quality testing for drugs on market and inspection of labeling on packing

- (1) Monitoring of the quality of drugs is strengthened. 412 cases of drugs on market have been sample-tested; of them, 34 are unqualified and are processed by law.
- (2) 12,831 drugs on market have been checked for their labeling on packing. Of them, 220 failed to meet regulations and are processed by law.

3. Inspection of Places not Permitted for Selling Drugs

- (1) Betel nut stands, grocery shops, construction sites and lottery shops not permitted for the selling of alcoholic products have been inspected for 4,210 firm-times. 14 of them are found in violation of regulations and are processed by law.
- (2) Places not permitted for the selling of drugs have been inspected to see if they manufacture illegal drugs for 2,304 firm-times.
- (3) A special project for the inspection of sex shops is conducted to inspect



Inspection and seizure of illegal drugs



Task force against the "black heart foods" – investigation of diseased pork

45 firm-times. 22 of them are found violating regulations and are processed by law.

- (4) A special project to inspect ashes adulterated with western medicine and drugs without permit licenses has been conducted for 313 times (temples, parks, markets, mobile vendors, entrances to hiking paths, Chinese boxing centers). No violations of regulations have been found.

4. Inspection and Seizure of the "Black-Heart" Food

(1) Special Project Inspection

A special project to crack down livelihood crimes (the so-called "black-heart" food) has been established to inspect and seizure pork from sick and dead pigs, adulterated sticky rice powder, goose meat and pork to find β -Agonists in them; and also to find drugs for animal use Nitrofurans and Metabolites in crabs, trout and perch .

(2) General Sample Testing

In 2007, 3,443 cases of food on market had been sample-tested to find 364 in violation of regulations. In the year, 28 special project inspections had been conducted; of them, 450 cases were beverage, ice products and their flavors, 595 were vegetables (including tea leaves, organic vegetable and fruit), and 440 were gifts on special festivals and occasions. Of those sample-tested, 49.48% of rice products and 45.43% of bean products were found unqualified. By investigation, they came from neighboring counties and cities. The bean products in violation of regulations were sold primarily by illegal vendors at large-scale traditional markets in Taipei City. For this, the Department and the Prosecutor's Office of the Taipei District Court have formed a strategic alliance to conduct special project investigations.



Sanitary inspection of the Chinese New Year market, February 2-16, 2007



Sanitary inspection of the Chinese New Year market, February 2-16, 2007



Meeting on the inspection of illegal drugs, November 26, 2007

Section 2 Training to Improve Quality of Inspection

1. To improve the practice and skills of inspectors, in 2007, nine workshops (in 14 sessions) on the laws regarding food and drugs and practice of inspection had been organized for 1,108 person-times of participants.
2. In November 2007, a joint meeting on inspection of illegal drugs was held. Experts in legal affairs and pharmaceutical management were invited to share their experience in inspection and to discuss future directions of inspection and management. A total of 130 inspectors took part in the meeting.
3. On September 11 through 14, 2007, in collaboration with the Food Industry Research and Development Institute, a workshop on "basics of inspection for food sanitation managers – inspection of food industries (wholesale marts)" was held at the Jiantan Youth Center. The workshop focused on criteria for the inspection of food industries and wholesale marts, operational procedures of inspection, and on-site inspection. A total of 32 inspectors participated.

Chapter 2 Management of Pharmaceutical Affairs

Section 1 Inspection and Examination

1. Inspection of the practice of pharmaceutical personnel in clinics and pharmacies (drug stores), and labeling of the package

- (1) Inspection of pharmaceutical personnel in clinics and pharmacies (drug stores) to see if they dispense medicines in person and if practice license is presented; in 2007, inspection was made to 1,153 pharmacies, 2,202 drug stores, 2,726 clinics, for a total of 6,085 firms.
- (2) Inspection of medical care institutions (including Chinese medicine medical care institutions) and pharmacies to see if the labeling on the package of medicines contains all required items (13 items) and recommended items (3 items) announced by the Department of Health, the Executive Yuan. In 2007, inspection was made to 1,039 pharmacies and 2,384 medical care institutions, for a total of 3,423 firms.
- (3) Management of Controlled Drugs
 - 1) By the monthly sales reports supplied by the controlled drug institutions and the dealers, the flow and use of controlled drugs are followed-up. Routine inspection was made to 2,898 firms, and special inspection to 2,384 firms, to find 15 firms in violation of regulations. They were fined for a total of NT \$691,200.
 - 2) In May through June 2007, workshops had been organized to promote laws and regulations concerning controlled drugs to help dealers understand the relevant laws and regulations. New dealers, dealers making changes on registration, and dealers not yet using the Internet for claim were supervised to make claims online. In the year, five such workshops had been organized.
- (4) Management of Cosmetics
 - 1) Products on market have been sample-tested for 144 cases; of them, five were disqualified, and 12 were referred for processing by law.
 - 2) Labeling of cosmetics on market has been inspected for 14,311 cases; of them, 373 failed to meet requirements, and 146 were fined for violation of regulations.
 - 3) On May 10 through June 25, 2007, hotel managers were supervised on the labeling of the toiletries provided to guests. A total of 295 hotels had been supervised.
 - 4) On August 13 and 14, 2007, two



Press conference on illegal cosmetics, December 2007



Workshop for cosmetics dealers, August 13, 2007



Workshop for pharmacy managers, September 11, 2007



Symposium on improvement of the quality of community pharmacies, March 10, 2007

workshops for cosmetics dealers were held at the Heping Branch of the Taipei City Hospital for 360 participants.

- 5) In September 2007, a special inspection project on cosmetics factories and color substance dealers was conducted to inspect 41 cosmetics industries in Taipei City. No violations had been found. Seven factories without practice license were referred to the Bureau of Industry Development for processing. Of the 30 color substance dealers inspected, none were found to violate regulations.

Section 2 Census of Pharmaceutical Dealers and Pharmacies

1. Census of pharmaceutical dealers and pharmacies is conducted in accordance with regulations of Article 73 of the Pharmaceutical Affairs Act. In 2007, census was made for a total of 10,218 firms. Of them, 1,744 pharmaceutical dealers could not be traced. They will be inspected again or announced to cancel their licenses.
2. To improve the professional knowledge of pharmaceutical dealers and pharmaceutical personnel in pharmacies in Taipei City and to advocate relevant laws and regulations, 13 workshops for pharmaceutical dealers and pharmaceutical personnel in pharmacies had been organized for 1,115 participants. To upgrade the service quality of pharmaceutical personnel and to promote the self-control concept and image of community pharmacies, two workshops on the upgrading of service quality of community pharmacies were held on March 10 and 11, 2007, for 136 participants .

Section 3 Service Fees Collected Online

1. The Taipei City Health Department is the first health organization to initiate the collection online of

administrative fees and fines. To make service more convenient to the public, the Department set up and inaugurated in 2006 a system for the collection online of health-related fees and fines. The Online Application and Inquiry for Advertisement of Pharmaceuticals and Cosmetics System was integrated to allow the public and dealers to apply for and pay for administrative fees and fines

online. This electronic operation system also helps employees of the Department in the effective management, reduction of workload, and improvement of administrative efficiency.

2. In the year, 1,173 applications for advertisements of pharmaceuticals and cosmetics had been made online (860 for cosmetics and 313 for pharmaceuticals).

Chapter 3 Management of Food Sanitation

Section 1 Inspection and Examination

1. 9,065 eating places and 973 food stands in night markets in Taipei City are placed under management. In the year, 22,768 firm-times of inspection for sanitation and 2,271 firm-times of supervision had been made.
2. In 2007, 88,949 labeling for food had been examined to find 893 in violation of regulations, at a failure rate of 1%. A total of 226 cases were processed by law. The violations are: overdue of valid date, 31 cases; labeling incomplete, 155 cases; nutrition labeling not meeting requirements, 98 cases; exaggerate and untrue labeling, 30 cases (a case may have two or more violations; the total number of violations does not add up to the total number of cases processed).

Section 2 Plan on the Prevention of Food Safety and Maintenance of Public Security

1. For the maintenance of public security, at present, 266 food industries are placed under management (25 boxed



Press conference on inspection of food labeling



Citation of food volunteers



Meeting of drug, cosmetics and food dealers and the press

lunch industries, 35 buffet restaurants around schools, 23 school lunch programs, 7 catering industries, 77 restaurants for parties, 54 schools commissioning out lunches, and 11 central kitchens). In 2007, 1,620 inspections had been made.

2. 134 sessions of workshops on sanitation had been held for dealers in the food safety and public security plan, for a total of 7,067 participants. Of the workshops, nine were on the certification of the C-grade Chinese cooking technicians, for 844 participants; two were for the certification of the B-grade Chinese cooking technicians, for 97 participants; eight were for those who have had certificates, for 935 participants. Information about these workshops is posted on the Cook Certificate Management Web of the Food Information Network of the Department of Health, the Executive Yuan, for the convenience of public inquiries and applications.
3. Throughout the year, the food safety

light of Taipei City has been green. Index items for the safety light system include, number of food poisoning incidents, number of food poisoning victims reported, and number of cases medically attended for food poisoning. To correctly assess the current status of food safety in Taipei City, index parameters are compared with the per 100,000 rates of Taipei City in the last four years. Considering seasonal variations, the food safety indexes are compared by every season (every three months). The green light is decided by the raw value, average mean, yearly average mean and yearly number of each factor, and also taking into consideration the normal distribution. Intervals are then set and the three index values are added to decide on the colors (green, yellow-green, yellow, yellow-red, and red). The color decided by the total values of indexes is for risk communication and advance alert. This system is the first one in the country set up health organizations. The light is

reported regularly at the public security maintenance meeting of the City Government.

Section 3 Food Sanitation Volunteers

For the effective utilization of social manpower, and to promote food sanitation

related activities together with private sector organizations and resources, a training course for food sanitation volunteers was held on September 19, 2007. Course contents include, on-site visit to food factories, and management of food additives and food labeling.

Chapter 4 Building a Healthy Consumer Environment

Section 1 Management of Drugs, Cosmetics and Food Advertisements

1. Illegal advertisements are banned. In 2007, 553 illegal advertisements on drugs, 2,098 on cosmetics and 1,295 on food, totaling 3,946 cases had been found. Of them, 97 advertisements on drugs, 718 advertisements on cosmetics, and 525 advertisements on food, totaling 1,340 cases, all in violation of regulations, had been processed to stop exaggerated and untrue advertisements, and thus to protect the rights and health of consumers and at the same time, to minimize disputes in consumption.
2. Two coordination meetings had been held for pharmaceutical dealers,

cosmetics and food manufacturers and the media for 182 participants to explain to them principles regarding the recognition and seizure of illegal advertisements, and thus to upgrade the dealers' capabilities in self-review and self-management and to reduce the number of illegal advertisements. News is released timely to remind consumers not to buy products of illegal advertisements and thus ending up in losing money and harming health. Three pieces of news had been released as follows:

- (1) "Taipei City Health Department reminds you that illegal advertisements are most problematic!"
- (2) "Advertisement of an illegal food product, Naipo Water, has been fined."



Educating school children on BMI and body weight – challenging 1824

- (3) "Top advertisements announced illegal by the Taipei City Health Department and reported by the media in the first three quarters of 2007 are cosmetics; about 50% of illegal food advertisements claim for medical effects."

Section 2 Challenging 1824: Health Fitness for Adults

1. In coordination with the Department of Health, the Executive Yuan, the "Challenge 1824: Health Fitness for Adults" project has been promoted in Taipei City. There are currently in Taipei City 47 registration points in the Taipei City Hospital, the 12 district health centers, medical centers, regional hospitals and district hospitals. In the year, 50,836 person-times of people had registered for the 1824 Challenge .
2. Lectures on body-weight control had been held for 292 sessions for 14,600 participants; 21 body-weight control

classes were organized for 1,155 person-times; and 317 sessions of other 1824 activities were held for 50,437 person-times.

3. To help people understand BMI and thus to monitor and manage their own body, 300 pieces of a "Lovely Penguin BMI Turntable" has been produced and distributed to public and private kindergartens and nurseries that were qualified in 2006 by the "healthy school accreditation" to promote the understanding of children and mothers on healthy body, and to help the next generations build up in their young minds the concept of health and being healthy.

Section 3 Promotion of Healthy New Dietary Culture

1. Inspection on the labeling of calorie and food components on the "healthy boxed lunch" in schools has been conducted. In 2007, 267 pieces of boxed lunch of 89 manufacturers had been inspected. The average calorie is 860 kcal; the fat content is close to the recommended allowance and is less than 30% of the total calories.
2. To promote the healthy diet concept of "balanced diet; five vegetables and fruits everyday," activities such as "zero burden for mothers, buy OK-certified items," "less fat, more fiber," and

"dumplings on the Dragon Boat Festival for the elderly" had been held. A pineapple-cake fair was also held to promote pineapple cakes of no trans-fatty acid; on the mid-Autumn festival, healthy diet was promoted; a series of activities on "five vegetables and fruits everyday," and "easy recipes for cooking vegetables" had also been organized. On special festival occasions, press conferences were held to promote balanced diet .

3. Discs on "five vegetables and fruits everyday," "healthy diet, three less and one more," and "trans-fatty acid" have been produced and used in the education in communities to promote the concept of balanced diet.

Section 4 Sanitary Management of Business Establishments and Promotion of the Self-Control of Sanitation, the OK Certification System

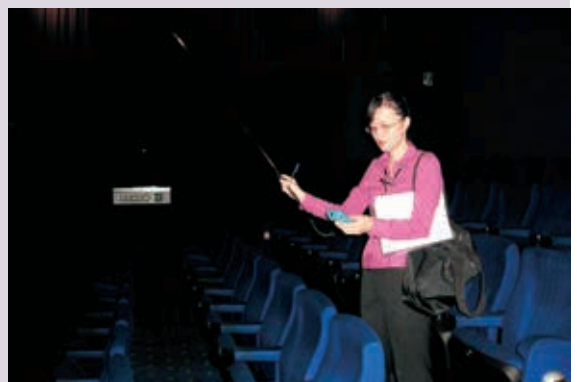
Along with longer weekends, recreational activities have increased. Service quality of industries such as hotels and hostels, hot springs, singing parlors, beauty saloons and others has become more important; and their safety and sanitation have also become a hot issue of today. To promote the sanitation of business establishments, a set of regulations governing the "Sanitary Self-Management of Business Establishments in Taipei City" was formulated and promulgated on June 27, 2005. Sanitary inspection of business establishments is intensified to promote the professional skills of the industries



Promotion of balanced diet – five vegetables and fruits everyday, May 2, 2007



Promotion of five vegetables and fruits everyday, May 8, 2007



Measuring wind-speed in movie theater



Sampling testing of hot-spring water



Testing for pH value and chloride residue in swimming pool

to place more importance on sanitation, and to improve their self-management ability. Training programs have also been organized for them. Through effective management of business establishments, their service quality is upgraded, and the health and safety of consumers is guaranteed.

By the end of 2007, 4,529 licensed and unlicensed such business establishments had been placed under management. Of them, there are 375 hotels, 3,625 beauty saloons, 216 recreation centers, 137 bath houses, 96 swimming pools, 60 movie theaters, and 20 others. Accomplishments of the year are as follows:

1. Sanitary Inspection and Processing of Violations

The environmental sanitation of business establishments is inspected periodically (including sanitation of utensils, air quality, vector control, illumination, sanitation of water tower, sanitation of toilet). Employees (technician certificates,

personal hygiene of employees, full-time sanitation management worker), and water quality (swimming pools, saunas, hot springs) were also important items of inspection. In 2007, 9,151 person-times of inspection had been made; 414 firm-times were required for improvement; and 233 firm-times were punished .

2. Sample-Testing of Water

Water of saunas, hot springs and swimming pools is sample-tested periodically. Violations of regulations are fined.

- (1) Sample-testing of bath water (including hot springs): In the year, 2,671 water samples had been tested to find 123 cases of excessive total bacteria count or E. coli positive, at a failure rate of 4.6%.
- (2) Sample-testing of swimming pool water: 1,585 cases of swimming pool water had been sample-tested to find 29 cases of excessive total bacteria count or E. coli positive, at a failure rate of 1.8%.

3. Improving the Sanitation Knowledge of Employees

- (1) 28 training courses on sanitation had been held for 1,226 person-times of employees.
- (2) At time of the sanitary inspection of businesses, information on laws and regulations and health information are disseminated in 9,928 firms.
- (3) Training of sanitation managers is organized. In 2007, eight such courses had been organized for 625 participants. Of them, 522 were qualified at the end of the training .

4. Joint Inspection on Public Security and Environmental Sanitation

- (1) In collaboration with the Bureau of Tourism and Communications of the City Government, a joint inspection of 112 hot spring establishments was made. Seven firm-times of the establishment were disqualified.

- (2) In collaboration with the Department of Commerce of the City Government, a joint inspection of 346 registered singing parlors, beauty saloons, saunas, dancing halls, bars and special coffee houses and tea rooms in Taipei City had been made. 64 of them were disqualified.
- (3) In collaboration with the Bureau of Tourism and Communications, a joint inspection of 39 movie theaters in Taipei City had been made. None of them were disqualified.
- (4) In collaboration with the Department of Commerce, a joint inspection of 11 video game shops had been made; three of them were supervised to make improvement.
- (5) In collaboration with the Department of Physical Education of the City Government, a joint inspection of 133 swimming pools had been made; four of them were disqualified.



Training for employees of sanitary establishments



Training of sanitary management workers



Certification of establishments for the self-management of sanitation



Promotion of the OK certification for the self-management of sanitation, November 14, 2007

5. Promotion of the OK Certification System

(1) To upgrade the sanitary quality of business establishments, to help them train sanitation management personnel, to supervise them in the self-management of sanitation, the businesses are expected, through self-management model, to attend to their daily inspection of sanitation. Together with the unscheduled inspections of the health authorities, it is hoped that employees will develop good sanitary habits, and improve sanitary standards. Establishments of good performance are issued a sanitation self-management certificate to encourage them to be fully responsible for sanitation, and thus to protect the health and safety of consumers and health and rights of the citizens. In 2007, 122 hotels had been certified for the sanitation self-management. They were issued the certificates at a public meeting. The certificate serves in a way an encouragement to the

establishments.

- (2) Work is continued to promote the OK-certification for self-management of sanitation. Stickers have been produced for use of the down-stream noodle sellers of the 31 certified noodle manufacturers. The OK-certificate guarantees the public of sanitation and safety in the food they eat. Promotion activities such as “change OK bills into cash,” “innovative OK photos,” and “OK attraction” are conducted to attract the attention and participation of the public. At the same time, establishments in boxed lunch, tea industries in the Maokong Gondola area, ice products, central kitchens, convenience store chains, cosmetics industries, and restaurants of tourist hotels have been supervised to be certified for the self-management of sanitation. In 2007, 3,000 establishments in Taipei City were OK-certified.
- (3) Self-management of cosmetics industries: In total, 170 firms have been supervised; 137 have participated in the

self-management selection, and 101 are successfully issued the self-management of sanitation logo .

Section 5 Management of Complaints and Disputes

1. A consumer service hotline, (02) 2720-8777, is set up for the inquiries and appeals of consumers at time of unexpected incidents. In 2007, a total of 2,641 cases reporting frauds in drugs, cosmetics and food had been received. Workshops on laws and regulations relevant to drugs, cosmetics and food had been organized; dealers in violation of regulations were sample-tested and news was released at the same time to provide the public with correct information in consumption.
2. To advocate correct concepts in consumption, to make available to the public legal channels for complaints and thus to protect the rights of consumers, in 2007, a total of 254 disputes had been received. Of them, 161 were successfully mediated; 86 not succeeded and were referred to the consumer protection officers of the Council of Legal Affairs, Taipei City Government, for further mediation. 15 cases had been referred to other counties and cities for handling; and consumers and dealers of 13 cases, through supervision of the Department, reached some agreement and the complaints were withdrawn.



Promotion of safe use of drugs and prevention of drug abuse with community pharmacies



Advanced course for the development of drug abuse seed workers, December 2007



Cheer group contest on prevention of drug hazards, October 2007



Prizes for quizzes on safe use of drugs and control of drug abuse

Chapter 5 Building a Safe Drug Use Healthy Community

Section 1 Education on Safe Drug Use and Control of Drug Abuse

1. 26 sessions of educational activities had been organized for 183 person-times of employees of special business establishments (pubs, video game shops, billiard pools and KTVs). In January through June 2007, 39 sessions on safe drug use and control of drug abuse had been held in schools and communities for 5,332 person-times .
2. The Pharmacy Department of the Taipei City Hospital organized on August 5, 2007, at the Heping Branch a training course for the development of seed lecturers on the control of drug abuse, for 144 participants; and on December 23, an advanced course for seed lecturers on the control of drug abuse, for 69 participants. 58 of them had passed the certification of seed lecturers.
3. To improve the knowledge of the public and the adolescents about safe use of drugs and control of drug abuse, on October 28, 2007, on the pedestrian square at the Warner's Theater in Xinyi District, an innovative cheers group contest to say no to drugs was held. 16 groups took part in the contest .
4. In collaboration with the Education Department, on June 17, 2007, an extended promotional activity on "anti-drug, anti-violence, and anti-speeding" was held at the outdoor square of the Sun Yat-sen Memorial Hall. The Department focused on the control of drug abuse, and distributed anti-drug educational materials on the site. A questionnaire survey on understanding of the risks of drug abuse was conducted at the same time. A total of 334 person-times participated in this activity.

Section 2 Home Delivery of Prescription Medicines

1. In coordination with the Department of Health, the Executive Yuan, the separation of prescribing and dispensing practices has been promoted to release prescriptions. To save the public of medical costs and also time for medical care, and thus to save expenditures of the National Health Insurance, the Taipei City Department took the initiative to release prescriptions. This project is continued through annual regular inspection and evaluation of medical care institutions and routine census of clinics and pharmacies.
2. In coordination with the prescription

release policy, home delivery of medicine services is continued. Together with the Taipei City Pharmacists Association, Assistant Pharmacists Association, and the Taipei City community pharmacies, teams of chronic disease prescriptions have been organized to provide by the community pharmacies free home delivery services. In 2007, 332 pharmacies had participated in this project to care for the communities in their neighborhood.

3. Release of Prescriptions

In 2007, the teams of chronic disease prescriptions had dispensed a total of 287,463 prescriptions released by the National Taiwan University Hospital and eight medical centers, and delivered medicines to 7,965 families. They had also dispensed a total of 182,053 prescriptions released by the Taipei City Hospital, including 164,178 refillable prescriptions for chronic diseases, and delivered medicines to 11,696 persons. Outreaching community pharmaceutical services have been remarkable.

Section 3 Smoking-Cessation Counseling Stations in Communities

In 2007, the Department continued to promote community pharmacies providing professional smoking-cessation counseling services, and 46 more smoking-cessation counseling stations (totaling 102) had been set up. In 2007, a 16-hour training on smoking-cessation pharmacists and counseling stations in communities was held for 140 pharmacists. 402 cases had been home-visited; and smoking-cessation counseling had been given to 603 person-times. 30 educational activities had been held with a view to provide the public with professional smoking-cessation drug therapy counseling through the use of community resources.



Training for community pharmacists in smoking cessation, December 17, 2007



Training for community pharmacists in smoking cessation and inauguration of community counseling stations, June 9, 2007



Issuing certificate for community smoking cessation station, July 18, 2007

Section 4 Promotion of Pharmaceutical Counseling Services for Long-Term Care

Accessible and adequate pharmaceutical services are provided to the communities and the nursing care institutions. In coordination with the community health building for safe drug use project, three training courses on pharmaceutical services for long-term care had been organized to improve the professional knowledge of pharmacists, and to train 240 seed pharmacists for long-term care.

Section 5 Building Safe Drug Use Healthy Communities

1. To build safe drug use communities,

to promote localized pharmaceutical care services, in 2007, a project on the building of safe drug use healthy communities was promoted. In the project, through care activities of pharmacists such as visits to communities to conduct a survey of drug use, provision of drug counseling assessment, and home visits, a safe drug use environment will be built.

2. The project was implemented in Neihu, Beitou, Wanhua, Zhongzheng, Daan and Wenshan districts, with 24 community organizations such as the medical care institutions in communities, private sector organizations, volunteers, nursing care institutions, and 55 pharmacists of community pharmacies. 73 lectures and activities on safe drug use had been held. 2,794 copies of a questionnaire were collected on home visiting.

Chapter 6 Laboratory Testing

Section 1 Improving Quantity and Capacity of Laboratory Testing: the Golden Swallow Laboratory Testing Team

Testing for food sanitation, sanitation of business establishments,

drugs (Chinese medicine adulterated with western medicine), cosmetics, and clinical testing (for amebic dysentery) are conducted. Specifications of the LQM (Laboratory Quality Manual) and standard operational procedures are strictly followed to assure the quality of testing, and to protect the health of the public.

Requests of manufacturers and the public for laboratory testing of food and beverages, and health foods have been accepted. Products for testing are, foods and beverages, Chinese medicine products, whitening cosmetics, and sanitation of business establishments (water samples of hot springs, swimming pools, and bath houses). Industries are encouraged to conduct simple self-screening for the self-management of sanitation. A three dimensional sanitation management mechanism involving government organizations, consumers and industries has been built to provide more diversified and comprehensive protection in consumption of foods and drugs.

In 2007, 112,736 food items and 13,116 cases of business establishments for sanitary testing, testing of 68,425 cases of Chinese medicine adulterated with western medicines, 1,216 medical laboratory testing, and 106,780 cases of testing requested or reported by the public had been conducted, totaling 302,273 cases. The public is thus provided with protection in the consumption of foods and drugs.

Section 2 Free Supply of DIY Reagents for Food and Cosmetics and Laboratory Services

To protect the public from hazards of the “black-heart” foods and cosmetics, to ensure safety in the use of foods, beverages and cosmetics, free DIY quick reagents are supplied (including the diamond reagents and the cosmetics reagents) to the public for self-testing. In 2007, 30,268 packs of the diamond reagents and 8,435 packs of the cosmetics reagents, totaling 38,703, had been distributed to help the public place more importance on the sanitation of foods and cosmetics. In 2007, several special projects for free laboratory testing were carried out to care



Laboratory testing in progress



HS-II quick screening reagent



Mobile laboratory distributes educational materials and testing reagents at the New Year market

about the sanitation of foods, drugs and cosmetics used by the public, to realize the rights of knowing of the consumers, and to ensure the safety and sanitation of the consumption markets. In total, 163 specimens had been tested.

Section 3 Mobile Laboratory Service Vans: the Golden Swallow Team

The mobile laboratory service vans of the Golden Swallow Team go around the traditional markets and marts of Taipei City, including the Dihua Chinese New Year goods market, the Huannan Vegetable and Fruit Market, Nanmen Market, and also in collaboration with the Police Radio Station, to distribute the "HS-II quick screening reagents", and also counseling services to people rushing for goods for the coming Chinese New Year. The reactions at each station were warm. In total, 18,000 packs of the diamond reagents and 3,400 packs of the cosmetics reagents, totaling 21,400, had been distributed. The public was guaranteed for a Happy and Safe Chinese New Year.

Section 4 Development of New Laboratory Techniques

To upgrade the efficiency of laboratory testing and thus to provide more services to the public, to protect their safety in the use of foods, beverages and drugs,

the Department has made all efforts to develop new laboratory testing techniques. The new techniques developed in 2007 are as follows:

1. The Liquid Chromatograph Tandem Mass Spectrometer is used for the laboratory testing of saccharin, sweeteners, and pesticides to improve the conventional analysis method, and to strengthen the laboratory testing of food products on market and pesticides.
2. Testing methods for steroid Dexamethasone and antibiotics Lincomycin have been developed; and 25 cases of cosmetics on market have been tested.
3. Testing techniques for α -Agonists have been developed; and 10 cases of farm products on market have been tested.



Part 5 Improvement of Municipal Hospitals and International Medical Care Services

Part 5 Improvement of Municipal Hospitals and International Medical Care Services

Taipei City, as the political and economic center of Taiwan, her internationalization is an important part in urban development. City diplomacy has thus become a responsibility of Taipei City. To conform to the trend of international development, to march toward a healthy city of global standard, efforts have been continued to advance international exchange in health and to actively promote activities of a healthy city.

To promote public health and develop international cooperation, the Department has commissioned the Taipei City Hospital to actively advance, in coordination with the policies of the Department, international exchange in health and medical care, to offer international medical aid such as medical care services in Ulaanbaatar City of Mongolia, and health training in the Tibetan communities in India.

To develop medical personnel of international perspectives in the Taipei City Hospital, the Department has formulated and executed a project to train abroad medical personnel of the Taipei City Hospital. In 2007, the Taipei City Hospital sent groups to study the medical care systems and communicable disease control models in Singapore, and to attend international conferences in Europe, Hungary, the US and Italy.

Chapter 1 Promotion of International Cooperation and Exchange in Health

Section 1 Subsidies on the Holding of International Conferences

To improve the international visibility of Taipei City, a set of

operational guidelines governing subsidies to the holding of international conferences on health and medical care has been specifically formulated to, through subsidies, encourage domestic medical centers, health and

medical-related associations, universities and colleges, research institutes and public-interest corporations to hold in Taipei City health and medical-related international conferences. In 2007, subsidies had been made to the Taipei City Laboratory Technologists Association, Taiwan Level-7 Health Information Exchange Agreement Association, Taiwan Neuro-trauma Association, Taiwan Vascular Surgery Society, ROC Cardiology Society, Taipei Medical University, the Corporate ROC Dentists Association, John Tung Foundation, Corporate National Biotechnology Medicine Development Foundation, and the ROC Pharmaceutical Students Association.

Section 2 Operating International Medical Support

1. Public Health and Medical Care Aid

On September 13 through 25, 2007, Councilor Wang Lesheng led a group of the Taipei City Hospital to visit Mongolia for friendship medical support. Visits were made to Mr. Tserensodnom Bujin, Director, Bureau of Health Policies of the Ministry of Health, Mongolia, Mr. Tsogt Batbayar, Mayor of Ulaanbaatar City, Mr. Tseden-Ish Boldsaikhan, Director of the Mayor's Office, Tseekhuu Gankhuu,



Taipei City Hospital nurse measures BMI for Ulaanbaatar residents

Director, City Health Department, Mr. Chuluun Baatjargal, Official of the Bureau of International Cooperation, Dr Onio Byamdaa, Director of the Suhbaatar Health Department, and Dr A. Erdenetuya, Director of the Songinokharkhan Hospital. Assistance was given to the Ulaanbaatar City Health Department in a survey of the risk factors of hypertension of the local residents, and also in the analysis and assessment from the perspectives of public health of the health needs of the residents of Ulaanbaatar City. Discussion was held between the two parties on services in the fields of medical care, public health, hospital management and health examination, and cooperation in the training of professional workers. A letter from Mr. Hau, Taipei City Mayor, was presented to the City Mayor of Ulaanbaatar to enhance city diplomacy. A five-point consensus was initially reached to start substantial cooperation in the areas of



Tibetan students learn about parasites through microscopes



Taipei City Hospital physician explains laparoscopic examination to Tibetan students



Tibetan students at dental clinic

environmental protection, economics and trade, culture, and education.

Free medical care of patients was offered at the Suhbaatar and the Songinokharkhan hospitals. Local medical and nursing personnel were present at the medical care practices for learning through practical teaching to help them improve their professional knowledge and also skills in the use of medical facilities and laboratory testing. On this visit, the medical team had offered four sessions of medical care and health education to 800 person-times of patients.

For the practical field training of disaster medical rescue personnel, eight medical, logistic and administrative personnel of the Taipei City Hospital were given a two-day, totaling 16 hours, training. Contents of the training included field medical rescue, weight, survival, and observation of stars.

The city diplomacy of Taipei City, through the multi-dimensional cooperation of free medical care, public health, hospital management, health examination and medical care skills by the Taipei City Hospital, has successfully helped Ulaanbaatar City upgrade the quality of medical care and promotion of public health; it has also helped Taipei City in striving for gaining leadership on international health issues, in improving Taiwan's international image, and in demonstrating Taiwan's medical professionalism one step forward on the international stage.

2. Health Education in Community Health for Tibetans in India

On October 9 through November 26, 2007, the Taipei City Health Department, Taipei City Hospital, and the Mongolian and Tibetan Affairs Commission of the Executive Yuan, jointly organized a training program in community health for Tibetans in India. Through the arrangement of the Commission, three Tibetan medical personnel in India were invited to take part in a eight-week training at the Renai, Zhongxiao, Heping, and Disease Control branches of the Taipei City Hospital. Contents of the training included, internal medicine,

communicable disease control, dentistry, dermatology, general surgery, medical technology, community nursing care, and family medicine. A full-time physician, nurse or technician was responsible for each course to provide teaching in medical theories, outpatient clinic care, home care, health education, and clinical teaching. Trainees were made to expose to the general knowledge of medicine; they were also made to realize the importance of health education. The effect of teaching and learning was further enhanced by field practice and operation.

The purpose of asking the Taipei City Hospital to train Tibetan medical personnel in India is to help them learn about basic medical and nursing skills, health education, nursing and first aid in a comprehensive medical environment, and thus to improve their skills and knowledge in self-care and care for patients. They are expected, upon their return, to make initial diagnosis of diseases and administer simple first aid and treatment, so that the local residents can share the high-quality experience that they have learned in Taipei. The training project fully reflects the international exchange in health matters of Taipei City, Taiwan's contributions to the international community, and Taiwan's willingness and capabilities in medical cooperation.

Section 3 Training Program for Taipei City Hospital

For the development in theory and practice of health and medical care professional manpower in the Taipei City Hospital, to strengthen their clinical skills, teaching and research capabilities and international perspectives, exchange has been maintained with international medical care academic institutions for advanced training abroad. Young physicians of each of the specific-feature medical care centers of the Taipei City Hospital are selected for training on new medical technologies in the US; for doctoral or post-doctorial research in the specialties; or to participate in international research projects. Upon their return, they are posted in the special-feature medical care centers to upgrade the quality of medical care services and teaching and research, and to expand service items.

A pilot project for four years will be tried out in the period between January 1, 2007 and December 31, 2010. Each training program will take in principle six months, and 30 trainees will be selected for each year, for a total of 120 persons. In 2007, the Taipei City Hospital recommended seven persons, and six were chosen. The first one is now under training at the San Diego Campus Medical Center of the University of California and the Cardiovascular Center of the

Massachusetts General Hospital, of Harvard University.

Section 4 Development of International Tourism-cum-Medical Care Services

In compliance with regulations of the Medical Care Act, and at the same time to develop health industries and hot-spring tourism, the Department and the Bureau of Industry Development are promoting a pilot project of hot-spring tourism and health examination combined, initially for two years. This project will be open to all medical care institutions in Taipei City and legally registered hot-spring industries to promote the development of industries on one hand, to encourage the public to take action to promote their own health, and at the same time to enhance their motivation and participation in health examinations to early detect diseases for early treatment. Major activities of the project are as follows:

1. On October 24, 2007, the first meeting of the Taipei City health and tourism commodity review committee was held to review and approve 11 hot-spring establishments and three medical care institutions to jointly design two packages, Package A and Package B Beitou health-and-tourism special projects .
2. A website has been set up to promote the health-and-tourism commodities. Results of testing of the water quality of the 11 hot-spring establishments for August and December are also announced. They all meet the regulations.
3. In collaboration with the 2007 Taipei Hot Spring Fair, activities were held at the MRT square of Beitou Station to promote CPR and health promotion.
4. The Taipei Hot-Spring Development Association serves as the window for sales promotion for the 11 hot-spring establishments, focusing on groups of organizations and individual hot-spring goers. Coalition with other businesses is also promoted. Travel agents are asked to develop international markets. The two individuals who bought the first project commodity decided to have their health examination at the Corporate Chen Hsing Medical Rehabilitation Center . Three international visitors took the entire course of health examination.

Chapter 2 Sales and Promotion of Health and Medical Care

To propagate the health policies of the Taipei City Government and to disseminate relevant health and medical care information, the Department had issued 395 press releases in 2007; and the rate of publication (number of news releases printed on newspapers/number of news releases issued) was 127.02%. To promote the concepts of Taipei City and the healthy city, the Department took part in the compilation of a chapter, Chapter 6 on Health and Medical Care, of the Taipei City Yearbook. The Department also publishes an annual report each year; compiles and distributes the Healthy Taipei Quarterly; and an appendix to the Taipei Quarterly, the Taipei e-paper. The electronic bulletin is distributed every month to the Department, its subordinate organizations, and the subscribing public.

To improve the quality of the Healthy Taipei Quarterly, the publication of the Quarterly is done upon public bidding to solicit high-quality professional editors and publishers. Through designs of diversified themes matched with rich illustrations on lively pages, readers are motivated to read through, and the goals of the Department in disseminating information on health policies and health education are attained to help the public develop correct health concepts, and thus to promote mental and physical health. The cover page of the Quarterly is used to promote the major events of the Department of the year; the back page is used for the promotion of health and medical care. Inside the Quarterly, there are essays by health professionals, a special title on healthy city, pages for learning, and some notes on healthy city to illustrate in simple language the health policies and directions of the Department. Issues of interest and concern



Combined health and hot-spring tour product



Press conference on the start of the Taipei hot-spring season



Health examination for the first two customers

of the public are discussed to disseminate concepts and information on health and medical care.

Chapter 3 Public Health and Medical Care of the Taipei City Hospital

For reasons such as financial retrench of the government, simplification of organization, wastes of resources in the repeated investments of medical care institutions, restrictions of the global payment system of the National Health Insurance, and the intense competition of the medical care market, the Taipei City Health Department began the restructuring of organization in 2006 to integrate the health and medical care systems under the Taipei City Government. On January 1, 2005, the Taipei City Hospital was inaugurated with ten branches offering 3,593 beds.

The Taipei City Hospital as a public hospital, is operated under the principles of "caring for the less-privileged groups; fulfilling the social responsibilities of a public hospital; consolidating primary care systems in community; and promoting healthcare in community" to promote holistic care, to strive for excellence, and to protect the health of the citizens. The Hospital continues to develop communities,

and through community medical care groups, public health systems, community pharmacies and community health building centers to care for the health of the residents, and to construct as its goal together with the health centers a citizen-centered public health and medical care system. The Taipei City Hospital also is actively engaged in communicable disease control, control of chronic diseases, promotion of genetic health, long-term care, health promotion, early child care, and suicide prevention. Within the Hospital, the professional standards are advanced, costs are contained, and information platforms are established to enhance administrative efficiency. To the public, higher quality, pluralistic and humanitarian services such as "telephone counseling," "free shuttle bus service between branches," "cross-branch registration, laboratory testing, treatment, drug dispensing, and bed-transfer," "community rehabilitation," "mobile clinics," "home delivery of drugs to chronic

patients," and "full-responsibility care" are offered. Action has also been taken to promote health, to develop communities, and to realize health promotion services to attain the goal of a center for community health.

1. Integration of Medical Care, Development of Special-Featured Medical and Public Health Centers

In addition to basic services and sufficient outpatient and emergency care, the Taipei City Hospital also holds special clinics for patients with special needs, and is also responsible for the promotion of public health policies in Taipei City. The special features of each branch are as follows:

Zhongxing Branch

(1) Disaster Medicine Research and Development Center

A disaster medicine research and development center is set up; a disaster response command center is also established to take command from the Department at time of disasters (typhoons, floods, earthquakes, epidemics, fires, mass violence, catastrophic traffic accidents and public incidents) for response. The major functions are to establish the Taipei City emergency care resource network, and

to integrate medical care resources and their allocation. Since September 2005, assistance is given to Matsu for the air-rescue and referral of patients to the Taipei City Hospital. Work done in 2007 is as follows:

- 1) Medical care institutions had been assisted in the referral of 1,471 acute and severe patients; beds acquired for such purpose was 100%.
 - 2) 26 patients in Matsu were air-rescued and referred to the Zhongxing Branch.
 - 3) 607 person-times of critical cases reported for emergency care had been followed-up.
 - 4) Contacts of avian flu control workers were followed-up for body temperature measurement; reports of severe cases were made.
 - 5) At the fever screening stations, 88,848 persons had been measured for body temperature.
 - 6) 1,946 summaries of local and international epidemic situations were prepared and analyzed.
 - 7) Every day, an inventory of the number of unoccupied ICU beds in responsibility hospitals, stocks of disaster control supplies, and the number of unoccupied general beds in the Taipei City Hospital was taken.
- (2) Orthopedics Center
- 1) In collaboration with the Medtronic

Company, training on cervical vertebra and artificial intervertebral disc operation was offered to orthopedics or neurosurgery specialists.

- 2) 41 cases had been operated by the video-assisted thoracoscopic surgery for spine method.
 - 3) 37 cases had been operated by the percutaneous endoscopic lumbar discectomy method.
 - 4) Four cases had been operated by the laparoscopically assisted spinal surgery method.
 - 5) The Branch became the training center for the replacement of artificial intervertebral disc, and successfully operated 12 cases of replacement.
 - 6) Five cases had been operated for total knee replacement through computer aid; training for specialty physicians had been held.
 - 7) Two cases had been successfully operated for artificial ankle replacement.
- (3) Ophthalmology Center
- 1) Cornea transplantation center: transplantation of cornea is offered, poor patients are provided with free corneas; in 2007, 13 cases had been operated.
 - 2) Vision promotion and pediatric ophthalmology center: in 2007, 2,677 person-times of pre-school

children had been examined for the prevention of myopia.

- 3) Photodynamic therapy: the new photodynamic therapy technique is brought in from the US to successfully operate on 20 patients.
- 4) Lucentis: Lucentis, a new drug for the treatment of macular degeneration disorder, will be brought in again; the Department of Health, the Executive Yuan, has approved its import; will be a gift to patients.
- 5) 25G seamless retina injection: the first case in the country of seamless retina injection was successfully performed in June 2005; in 2007, 30 cases had been operated, a pioneering work in the country.
- 6) Community ophthalmology center: support to the outpatient care of the Lienchiang County Hospital.

Renai Branch

- (1) Research and Development Center for Cancer Control and Prevention
Resources of the Taipei City Hospital are consolidated to establish, through joint research on the treatment of cancer, two-way referral, and education and training, a unified cancer database and models of community

screening and health education. New medical care devices such as intensity modulated radiotherapy, linear accelerator, positron emission tomography, and angiography are brought in to improve the quality of cancer cure, and to provide the public with comprehensive and holistic services in the prevention, treatment and palliative care of cancer.

- 1) Cancer screening: for breast cancer, cervical cancer, colon-rectum cancer and oral cavity cancer.
- 2) Health education on cancer prevention.
- 3) Precise examination for cancer: CT scanning, MRI, Tumor Markers.
- 4) Cancer treatment and holding meetings of friends of patients groups.

(2) Breast Image Center

The most advanced instruments, direct digital breast camera, computer-aided detection system and automatic breast positioning instrument, have been brought in to provide the citizens with the medical center-class services at the Taipei City Hospital. The clinic is open on Saturday mornings, and residents of other counties and cities can also avail themselves to the services. In collaboration with the Bureau of Health Promotion of the

Department of Health, the Executive Yuan, individuals aged between 50 and 70 years are given one offer every two years of examination fees waiver, examination with no outpatient clinic visit required, and registration fees waiver. In 2007, the Center won the first prize of breast cancer control of all regional hospitals in Taipei City, and was also qualified by the Bureau of Health Promotion as a breast image demonstration hospital. The Center serves on average 500 person-times of patients a month

(3) Liver Center

An excellent ultrasound diagnosis and liver cancer treatment team, in close collaboration with the radiology, pathology, digestive surgery, blood tumor and radiology tumor departments, has formed an outstanding liver cancer diagnosis and treatment team. In 2007, a project for the screening of high-risk groups for liver cancer was implemented; and thus far, 4,479 cases had been screened. More than 90% of the positive cases have been followed-up by telephone. Liver disease clinics (11 clinics a week) are set up; and in 2007, 6,590 persons had visited these clinics. A database on friends of liver disease patients is set up to follow-up the return visits of

patients. Some 7,500 members are in this database.

Heping Branch

(1) Research Center for Disease Control and Prevention

The Center is the most important institution of infectious diseases in Northern Taiwan since the outbreak of SARS, and is the responsibility hospital for infectious diseases designated by the central government and also the core responsibility hospital in the infectious diseases control medical network. In 2007, the Center took part in the implementation of the Reducing Tuberculosis by Half in Ten Years project. The Center has 77 negative-pressure isolation wards with 119 beds to provide professional isolation care of communicable diseases and high-quality care for tuberculosis patients. In 2007, courses were organized on July 28 and August 4 for training on the infectious disease control medical network. Large-scale drills are held regularly (including on-site flow route drills, practice, and risk management). International media such as the WHO media, NCR of the Netherlands, FEM Business, reporters of Vij Ned, and Vice President of the US Press Club in the UN have visited the Center several times.

(2) Respiratory Care Center

There are ten beds. The professional team contains specialists in thoracic medicine, professional registered nurses, respiratory therapists, rehabilitation workers, dietitians and social workers. They work together to provide patients of chronic respiratory tract diseases and their families with the best medical care to help them break away from respirators at an earlier date, and thus to relieve the ICU beds from being occupied by long-term patients.

(3) Cosmetic Medical Center

A medical team composed of specialists in dermatology and plastic surgery provides services in the cosmetic medical treatment room. Special services include:

- 1) Skin treatment with fruit acid and collagen, and intervention with vitamin C: whitening and removal of lines, removal of cutin, treatment of pores, acnes and color sedimentation.
- 2) Laser treatment and microdermabrasion: removal and treatment of black rot, pore, hollow, color sedimentation, spots of the elderly, removal of tattoos, eye-blow lines and eye-lines. The treatment is particularly effective for the removal

of birthmarks, wrinkles and moles.

3) High pressure oxygen treatment: The treatment expedites the healing of wounds, improves the reproduction of tissues, and treats wounds due to diabetes and long-term wounds. The treatment is also effective for chronic osteomyelitis, CO poisoning, tissue damage due to radioactive, gas gangrene, dizziness and tinnitus.

4) Plastic cosmetic surgery: double eyelids, removal of fat, enlargement of breasts, skin smoothing, injection of hyaluronic acid and botulin.

(4) Nephrology Center

The Center is a training hospital for hemodialysis and peritoneal dialysis certified by the Nephrology Society. The Center strives to upgrade standards and care quality of dialysis, promotes the prevention and control of chronic nephritic diseases, and establishes a comprehensive medical care for liver diseases and health education system, and thus to improve the care quality of nephritic patients and reduce the incidence of terminal-stage liver diseases in Taiwan. In future, together with the tourism industries in the western part of Taipei City, a tourism-cum-medical care service for hemodialysis will be developed to serve more people.

Yangming Branch

(1) Community Medicine Center

By the basic principles of the World Health Organization and upon the “three stages, five levels” framework of prevention, a comprehensive community medical care system has been established for disease prevention, health promotion, screening for diseases, adequate treatment, restriction of disabilities and long-term care. The system includes all-in-one physical examination in community for adults, overall implementation of health management in community for adults, working together with the primary care institutions in community to establish community medical care groups and to promote community health education and propagation, and thus to improve the health management of the residents, to promote public health policies and medical care for the elderly, and care of the less privileged groups.

(2) Rehabilitation Center

Rehabilitation medical care services and auxiliary aids are provided to care for patients with mild, moderate and severe disabilities. Comprehensive medical care services are provided in physical therapy

(electric, water and heat therapy, walking training), occupational therapy (passive joint movement, seating, standing and balancing training, muscle training), and language therapy (hearing and comprehension, oral training, assessment and training of swallowing). In 2007, 27 rehabilitation beds had been approved, and 77,530 person-times of patients had undergone rehabilitation.

Zhongxiao Branch

(1) Research and Development Center for Occupational Diseases

With the rapid development in industries, occupational diseases have increased. To make medical care more available to laborers, specialty training in occupation medicine has been promoted. A reporting system for occupational diseases and injuries has been set up to monitor the reporting process and quality of occupational diseases by the Taipei City Hospital system, to place cases under management, and to follow-up abnormal cases. In 2007, 19 sessions of health-promotion at workplace activities had been organized, and a core meeting was held each month.

(2) Heart and Vascular Center

For the prevention of cardiovascular diseases, lectures are organized in communities and industries to disseminate information and provide counseling. In total, 500 person-times had accepted a comprehensive health examination for cardiovascular diseases. Of them, five were found of insufficient blood supply and were given a series of follow-up care and open-heart operations; three were found with severe arrhythmia and were installed with an adjuster. Some persons had accepted treatment and care for diseases of peripheral vessels.

(3) Oral Health Care Center for the Disabled

A dental clinic administering general anesthesia, the first one in the country, was set up. In 2007, 1,635 person-times of the disabled had been served at the clinic, 40 were given general anesthesia, totaling 1,675 person-times. Through unions and professional societies, community dentists are encouraged to work together. Lectures on oral cavity health had been organized in special education institutions and nursing homes to advocate the concept of "prevention is more important than

cure.” To pursuit new knowledge and to upgrade medical standards, a book review and case-conference meeting is held each week; and various symposiums are attended to improve the dental care quality and serve the residents of Taipei City.

(4) MND/ALS Care Center

There are 36 beds to meet the special medical needs of MND/ALS (motor neuron disease/amyotrophic lateral sclerosis) patients. The team is composed of specialists in neurology, thoracic medicine, rehabilitation, dentistry, specialty nurses, respiratory care therapists, rehabilitation therapists, psychologists and social workers to provide the MND/ALS patients in Taipei City in their process of functional degeneration with comprehensive and humanitarian medical care offered by the Taipei City Hospital to preserve their life value and dignity. In 2007, 414 person-times of such patients had been served at a bed occupancy rate of 63.59%.

(5) Urinary Center

Professional workers provide all-directional service to the public, conduct training for physicians, nurses and professionals in urology, and develop teaching and research in urology. There are the laparoscope



Zhongxiao Branch wins award for quality of the urology center, 2007

and micro surgery center, care center for dysuria, care center for stones, treatment for infertility and sexual dysfunction for men, urinary center for women and children, and tumor center. In 2007, the Center won the national medal for quality, and is an important training center in Asia for laparoscope.

Branch for Women and Children

(1) Women and Children and Medical Genetics Center

After the renovation of the building in 2006, the Branch continued to promote various healthcare services for women and children, including management of pregnant women, reproductive healthcare management for women of special groups, pre-natal genetic diagnosis, management of infants and young children, diagnosis and care of genetic disorders and rare diseases, control of cancer of women (including breast cancer and

cervical cancer). One symposium on congenital genetic and metabolic disorders was held; a hotline for health counseling to adolescent girls was set up for counseling to young girls on reproductive health, and thus to protect the health of women and the next generations.

(2) Taipei Child Development Assessment and Early Intervention Center

The first one in the country, the Center is a most comprehensive, cross-discipline professional group for early intervention. The fields covered include mental health of children, pediatric neurology, genetic endocrinology, physical therapy, occupational therapy, language training, psychology, vision, hearing and nursing, and social work as well. In 2007, services had been offered to 1,926 children for initial assessment, and 3,770 children for re-assessment; organized 14 educational sessions for parents and children; and held five sessions of training for professional workers.

Songde Branch

(1) Research and Development Center for Suicide Control and Prevention

The major functions are monitoring, prevention, teaching and research. Various resources and the campus supervision systems are consolidated to conduct research related to suicide prevention and psychiatric investigations together with the neurology departments of hospitals, medical societies, research institutes of universities and international organizations. In collaboration with the police and fire authorities, campus supervision systems, and community mental health centers, a care system for suicide attempts has been set up. In 2007, some 2,000 suicide attempts had been reported and registered.

(2) Psychiatric Center

A core hospital of the national psychiatric care network, the Center, as a joint project of the Psychiatric Center of the Taipei City Hospital and the National Health Research Institutes, was inaugurated in early 2006. The Psychiatry and Drug Abuse Division of the National Health Research Institutes and the Songde Branch set up jointly research wards and research laboratory for clinical studies, laboratory research and training of professionals. The research standard in psychiatry has been greatly upgraded.

Kunming Branch for Chinese Medicine

(1) Research and Development Center for Chinese medicine

To upgrade the standard of Chinese medicine, to improve the knowledge of the public on Chinese medicine and pharmacy, research began in July 2007 on the mechanism of the health-oriented diets of Chinese medicine, analysis of Chinese medicine materials, biotechnology clinical trials and development of manpower. In 2007, four papers had been published in domestic and international journals; conducted nine evidence-medicine training; and held 29 sessions of educational activities to promote correct concept on the use of Chinese medicine as health diets.

(2) Asthma Acupressure Patch Research and Development Center

The saying that "Chinese medicine cures diseases of winter in summer" implies in fact that preventive measures against diseases be taken in summer to reduce diseases that are more prevalent in autumn and winter. Typical cases are asthma and allergic rhinitis. A good physician attends to disease that has not occurred yet; a good health worker is concerned about

prevention and control of diseases by season, and this is the real meaning of curing diseases of winter in summer. On July 14, 25, and August 14, 2007, asthma acupressure patch special clinics were started; and in July through September, acupressure services for the dog-days were offered; and on December 28 through February 28, 2007, acupressure services for the third nine-day period after the winter solstice were offered.

(3) Recreation and Teaching Botanical Garden for Medicinal Plants

A recreation and teaching botanical garden for medicinal plants will be set up in three years in the Xishan Farm of Suanxi. Health promotion through Chinese medicine in daily life will be promoted in communities. In 2007, 41 pieces of news had been released; 77 radio broadcasting had been made; and 61 commercials had been placed on local cabled TVs. The herbs collected from the farm were used to organize two sessions of activities to educate the public to know about medicinal plants.



Health examination for the elderly begins on May 28, 2007



Hospital-based multiple screening, 2007



The first winner of the Wellness Card point collection, July 5, 2007



Health examination at nursing care institution

Linshen Branch

Action is taken to develop an individual-centered, family-oriented, community-based comprehensive, integrative and continuing community health environment, and to promote Chinese-western medicine integrated care to enhance the holistic care of patients, to upgrade standards of clinical care, teaching and research, and to establish a Chinese-western medicine integrated care system.

Kungming Branch for Disease Control and Prevention

(1) Research and Development Center for Sexually-Transmitted Diseases and Acquired Immune Deficiency Syndrome

To improve the knowledge of the public on STDs and AIDS and thus to reduce their infection rates, this Center is set up to be fully responsible for the control and prevention of STDs and AIDS through the strengthening of laboratory functions and techniques, and by establishing an STD and AIDS reporting system by sentinel physicians and also a follow-up system. In 2007, testing of 239,046 cases for AIDS virus and syphilis antibodies had been made; 19,544 person-times of STD and AIDS cases were placed under management; 90 sessions of educational activities had been held in communities and schools; 110 lectures had been organized focusing on the eight special businesses; and 146 educational meetings were held at pubs and parks.

(2) Tuberculosis Control Center

To improve the knowledge of the public and the

high-risk groups on the prevention and control of tuberculosis, activities such as screening, surveillance and case management have been conducted. In 2007, individuals in the high-risk groups had been screened for tuberculosis for 8,751 person-times; and people in communities had been screened for 15,599 person-times. Educational activities were conducted for 108 sessions in schools, nursing care institutions, and communities. The coverage rate of the DOTS care program is as high as 90.15%.

2. Promotion of Community Medical Care and Public Health

“Health for All” is the trend of the 21st century; it is also the ultimate goal pursued by all countries in the world. Policies are thus planned and executed on the building of a “healthy city,” through the promotion of healthy diet, adequate exercise and other health-oriented measures, and to promote overall health in communities. Public health activities in connection with disease prevention and health promotion of the residents of communities will be realized, and the Taipei City Hospital will be used as a basis for the development of a “community-based medical care center.”

(1) Implementation of Public Health Programs and Health Promotion

1) Health Promotion in Communities and Health Education

Work has been continued to implement some major community health building activities such as community health promotion, health education, healthy diet and physical exercise for all. Medical care services are provided by the Taipei City Hospital teams and their outpatient clinics. Work began in March 2007. On May 28, health examination for the elderly began. In 2007, a community-based integrated preventive healthcare service had been conducted for 44 times to screen 7,454 persons; lectures and screening of indigenous people for health promotion had been conducted for 12 sessions to serve 533 person-times; all-in-one hospital-based healthcare service and screening activities had been conducted for 25 times to serve 6,736 person-times. In the period between September 10 and December 25, a health examination program was conducted in primary schools, junior high schools, senior high schools and vocational schools for 131,194 students. In 2007, 31,373 primary school students had accepted immunization against influenza.



Awards presented to international health promoting hospitals at the Renai branch, August 9, 2007

2) Health and Medical Care Win-Win Pilot Project

The project began on a trial basis on July 1, 2007 by the Department with the assistance of the 12 district health centers, community mental health centers, and the Taipei City Hospital. Residents are encouraged to accept immunization, screening for five leading cancers, screening for three-highs, participate in health lectures, and volunteer for health promotion volunteers. By doing so, they can accumulate credit points, which, after certain points, can be used for free healthcare services at the Taipei City Hospital, services such as health classes and health examination. By December 2007, some 326 points had been converted; one for health class, four for primary health examination, ten for advanced health examination, and four for more advanced health examination.

3) Integrated Care for the "Broken-Wing" Angels

The project was planned and executed by the Yangming Branch of the Taipei City Hospital. Included in the project are integrated medical care services at the Yangming Nursing Homes, ophthalmology care at the School for the Blind and dental care at the School for the Deaf. Visits are made to the Yangming Nursing Home every Monday, Tuesday, Thursday and Friday to provide medical counseling and physical examination, x-ray follow-up screening, and immunization against influenza. Special clinics are provided to the 86 students of the School for the Blind with severely impaired vision; and dental examination and basic healthcare services are provided to 333 students of the School for the Mentally Retarded and 410 students of the Nursing Homes .

4) Methadone Project

The Taipei City AIDS care center for drug addicts is set up to operate Methadone outpatient clinic and to set up an information system for case management. The Taipei City Hospital began the Methadone clinic on November 27, 2006, with a view to reduce the harms of drug

addicts. Assistance has been given to the Army Beitou Hospital, the Tri-Service General Hospital, the Yangming Branch and the Songde Branch of the Taipei City Hospital to set up Methadone clinics and also for the training of nursing personnel. In 2007, the Kungming Branch had provided medication for 61,177 person-times; and the Yangming Branch, since September 2007, had provided medication for 1,307 person-times.

5) Promotion of Healthy Campuses

To provide services to residents in communities, and at the same time, to expand functions of the Taipei City Hospital, a project to promote healthy campuses was executed in 2007. Work was done in collaboration with the Yangming and the Chengchi universities to conduct health examinations for students; 1,295 students of the Yangming University and 4,000 of the Chengchi University.

6) International Health Promoting Hospital Certification

The Renai, Zhongxing, Yangming, Heping and Zhongxiao branches and the Branch for Women and Children of the Taipei City Hospital applied in 2007 separately for the certification of

the International Health Promoting Hospitals. Of them, the Renai Branch was issued on August 15 certificate of the WHO International Health Promoting Hospital; and the rest hospitals have passed the application.

(2) Out-of-Hospital Outpatient Clinics

Six branches, the Zhongxing, Renai, Heping, Yangming, Zhongxiao and Branch for Women and Children of the Taipei City Hospital continue to operate 16 outpatient clinics out of the hospitals. Service items have been expanded since March 2006 to include nutrition counseling, pharmaceutical service, nursing and health education, psychological counseling, and rehabilitation care. The 12 district health centers offer 62 sessions of rehabilitation in communities, 22 sessions of mental counseling, four sessions on pharmaceutical service, four sessions on nutrition counseling, and two sessions on nursing and health education each week. The outpatient clinic at the Nangang Science Zone expanded their services on September 3 to offer services during lunch time to provide timely healthcare services to the 10,000 some employees of the Zone and residents of the neighboring communities in orthopedics, infectious diseases, cardiovascular diseases,



Meeting to review medical support for Lienchiang County, August 30, 2007

urology, ENT and others.

(3) Establishment of the Health Center Internet System

The System allows the out-of-hospital clinics to use the Hospital Information System of the Taipei City Hospital and is also linked to the responsibility hospitals. Medical and nursing personnel, in their process of medical care, can access immediately to the information of patients regarding their treatment, medication and laboratory testing through the medical care system to upgrade their quality of medical care. The installation of the Picture Archiving and Communication System (PACS) protects the rights to medical care of patients at any location.

(4) Linking Community Pharmacies

To save manpower, storing space and costs, the out-of-hospital clinics release prescriptions. People can have their prescriptions filled at any community pharmacy in the neighborhood to save their medical

costs and travel time, and to avoid infections in hospital. Pharmacists of the community pharmacies can offer counseling on the use of medicines. Community pharmacies also deliver medicines to homes of the elderly living alone or to handicapped and disabled patients.

(5) Electronic Mobile Medical Care

A two-way referral system is set up with local nursing care institutions to provide mobile medical care services by which physicians go to patients rather than patients coming to physicians. In coordination with the home-delivery of medicine service offered by community pharmacies, direct and substantial medical care services are provided to inmates of care institutions. In 2007, 1,747 person-times of patients had been cared.

3. Domestic and International Medical Support

(1) Medical Support

A disaster medical care team, the first one in the country, and an international medical service team have been set up to support remote areas and other countries in medical care services to realize city diplomacy, and to promote the Taipei City Hospital linking with the global community.

- 1) On October 9 through November 26, 2007, a training course on health education for Tibetans in India was held. Contents of the course included, medical ethics, practice at outpatient clinics, home care, health education and clinical teaching.
 - 2) On September 13 through 35, 2007, a team visited medical care institutions in the sister city of Ulaanbaatar in Mongolia for the fourth time and its neighboring townships to provide medical care support and health education. Field training in DMAT was also conducted at the same time.
- (2) Care for Residents on Offshore Islands
- Care for residents on offshore islands continues. The Taipei City Hospital sends teams of specialists in surgery, internal medicine, obstetrics and pediatrics, and rehabilitation to Matsu to provide outpatient medical care services. In 2006, 241 such care services had been provided for a total of 15,982 person-times of patients .

4. Total Care System

Under this system, during patients' hospitalization, their daily life activities are attended by ward assistants, and their nursing care is executed by professional nursing personnel, and thus to upgrade the quality of medical care and reduce the

visits to hospital of unnecessary persons to effectively control the problems of nosocomial infection, to reduce the care burden of families, to improve the approval rate of patients and families. In a way, national productivity can be improved now that fewer people leave job to care for their family members. At the same time, more jobs have been created (some 400 ward assistant jobs). Before the implementation of the system in July 2003, the rate of family members attending to patients was 70.6% on average; it went down to 24.42% in 2007.

5. Separation of Prescribing and Dispensing Practices

The separation of prescribing and dispensing practices continues. The Taipei City Hospital actively releases refillable prescriptions for chronic diseases to reduce the burdens of patients and the National Health Insurance. Community pharmacies can thus more actively play their role of community health protectors, and a shared care system by hospital and community is established. Community pharmacists around the country are taking part in this program, and their achievements are as follows:

- (1) A counseling station is set up in front of the pharmacy of the Taipei City Hospital to inform the public about the advantages of releasing prescriptions.
- (2) A task group on the release of refillable

prescriptions for chronic diseases has been set up to coordinate with health authorities, pharmacists associations, and the Taipei City Hospital to work out a set of standard procedures for the release of prescriptions.

- (3) The Internet information system is set up to serve as a platform for hospitals and pharmacies. Information on the medicine bags are more standardized to ensure the public the safe use of drugs.
- (4) Patients, with their refillable prescriptions for chronic diseases, can have their prescriptions filled at local community pharmacies. In this way, they save money and travel time, and also chances of being infected with diseases in hospitals. Pharmacists can at the same time provide them with counseling on drug use. Community pharmacies also deliver medicines to homes of the elderly living alone, and handicapped or disabled patients.
- (5) In 2007, a total of 296,353 refillable prescriptions for chronic diseases had been issued; this was 50,929 prescriptions more than that of the same period of the year before, at a growth rate of 20.8%. Prescriptions were issued to 25.0% of chronic disease patients; this was 2.8% more than what it was in the previous year. In total, 288,096 prescriptions

(that is, the number of prescriptions released) had been dispensed at community pharmacies; this was 39.1% of all prescriptions issued for chronic diseases, and was 0.6% more than that of the year before. Community pharmacies around the country also deliver medicines to homes 11,696 times in 2007.

6. Convenient Services to the Public

(1) The Call Center

Services are provided 24 hours. The Center is also linked with the Taipei City Government Call Center. People can dial 1999 extension 8888 to access to the services of the Taipei City Hospital. In 2007, 439,498 person-times of calls had been received. A hotline providing translation services to the new immigrants is also available for online counseling, making appointments and visiting clinics for medical care. Vietnamese is used in the mornings and Indonesian in the afternoons of Monday through Saturday. In 2007, 26 person-times of calls had been received.

(2) Free Shuttle Bus between Branches

The Taipei City Hospital started in December 2004 six routes of shuttle bus services free for people going between branches of the Hospital. The

practice was reviewed in December 2007, and more routes were set up. Stops are also made at the neighboring MRT stations for the convenience of the public. In 2007, 383,319 person-times of people had used the service.

(3) Cross-Branch Telephone Information System

The first one in the country, the System is operated centrally by the switchboard of the Taipei City Hospital to contain costs. A PHS mobile phone information network is also set up for physicians and the management to communicate through short messages. At time of emergencies, the patient's conditions can be handled on time through reporting, and the quality of medical care is upgraded.

(4) Cross-Branch Services

When one visits a branch for medical care, he/she is at the same time served by ten branches of the Taipei City Hospital. The services so provided include registration, pricing, and paying (or collecting) extra fees. A patient issued the refillable prescriptions for chronic disease by Branch A can have the prescription priced, medicines collected, examination made, receipt of medical costs issued, and consultation provided at Branch B. In 2007, cross-branch services had been made 396,701



Inauguration of the respiratory care ward at Zhongxing Branch, December 24, 2007

person-times.

(5) Supervision on Public Services

29 items of hotel-class services are provided to order taxies, providing toilet articles to patients under hospital care, rental of cots to family members keeping company with patients, postal and parcel services, newspapers delivered to room, laundry services and others. In 2007, 1,359,744 person-times of all kinds of services had been provided.

Politeness of employees is encouraged. A handbook on service manners and telephone manners has been produced. Drills are conducted and telephone calls are supervised. Outstanding employees are cited.

7. Medical Care Quality and Patient Safety

(1) Strengthening of Medical Care Capability for Critical Patients

Care capabilities of severely and critically ill patients have been



Heping Branch presents the 2007 TACO



RCA training, October 17 and November 18, 2007

strengthened. In July 2007, a system to assign full-time physicians-in-charge in ICUs was promoted; medical instruments were renewed; spaces were improved; and the number of ICU beds was increased (14 more beds in the Renai Branch, 16 in the Zhongxiao Branch) to provide services to more severely and critically ill patients. The number of respiratory care centers in Taipei City is insufficient. For this, the Zhongxing Branch set up on December 24, 2007, a respiratory care ward with 32 beds specifically for patients of respiratory failure and patients dependent on respirators .

(2) Upgrading Quality of Clinical Care

Projects to upgrade the quality of medical care have been implemented. National quality contests are participated in. The Urology Center of the Zhongxiao Branch won the 2007 national quality logo and the award for medical care quality. Residents of the City thus have access to all-directional, real-time, high-quality services

in outpatient clinics, counseling, examination, treatment and operations.

(3) Participation in the New Hospital Accreditation

To make the Taipei City Hospital a patient-centered and quality-oriented hospital, and to provide the public with quality healthcare services and win the approval of the public and the nation, the Hospital actively took part in the New Hospital Accreditation administered by the Department of Health, the Executive Yuan. In 2007, the Renai Branch, Heping Branch, and the Branch for Women and Children were rated excellent; the Zhongxiao Branch passed the accreditation of higher than average medical care quality.

(4) Strengthening Management of Healthcare Indicators

To strengthen the management of healthcare indicators, the branches of the Taipei City Hospital participated one by one in August 1999 in the Maryland Healthcare Indicators Project brought

in by the Taiwan Joint Commission on Hospital Accreditation (TJCHA) and the indigenous Taiwan Healthcare Indicator Series (THIS) developed by the Taiwan Hospital Management Association. Promotion teams are set up by branches to collect data for indicators, and monitor and review them regularly. For branches of the Taipei City Hospital to learn from each other, standard operational procedures for 18 Taiwan Quality Indicator Projects and 20 THIS monitoring indicators were formulated with priority. Information is collected and reported every month, compared with other branches every quarter, and fed-back to each department for review and improvement.

(5) Promotion of Hand-Sanitation

In coordination with the Department of Health, the Executive Yuan, the Hand-Sanitation movement was made the theme of patient safety for 2008-2008. Various innovative and improvement strategies for hand-sanitation have been promoted to make all hospital staffs place more importance on hand-washing. The Heping Branch took part in the TJCHA's Contest on the Promotion of Hand-Sanitation in Hospitals, and won a prize for the work, "improving hand-washing compliance rate of personnel in internal medicine ICUs." Ms Zhou, a specialist

in infection control of the Yangming Branch, for her creative slogan, "Frequent Hand-Washing for Health," and Ms Xhu of the Zongxiao Branch, for her slogan, "Wash Hands Often to Keep Germs Away," won prizes of fair works of the "Innovative Ideas for Patient Safety" activity organized by the Taipei Regional Medical Network .

(6) Training on Quality Control

To improve the concepts of the staff on quality control, quality control activities have been actively promoted. In 2007, basic training on quality control circles, training of supervisors, and quality circle supervision activities in medical care institutions had been held for a total of 60 hours for 540 person-times of participants. The branches have decided on 30 medical quality circles for improvement. To strengthen reporting of unusual incidents and to conduct root cause analysis (RCA), in 2007, two training courses on the RCA for patient safety were held; 123 seed workers for RCA had been trained .



Wanfang Hospital passes JCI accreditation



Wanfang Hospital passes CAP-LAP accreditation, 2007



Wanfang Hospital passes ISO 22000 and HACCP accreditation

Chapter 4 Outsource Operative Hospitals

Section 1 The Municipal Wanfang Hospital

The Wanfang Hospital, with 756 beds, is the first municipal hospital commissioned out for management to the Taipei Medical University. By 2007, the Hospital had been in service to the public for 11 years with high-quality medical care and public health services. Major achievements in 2007 are as follows:

1. Medical Care and Services

- (1) Providing top-class professional medical care techniques
 - 1) Integrated care of diabetic feet by teams of specialists in vascular surgery, metabolism, and the hyperbaric center;
 - 2) Control and care center for tuberculosis in the southern part of Taipei;
 - 3) The largest in the country database of head trauma and a control team;
 - 4) Integrated stroke control service in community by the American stroke prevention model;
 - 5) Setting up a tumor center to provide professional care;
 - 6) Setting up a stem cell center in collaboration with the Taipei Medical University for clinical and basic research;
 - 7) Setting up in 2004 an acute psychiatric ward to provide hospital care to severely ill psychiatric patients;
 - 8) Setting up a drug counseling center to provide patients with comprehensive information on the safe use of drugs;
 - 9) Setting up an artificial skin laboratory and an artificial skin bank to develop skin grafting;

- 10) The Hospital passed the accreditation of the Joint Commission International (JCI) in 2006. Since then, a tracer methodology has been promoted. The Deputy Director on Information of the Hospital and a team trace a specific ward each month to provide in due time patient-centered medical care services .
 - 11) The Hospital passed the certification of the College of American Pathologists, Laboratory Accreditation Program (CAP-LAP) in 2007 to provide professional laboratory testing.
 - 12) The Hospital is a contract laboratory of tubercle bacillus of the Center for Disease Control of the Department of Health, the Executive Yuan, to be responsible for the testing of tubercle bacillus for Taipei County, Kinmen and Lienchiang County.
- (2) The Hospital is equipped with high technology medical instruments and facilities such as biplane angiography, intensity modulated radiotherapy (IMRT), photon knife, cyber knife, 128 VCT, etc.
 - (3) Computerized automatic services are used through the process of registration, pricing, dispensing and hospital admission to provide quick and convenient services.

2. Teaching

- (1) General medical education

The Hospital is subsidized to set up a demonstration center for teaching in internal medicine sponsored by the Medical Education Society under contract of the Department of Health, the Executive Yuan. The Hospital also conducts training of medical students after graduation in general medicine.

- (2) With reference to six areas of skills developed by the US ACGME, training programs for medical residents are formulated and evaluated.



Volunteers helping the public for health examination



Health education at waiting room



Happy birthday to patient

- (3) Clinical skill centers are set up. Teaching models and software are established. An experimental surgery is set up for experiment on animal operation. Training in operation on animals is offered to residents and medical students under practice.
- (4) A teacher development center is set up for the overall training of the teaching faculty.
- (5) For six consecutive years, the Hospital has won the Innovative Teaching Award of the Taipei Medical University to confirm the teaching of the teaching faculty.
- (6) In coordination with the international cooperation programs of the Taipei Medical University, cooperation is maintained with domestic and international medical schools and hospitals; various medical supports are also given.
- (7) Training of physicians and other medical personnel
 - 1) Some 100 students are accepted each year for resident training. Each department has a training plan, and a supervisor is assigned for outpatient clinic teaching, observation, and patients under hospital care. The mini-CEX, DOPS, OSCE, etc. methods are used for the evaluation of teaching.
 - 2) Some 300 medical students are

accepted for practice each year. Each department has a training plan, and a supervisor is assigned for outpatient clinic teaching, patients under hospital care, etc. The mini-CEX, DOPS, OSCE, etc. methods are used for the evaluation of teaching.

- 3) Some 1,000 person-times of nursing students and 150 person-times of students in other disciplines are accepted each year for training. Each department has a training plan; and a supervisor is assigned. Teaching is evaluated by some objective methods.

3. Research

- (1) Clinical teaching and research is encouraged; integrated research projects are promoted.
- (2) Six research groups, clinical medicine, biotechnology, medical informatics, medical care quality, medical services, and teaching, are established.
- (3) A joint laboratory for clinical medicine is established; budget is appropriated for research; and physicians and medical personnel are encouraged to conduct collaborative research with the teaching faculty in basic medicine of the Taipei Medical University.
- (4) Library and collections

Services of the Library include check-in and out of books, lecture on

electronic resources, education on use of library, reference and counseling, inter-library cooperation, photocopy of documents of the Library, SDI, reference books assigned for teaching, and core library collections. In addition to general collections of books and journals, there are specific zones on medical ethics, humanities, and laws and regulations for the direct access and searching of readers. An electronic learning center is also set up for wireless access online of the Hospital. Synchronized visual conference system and online teaching are also available.

4. Public Health Services

Acting on the missions of the Taipei City Government to commission out management to private sectors to contain public funds and feedback to the society, and also the objectives of the teaching hospital affiliated to the Taipei Medical University of serving the community, teaching students, and strengthening research, the Municipal Wanfang Hospitals has invested a huge amount of money and manpower to actively implement, following the public health policies of the government, various health promotion services. It is one of the few hospitals in the country that places importance on community medical care services. Activities are summarized as follows:

- (1) Continuing education on the prevention and control of communicable diseases is conducted.
- (2) Control of avian flu: The Office of Infection Control has formulated a set of regulations governing the use of personal protective devices at different stages of mobilization at time of novel influenza infection, and another set of standard specifications on isolation techniques, for reference and implementation by the Hospital staff. In coordination with health authorities, training in avian flu has been conducted. In 2007, such training for employees of the Hospital had been held for 18 sessions for a total of 2,404 person-times.
- (3) In coordination with the Pap smear test, screening services for breast cancer and cervical cancer have been provided.
- (4) Pre-marital and pre-pregnancy health examination is made available.
- (5) Pre-natal genetic diagnosis is provided.
- (6) Psychiatric care services are also available.
- (7) Social work services for psychiatric patients are offered.
- (8) Services of clinical psychology are available.
- (9) Services in occupational therapy are offered.

5. Health Promotion

The Hospital passed in 2005 the review of the WHO to become the first Health Promoting Hospital (HPH) in Asia. With this experience, medical care institutions in Taiwan will march on to the international stage from now on. The process taken by the Municipal Wanfang Hospital in applying for the certification of the WHO is as follows:

- (1) A Health Promoting Hospital promotion team was set up: experts and representatives of industries, government and the academics were invited to establish an international standard Health Promoting Hospital promotion team.
- (2) By the WHO suggestions, 20 health promoting special projects were decided; a health promoting hospital organization model was set up.
- (3) The various health promoting hospital special projects were integrated and implemented actively.
- (4) Health promotion at workplace: A healthy supportive environment was set up to improve working conditions and lifestyles due to poor physical fitness and inactivity.
- (5) Health building in community: Community health building centers are created to promote health building in community, and to allow people access to counseling, referral and health and medical care services needed.

6. Emergency Disaster Rescue Center

- (1) The Hospital, being close to the Wanfang Interchange of the North Highway No. 2, and also a stop of the MRT Muzha Line, is adequately located in terms of traffic and geographic conditions for the delivery of patients at the shortest possible time to the Hospital for emergency rescue.
- (2) A trauma center is set up for 24-hour services. Emergency specialty physicians are assigned full-time on-duty to care for patients of multi-wounds by specialists in general surgery, orthopedics and plastic surgery in a team, and to collaborate with other specialties.
- (3) A united command and liaison center is set up to plan for the flow of emergency care. There are clear-cut information management process and computerized information facilities. Cases are reviewed afterwards for reference in meeting sudden incidents in the future.
- (4) New facilities are brought in to upgrade the standard of work, and to provide the public with high-quality emergency medical care.
- (5) Support to air rescue: to allow smooth medical support and transfer of patients, the Hospital and the International SOS (an AEA company)



Patient safety campaign, 2007



Active participation of the public in the patient safety campaign, 2007

work together to install a heliport on the 14th floor for the transportation of patients for emergency care to give patients most timely and professional assistance.

- (6) The Emergency Department of the Hospital fully coordinates with Taipei City to implement the “double-track pre-arrival rescue plan”. Patients in Daan, Wenshan and Zhongzheng districts are accepted for emergency care each year.
- (7) Support to major accidents of the Maokong Gondola: after the inauguration of the Maokong Gondola, an on-site emergency rescue plan has been formulated.
- (8) Support to major accidents on the MRT Muzha Line: to meet the needs for emergency care of the Muzha Line, an emergency reporting and liaison channel has been set up with the MRT Muzha Line for emergency support to major accidents.

- (9) Cross county/city cooperation in the emergency care of mass casualties: in coordination with the responsibility regions for the emergency care of mass casualties, support is given to the eastern and southeastern regions of Taipei County and northern and southern regions of Ilan County in emergency care.

7. Achievements in Patient Safety

A consensus of the Hospital was reached to propose a plan for the establishment of a patient-centered medical care service system as an important plan of improvement for the Hospital in 2007.

- (1) The Hospital took part in the planning of the health and medical care policies on patient safety organized by the Department of Health, the Executive Yuan; organized several symposiums on patient safety; and published books

on patient safety for reference in the planning of health policies. The Hospital has become a demonstration hospital on patient safety throughout the country.

(2) Five patient safety information systems have been developed, including:

- 1) Drug-Drug Interaction Reminder (DDI)
- 2) Surgical Patient Safety System (SPSS)
- 3) Adverse Event Reporting System (AERS)
- 4) High-Risk Reminder (HRR)
- 5) Radio Frequency Identification (RFID).

8. Bilingual Services

(1) Six principles

- 1) Accessibility: to provide aliens with a friendly medical care environment; to make available more English information to the employees;
- 2) Safety: bilingual guide to medical care to make available more medical care information to aliens;
- 3) Adequacy: by bilingual floor plans to guide aliens to their destinations;
- 4) Participation: by bilingual route indicators to help aliens fully participate in medical care;
- 5) Continuity: bilingual websites to provide aliens with continuous medical care information;

6) Comprehensiveness: a leaflet on guide to medical care helps patients go through a comprehensive process of medical care.

(2) Signs

1) Signs are bilingually indicated in Chinese and English, including title of the hospital, outpatient clinics, emergency departments, hospital admission, registration, pricing, collection of medicines, laboratory testing, examination, floor plans, health education, and information.

2) Printed materials are in Chinese and English, including introduction to the hospital, information concerning medical care, laboratory testing, diagnosis/certificate, drug bag, receipt, major diseases, and health education.

(3) The Chinese-English handbooks such as, process of medical care, social work service, and bilingual materials have been revised and enlarged.

(4) Training of service people on the front line of the Hospital in English is conducted through oral drills and situation dialogue.

9. Multiple-Language Services

Aliens taking medical care in Taiwan, for language problems, often feel unsafe and inconvenient. Services used to be provided in English are now extended to

other languages to provide aliens with more adequate and safe medical care services.

- (1) Services are available on Mondays, Tuesdays, Wednesdays and Fridays.
- (2) Vietnamese and Indonesian are used.
- (3) One to two translators are at service each day.
- (4) Thus far, 11,733 person-times of patients have been served.
- (5) Care service handbooks and educational leaflets in different languages have been produced.
- (6) Volunteers in various languages are at service.

10. International Exchange in Medical Care

- (1) Two mobile medical teams visited the Marshall Islands for free medical care (April 8 through 22, and September 10 through 22, 2007).
- (2) One mobile medical team visited Palau for free medical care (June 12 through 23, 2007).
- (3) Together with the Taiwan Roots Medical Association, a mobile medical team visited Somalia for medical support (February 22 through March 9, 2007).
- (4) At the time of tsunami disaster in the South Sea, in collaboration with the Department of Health, the Executive Yuan, medical support was given to the Solomon Islands (April 5 through 10, 2007).
- (5) Medical technologists and radiologists from the Marshall Islands were accepted for short-term training (October through December 2007).

11. International Medical Care Services

- (1) Participation in international medical care services
 - 1) To promote matters concerning international medical care, the Hospital, together with 20 other hospitals, joined the plan for the promotion of international medical care services advocated by the Department



Wanfang Hospital physician sees patient at the Majuro Hospital



Examining patients on Ebai Island



Wanfang Hospital medical team examines President of the Marshall Islands



Wanfang Hospital medical teams performs surgical operation in the Marshall Islands



The 2007 Taipei Medical Exposition



Foreign visitors rush to the Exposition



President of the Medical Tourism Association visits the Exposition

of Health, the Executive Yuan, and participated in its related activities.

- 2) After the Dubai Trade Fair, the Hospital was registered by the Arab Medical Tourism. com as a medical tourism hospital of Taiwan.
- 3) Participated in the publication of the Taiwan version of the US Patients beyond borders.
- 4) Actively participated in the international medical care promotion activities organized by the Department of Health, the Executive Yuan, the Foreign Trade Association, the Tourism Association, and the Taiwan Private Medical Care Institutions Association, including:
 - A. the Taiwan Sports and Recreation Industry Fair, July 18-22, 2007
 - B. the Hong Kong International Health and Medical Care Exhibit, August 16-20, 2007
 - C. the 20th Overseas Chinese Finance Association, September 4, 2007
 - D. the China International Tourism Fair, November 1-4, 2007
 - E. the Taipei International Medical Expo, November 8-11, 2007.

(2) Measures associated with medical care for international patients

- 1) An international medical care website (<http://www.Taiwanhealthcare.com>), the first one in the country, is set up and linked with the global community. Contents include, items and sets of medical care services, information to patients, introduction to the medical care teams, health education information, communication channels, introduction to Taiwan, etc. The web is renewed regularly.
- 2) A Wanfang Hospital call center is set up jointly with the Taiwan SOS.
- 3) The process of hospital admission and items of care are formulated for international medical care.

- 4) A reception center, outpatient clinics and special medical care zones for international patients have been set up.
- 5) Multi-lingual services are provided; forms for agreement on examination and operations, and health education materials are produced in English.
- 6) In collaboration with other industries, tourism-cum-medical care services are provided.
- 7) The 8A Tumor Ward of the Nursing Department was awarded excellent in March 2007 by the 181st National Quality Control Circles Award of the Corporate Pioneering Quality Control Academic Research Foundation.
- 8) Awarded on April 25, 2007, by the Taipei City Government the 2006 Outstanding Unit in the Promotion of Occupational Safety and Health in Taipei City .
- 9) Passed in May 2007 certification of the CAP-LAP.
- 10) Awarded excellent in July 2007 by the Council of Labor Affairs, the Executive Yuan, the 2006 Outstanding Unit in the Promotion of Occupational Safety and Health.
- 11) Awarded excellent in October 2007 by the Corporate Taiwan Joint Commission on Hospital Accreditation for innovative performance in the attainment of the annual goals on patient safety, the 2007 Upgrading Safe Use of Drugs.
- 12) Awarded excellent in October 2007 by the TJCHA for innovative performance on patient safety, the 2007 Infection Control of Medical Care Institutions.
- 13) Awarded excellent in October 2007 by the TJCHA for innovative performance in upgrading the accuracy of operations.

12. Honors of the Year

- (1) Passed in January 2007 accreditation of the occupational safety management system institution of the Council of Labor Affairs, the Executive Yuan;
- (2) Passed in March 2007 the ISO 22000 and the HACCP certifications.
- (3) The 13B Acute Psychiatric Ward of the Nursing Department was awarded excellent in March 2007 by the 181st National Quality Control Circles Award of the Corporate Pioneering Quality Control Academic Research Foundation.
- (4) The 6B Pediatrics Ward of the Nursing Department was awarded excellent in March 2007 by the 181st National Quality Control Circles Award of the Corporate Pioneering Quality Control Academic Research Foundation.



Winner of the best unit in the promotion of labor safety and sanitation in Taipei City, 2006



Winner of the Company Standardization award of the Ministry of Economic Affairs

- (12) The Cyber Knife Center won in December 2007 the National Quality Logo of the Hospital Specialty Group of the National Biotechnology Award, the Executive Yuan.
- (13) Won in 2007 the Standardization Award of the Ministry of Economic Affairs .
- (14) Won in 2007 a silver prize of the Senior Volunteers Model presented by the Taipei City Health Department.
- (15) The 12B of the Nursing Department was awarded excellent in 2007 in the 20th contest on united circles activities organized by the ROC Health Development Center.

13. Publications

Books are published to advocate the special features of management of the Hospital and for communication with patients. They are:

- (1) Hand-in-Hand Together for Ten Years – the Tenth Anniversary of the Wanfang Hospital
- (2) Listen to what they Say
- (3) The JCI (Joint Commission International) Accreditation Experience
- (4) Painting in Colors the Beauty of Your Life

14. Conclusion

Based on the concepts of “community-first, patient-oriented,” the safety of patients is deeply rooted in the minds of the employees. By the substantial practice of “excellent leadership, participation by all, customers-directed, and constant improvement,” the quality of medical care is upgraded and the Hospital has become protector of the health of the community. Through the hard work of the last 11 years, the Hospital has become one of the hospitals that are highly concerned with the safety of patients, medical care quality, community medical care, humanitarian medicine and medical information. In the future, more will be done to structure a high quality organization, to emphasize medical care quality, performances, innovation, and development of new technologies and integration of clinical and basic medicine, to link with the international medical community, to continue to

develop outstanding professional medical manpower, and thus to become an all-directional excellent medical center in quality, service, community, humanity, teaching and research.

Section 2 The Municipal Guandu Hospital

The Municipal Guandu Hospital was the second municipal hospital commissioned out, by public solicitation in 2000, to the Taipei Veterans' General Hospital for management by the Taipei City Government. The Hospital, acting on the policy for the care of chronic patients of the Taipei City Government, is primarily for the development of the care of chronic diseases to promote the health of the citizens on one hand, and to improve the quality of care for the elderly and the chronic patients. The Hospital provides general medical care services to the community, and also outpatient care specifically for the elderly and the chronic patients, and constructs at the same time a comprehensive long-term care system.

The Hospital passed in 2001 and 2005 accreditation of district hospitals for permission to set up 45 general acute beds, 94 general chronic beds, 54 respirator-dependent beds, 12 hospice care beds, 38 special beds, 50 beds for the day care of psychiatric patients, and 92 beds in the affiliated nursing home, totaling

385 beds. Achievements in 2007 are summarized as follows:

1. Hospital care of availability, accessibility and convenience

To meet the needs of the community and for the sustained growth of a healthy community, the Hospital has in its service systems some pluralistic facilities for long-term care to provide for many years medical care services of high availability and accessibility to residents of the Beitou and Guandu areas, such as:

(1) Outpatient care

There are outpatient clinics in internal medicine (stomach, intestine, liver and gall bladder, cardiology, hypertension, thoracic medicine, respiratory, digestion, urology, neurology, metabolism, kidney, rheumatism and immunology), family medicine, surgery, orthopedics, ophthalmology, ENT, dermatology,



Rehabilitation medical center provides accessible care to the public

dentistry, pediatrics, obstetrics and gynecology, psychiatry, rehabilitation, and nutrition counseling.

(2) Rehabilitation care center

Rehabilitation care, health promotion and prevention are provided to the elderly and children in the neighborhood. A rehabilitation care team consisting of physicians, home care nurses, dietitians and rehabilitation therapists signs contract with several nursing care institutions to provide home rehabilitation care. In 2007, services of high-quality had been given to the elderly in the neighborhood.

(3) Mental and physical day care center

The mental and physical day care center that has been set up for many years, is a hospital-based center to provide comprehensive care to the elderly by professional teams. The elderly with minor dementia problems in the neighborhood can access to this service during daytime.

(4) Center for the care of children of retarded development

The first for the care of young children and early intervention set up in hospital, the center accepts for care pre-school children or school children with various chronic mental development problems or emotional disorders, including autism, mental retardation, disorders in specific

cognitive or coordination development, hyperactivity, deviation of emotional and behavioral development, and children with chronic mental development impairments. The center won in 2003 a gold medal of the National Contest on Biotechnology Medical Care Quality.

(5) Hemodialysis Center

The Center provides the patients, families and caregivers with convenient, comprehensive and continuing medical care, and at the same time, realizes the goals of the chronic medical care network. In addition to hemodialysis, the Center also offers the patients services in nursing care and health education counseling, referral, concern, and health guidance.

(6) Health examination center

The purpose of setting up this Center is to provide the public with comprehensive preventive healthcare, health promotion, medical counseling, and thus to realize the concept of prevention is better than cure to attain the eventual goal of healthy individual, healthy family and healthy community. Services include, general health examination, examination for groups and organizations, pre-marital health examination, screening for cancer, health examination for government

employees, adult health examination, health examination for the elderly, and immunization.

(7) Nursing home

Hospital care services are provided to chronic patients requiring long-term care, acute patients requiring continuing care, and care of patients unable to attend to daily life. Services include medical care, nursing, rehabilitation and individual care, and daily life care. Currently, priority is given to the care of severely dependent elderly or the elderly with limited care resources in family.

(8) Home care

Caregivers visit homes of patients to offer services in medical care, nursing, rehabilitation, physical care, house cleaning, transportation, accompanying patients for medical care. Caregivers in the family are given a respite period while caregivers of the Hospital take their place in caring for the patients temporarily.

(9) Household sanitation improvement

Obstacle-free house repair services are provided to give the functionally disabled a safer and obstacle-free environment to move around.

(10) Hospice palliative care

Physicians, nurses, social workers, rehabilitation therapists,

dietitians and volunteers in a hospice and palliative care team offer the patients mental and spiritual care to give cancer patients at terminal stage adequate and comfortable care under the help of professionals, and to help them walk to the end of their life.

2. Integration of Medical Care Resources

(1) Promoting healthy life in community

To promote medical care in community, and to outreach the community, a community-based hospital is created to meet the needs of the residents, and to attain the goal of community health building. Work is done in collaboration with the medical or public-interest organizations in the community to promote various health promotion activities. In 2004, a community health promotion committee was set up for the promotion of public health and preventive medicine. Resources of several departments are effectively integrated to assist the local health centers, centers for the care of the elderly, schools, nursing care institutions, women's associations, the Lions and other community organizations to hold health lectures, free medical care, and free health examinations. In 2007, work continued in building a healthy community,

building healthy Taipei, to conduct various health promotion activities to activate the healthy life of the community residents. Major activities are as follows:

1) Mental and physical healthcare services for adolescents

Health clinics are set up to offer the adolescents mental and physical healthcare. Symposiums had been held for teachers of primary and secondary schools on relationship between sexes and control of depressive disorders.

2) Control of tobacco and drug hazards on campus

Surveys of the status of smoking had been conducted in high schools and universities; lectures on tobacco hazards, smoking-cessation classes, and smoking-cessation clinics had been held. Drug control was advocated.

3) Healthy diet

A weight-control program was implemented in high schools and universities in Beitou district to promote healthy lunch. Food industries had been supervised to promote healthy diet. Cooking classes and weight-control classes had been held.

4) To live longer by moving more often

Posters and activities such as Yoga classes, dance classes, aerobic exercise, health fitness, street dance, and walking 10,000 steps a day had been promoted.

(2) The concept of "aging in community"

1) The Guandu community has the highest number of elderly above 70 years in Beitou district; and is literarily an aged community. The elderly in the community in general have two or more chronic diseases; they live a simple life, and are often isolated. The Hospital, through integration of medical care and community resources, and by multi-approach community health intervention, works to create a supporting environment to help the public develop a concept on health promotion, to develop personal skills to practice healthy life, and thus to help the community people build



Happy community angels – locals help locals

health in their daily life. Activities of the community are strengthened; the goal of making health part of community life is attained; and the Hospital, at the same time, fulfills its social responsibility. In 2007, in coordination with the Healthy Life Plan of the Taipei City Health Department, action had been taken to train volunteers through skill development. Local manpower resources are used to set up deep in the community “care stations” to identify problems of the elderly and elderly living alone, and thus to respond to the call of the government of “aging in community,” and to realize the ideas of “local people helping locals” and “care about the neighbors.”

- 2) In 2005, the first team of “community angels” was set up to help the Hospital advocate health issues, participate in community activities, and home-visit the elderly living alone and people of the less privileged groups to provide them with health education, meal-delivery and visit to clinics for medical care. In the past two years, these angels have shown their concerns to the health of the elderly; they have met the approval of the community and

the public. They are the best health building volunteers of the Guandu Hospital.

- 3) To outreach the community, and to allow the elderly to live healthier, longer and happier, the Hospital set up in May 2006 a “Guandu Care Station” in the Guandu Junior High School to provide once a week the elderly 60 years and above with various dynamic and static recreational activities, simple health screening, and care and counseling by physicians, nurses and pharmacists. In the past year, the elderly have made substantial improvement in their physical functions and daily life through these health counseling and activities. The Station has met the approval of all; and was highly regarded by the Beitou Elderly Health Support Web



Happy New Year at the Guandu care station

of the Department of Health, the Executive Yuan, after a visit in June.

(3) Implementation of the Healthy Life Plan

- 1) The community activating promotion group and local resources or organizations join together to formulate concrete strategies, and to work together with local administrative systems, community volunteers, clinics, pharmacies, nursing care institutions, and schools to establish a community healthy life network. Work is done together with local administrative systems such as the Beitou Administration Center, borough leaders and clerks, neighborhood chiefs, and the Community Development Association to transmit information on community health building, to encourage participation of the community residents to express their health needs. Jointly with the Beitou District Health Center, various testing activities have been conducted and referrals accepted. Volunteers are trained to become seed workers to participate in the health building of communities and in community concern activities. Medical care services are provided through the Taipei County Retired Servicemen's Office. Lectures on health issues, CPR training, and skills in disease

control, and contests on posters for disease control are organized in schools to encourage students to participate in the community concern activities. Correct ways of hand-washing and skills in disease control are promoted in nursing care institutions for caregivers.

- 2) Health activities are organized in communities, such as promotion of the community concern activities and regular exercise, training of the muscle power of lower limbs, prevention of falls, and reduction in medical costs. Communicable disease control information network has been established to develop skills in disease control, and thus to upgrade the disease control capacity of communities. A new healthy dietary culture is promoted for the Guandu residents; weight control classes are organized. Community manpower resources are utilized to develop community health promotion volunteers.
- (4) Promoting a pilot project on the integration of services and resources of the public health (disease control) groups in community
 - 1) Communicable disease control is a long-term operation; it should be deeply rooted in the community to be effective. To promote the health

of the community residents, more should be done to disseminate health knowledge and skills; and the dissemination of knowledge and skills or promotion of attitude changes are essential in bringing about changes in behavior. In 2007, under the supervision of the Taipei City Health Department and in coordination with the core missions and development of special features under the pilot project on the integration of services and resources of the public health (disease control) groups in community directed by the Department of Health, the Executive Yuan, a Guandu-Tamshui community public health (disease control) group was set up jointly by the Guandu Hospital, Beitou District Health Center, Tamshui Township Health Station, Beitou Culture Foundation, and medical groups

in the Tamshui area, to develop a community shared care network. On the six principles of health for all, community participation, health promotion, cross-departmental cooperation, primary care and international cooperation, and by the MAP-IT approach, that is, mobilization, assessment, planning, implementation and tracking, and integration and sharing of community resources, to set up a partnership relationship between primary care institutions and the hospital. Participation of the public in community activities is thus encouraged, and the self-management of health is enhanced, and the intervention of health promotion activities and chronic disease management strategies takes place.

2) The Project aims to attain 12 core



Happy and healthy mothers on Mother's Day



Disease control in community – Promoting self-management of health

missions, a. establish a community public health (disease control) center to integrate administrative and private sector resources, b. set up disease control and health promotion clinics, c. set up a health documents management system, d. set up a case management and follow-up mechanism, e. conduct community health promotion, preventive health and management of chronic diseases, f. strengthen skills in communicable disease control, g. set up a basic operational model of the community public health (disease control) group to face the epidemics of the novel influenza, h. conduct and practice the educational materials, dramas and drills for the community public health (disease control) group to face the novel influenza, i. establish a regional medical information platform, j. develop key special features, k. develop community mental health services, and l. develop community-based long-term care services. The main purpose is to consolidate community resources for the promotion of public health, preventive healthcare, and communicable disease control. Primary care centers, under a partner relationship, join together in decision-making, program planning,

and program execution. They share resources and are responsible for the health of the community residents to develop a healthy community. It is hoped that by planned strategies and promotion of action plans, the concept of people-oriented and patient-centered medical care can be realized to upgrade medical care quality, and to build a community-based indigenous health, medical care and disease control system to provide the public with comprehensive, coordinated and continuing medical care services.

3. Development of the Medical Care Network to Care for People of the Less Privileged Groups

(1) Promoting the Collaborative Beitou Community Health Concerns Plan

In addition to providing comprehensive healthcare services to residents in the Guandu area, the Hospital also works to provide residents of the entire Beitou District with comprehensive health and medical care to remedy the unbalanced allocation of resources in sub-regions. In 2005, the Hospital and seven community organizations in social welfare, medical care, and religion in Beitou District joined together

to promote a collaborative Beitou community health concerns plan to provide, by integrated healthcare model, the elderly living alone and people of low and medium income and the mentally and physically disabled with services such as meal-delivery, surveys of health needs, referral of patients, and community health building activities. In 2007, work continued to give substantial concerns to people of the less privileged groups requiring special care with various health promotion concerns activities.

(2) Cross-district Cooperation of Community Medical Groups for Integrated Services

The collaborative project on community medical groups in the past two years had been continued to sign a contract of integrated care with medical care institutions in the Tamshui community to set up a patient-centered medical care network. The network provides shared outpatient care, medical counseling, preventive healthcare and health education, and a two-way referral mechanism and continuing care for specific patients. The collaborative institutions include the Tamshui Health Station, Xu Jingxin ENT Clinic, Chunren United Clinic, Huizhong Internal Medicine Clinic, Huasheng United Medical and

Dermatology Clinic, and Chen Shifang Clinic with nine specialists in six specialties to provide comprehensive medical care and preventive health services. Residents of the community thus have access to a continuing healthcare.

4. Care of Adolescents and the Elderly

(1) Survey on the Acceptance of the Elderly of the Services Provided by the Community Concerns Station

1) The Guandu Concerns Station set up by the Municipal Guandu Hospital is a community service model for long-term care. It is hoped that the elderly in community will come out to participate in community activities; and the support provided by the concerns station will give concerns to the participants to improve quality of life through mutual help. In 2007, upon commission of the Vocational Assistance Commission for Retired Servicemen, the Executive Yuan, a survey on the acceptance of the elderly of the services provided by the community concerns station was conducted to understand the motivation of the elderly in participating in the activities of the Station and their approval of the services provided by the Station, and



Improving quality of life for the elderly



Mental and physical development for children and adolescents

also to understand the quality of life of the elderly.

- 2) In coordination with the health examination for the elderly provided by the Taipei City Government, health examination reports of the elderly participating in the activities of the Station are reviewed to understand their health status for implementation and improvement in the future. The Guandu Hospital Community Concerns Station not only provides medical care to the elderly in community, it also encourages communities, schools, religious groups and private sector groups to give more attention to the issues of the elderly. After a year of implementation, it has won high approval from the health and social affairs systems of the country; and foreign experts and schools also made frequent visits to the Station. The survey is intended to

understand whether the life quality of the elderly and residents of the community who have participated in the activities of the Station has been improved, and whether the intervention has any impact on it.

(2) Development of Special Feature Projects for Adolescents

- 1) The principle of management of the Municipal Guandu Hospital is “to outreach the community to provide accessible medical care services”. The teenage period is the critical period of mental and physical development and disease prevention. Mental and physical health at this stage will have impact on adulthood, even throughout the life. In 2007, with the subsidies of the Taipei City Health Department, the Municipal Guandu Hospital conducted a plan to develop special features projects for adolescents. The purpose is to help the adolescents in this critical period, through intervention of professional institutions and professional medical groups, develop a correct attitude toward health to early detect physical and mental problems, and to

provide timely counseling for the early prevention and protection.

- 2) For the effective attainment of the goal, items that have been implemented thus far include, health clinics for adolescents, counseling services provided on campus by physical and mental health specialist groups, establishment of a counseling hotline, e-mail service, health promotion activities for adolescents in schools and communities, weight-control classes in the nearby primary and high schools, courses on weight control through nutrition, on-job training for health workers in connection with the healthcare of adolescents, etc.

5. Winner of the 6th City Government Quality Award

- (1) Overall Improvement of the Hospital Partnership
 - 1) In 2006, to improve patient safety and quality of continuing care, to ensure patient safety and protect their rights, a set of regulations governing "rights of patients" and "responsibilities of patients" had been formulated to help both the physicians and the patients understand their rights and responsibilities.
 - 2) Meetings of the patient safety promotion committee and the

committee for the review of medical care quality are held to formulate plans for improvement. Through cross-disciplinary labor-sharing and integration, during the patient safety month educational activities, quizzes have been held to encourage families, the public and medical personnel to place more attention to the safety of patients, and thus to continue to build a sound partnership between medical personnel and patients.

- (2) Upgrading of Quality Control

- 1) Survey of the satisfaction of patients

Through understanding of the current service quality of the Hospital and the satisfaction of patients, the survey findings can be fed back to departments concerned for reference in improvement and setting future directions.

- 2) Presentation of the achievements on medical care quality and patient safety

Through the activity, employees of the Hospital are made to place



Winner of the 6th Partnership Award in Quality

more importance on patient safety. Contents of the activity include, safe blood transfusion, improvement of the patient safety medical system, voluntary services in medical care, understanding the reasons of accidental falls from the viewpoint of patient safety and their improvement, ways to improve identification of patients of ophthalmology clinics, improving the reject rate of specimens of ICUs, safe return to home of critical patients under hospice care, skills in preventing slipping of nasal-gastric tube, improvement of service manners of nursing personnel, etc.

3) Contest on "Touching Service"

Essays on incidents of touching services received in hospital are solicited. High-quality service is promoted jointly through peer learning and encouragement.

(3) Awards of Many Kinds

1) In 2007, the Hospital won the 6th City Government Quality Award, the Partnership Award. The Gaundu Hospital is managed by the Taipei Veterans' General Hospital. The Veterans' Hospital guarantees a medical center-class service quality and team work, the Taipei City Health Department renders strong support, and citizens of the Guandu

community play the role of health messengers to help the Hospital provide high quality services in community medical care, preventive medicine, and mid- and long-term care. The Guandu Hospital and the above-mentioned organizations have maintained a close partnership, and thus the ward was won.

2) In 2007, the Hospital won the Taipei City Health Department's award for excellent performance in the prevention and control of cervical cancer and breast cancer.

3) In August 2007, the Hospital won the second prize of the Taipei City Health Department's 2006 excellent medical care institutions (district hospital group) in immunization, and the third prize in the 2006 excellent medical care institutions (district hospital group) in influenza immunization.



Part 6 Strengthening Communicable Disease Control Network

Part 6 Strengthening Communicable Disease Control Network

Chapter 1 Immunization

Section 1 Immunization against Influenza

Influenza is a respiratory tract infectious disease transmitted by droplets. Each year, it brings about serious epidemics to every corner of the world. In particular, there had been pandemics in the years 1918-1919, 1956-1957, 1968-1969, and 1977-1978 to result in a large number of deaths and a serious threat to the health of human beings. Developed countries in Europe and the US have, since 1940, developed vaccines against influenza. The elderly, patients of cardio-pulmonary diseases, young children and members of high-risk groups are encouraged to take the immunization each year for prevention.

The elderly above 65 years are, for their relatively low immunity, more prone to infection of influenza. To prevent them from infection and leading to serious complications or death, the Department, in coordination with the Department of Health, the Executive Yuan, initiated a pilot project for the immunization of the elderly 65 years and above of high-risk groups against influenza. Beginning in 2001, immunization was offered free to all elderly 65 and above. In 2003, to strengthen control of influenza to minimize its impact on SARS, free immunization was also provided to medical personnel of medical care institutions.

Beginning 2004, considering that SARS and avian flu may occur at the same time, and their season of infection is close to that of human influenza, and that their early stage symptoms are similar, and the epidemics is going rampant worldwide, to prevent the virus from developing into a novel virus through gene recombination, the front line medical personnel who are in close contact with patients were made priority target for immunization against influenza. Medical personnel who carry the heavy responsibility to care for patients, they should not be infected during their course of duty. At the same time, employees of poultry industries (chickens, ducks, geese, pigs, turkeys, ostriches), poultry slaughtering, transportation, and sales, and personnel at the central and the local levels who are engaged in animal quarantine were made targets for immunization to interrupt the route of transmission leading

to epidemics. At the same time, it is noted that the rate of hospital care of children under two years of age is not lower than that of the elderly 65 and above and other members of high-risk groups, children six months to two years old were made target of immunization.

Schools are an organization where children stay closely together and interact frequently. To prevent herd infection, since 2007, children of grades 1 and 2 have been given immunization against influenza. By December 2007, 32,996 children had been vaccinated.

Section 2 Immunization of Children against *Streptococcus pneumoniae*

Streptococcus pneumoniae is the major cause worldwide of bacterial otitis media, pneumonia, septicemia, bacteriemia and meningitis of infants and young children. Fatality of children in Taiwan from *Streptococcus pneumoniae* is as high as 9.6%, four-times higher than the 2% of the US. The cause of death from pneumonia, the fourth leading cause of infant deaths, and meningitis, the eighth leading cause, is *Streptococcus pneumoniae* infection.

To care for the health of the residents and to reduce the threat of communicable diseases, to strengthen health and medical care services to young children to prevent them from infection of *Streptococcus pneumoniae* leading to serious complications or death, the Taipei City Government began on November 20, 2006, the first one in the country, immunization of young children against *Streptococcus pneumoniae* infection. For budgetary reasons and to fully realize the benefit of public health policy, 4,992 children were given free immunization. They are children 2-5 years of age of high-risk groups registered in Taipei City (children



Immunization against influenza in community



Assessment of children for influenza immunization



Immunization of children against *Streptococcus pneumoniae*



Immunization of children of the new immigrants against hepatitis A

of low-income families, indigenous groups, severely ill and injured children, and children in nursing homes), mentally and physically disabled children aged 2-5 years, children 0-5 years old of rare diseases, and young children aged 2-4.

To ensure that all severely ill and injured children can have the benefit of immunization, immunization is provided by all medical centers, branches of the Taipei City Hospital (including the 12 out-of-hospital clinics), and regional hospitals (the Taian Hospital, Taipei Medical College Hospital, and Army Songshan Hospital). Upon recommendations of disease control experts, 250 healthy children were selected for the testing of bacteria counts in the nasopharyngeal cavity before and after immunization to assess the impact and effects of vaccines and thus to provide the citizens with more comprehensive health and medical care.

Section 3 Immunization of 2-6 Year Old Indigenous Children Against Hepatitis A

Hepatitis A is primarily transmitted through mouth. Water supply in the mountain areas is insufficient in general, for the special lifestyles of the indigenous peoples, they are more susceptible to infection. The Department of Health, the Executive Yuan, began in 1995 to offer free

immunization against hepatitis A to children two years old through sixth grade of primary school born in mountain townships, children of nine neighboring townships, and children two years old through pre-school age in plane areas of high infection rate of hepatitis A, and children two years old through 12 years in Kinmen and Lienchiang counties. The Taipei City Health Department, realizing that the indigenous people in urban areas visit their relatives at home, their children may also have the risks of hepatitis A infection. To strengthen health and medical care to indigenous peoples, to protect their children from threat of hepatitis A, the Department began on January 2, 1997, to offer free immunization against hepatitis A to children aged 24-72 months registered in Taipei City to a period until the vaccines are used up.

To be effective, hepatitis A vaccines should be administered two doses at an interval of six months. Those who are eligible may proceed to the branches of the Taipei City Hospital and their out-of-hospital clinics for immunization. To make sure that information reaches all eligible children, the Department also sends a notice to remind them about the immunization.

Section 4 Human Papillomavirus Immunization

Cervical cancer is a common cancer of women in Taiwan. Statistics of the Department of Health, the Executive Yuan, show that cervical cancer was the sixth of the ten leading cancer deaths of women in Taiwan in 2006 (the fifth in 2005), at an incidence of 7.44 per 100,000 (7.84 in 2005). The incidence is the highest of the incidence of all cancers of women in Taiwan. To provide high-quality healthcare to women and to keep them away from the threat of cervical cancer, the Taipei City Government, on December 1, 2006, commissioned the Taipei City Hospital (the Zhongxiao, Renai, Zhongxing, Heping, Yangming branches and Branch for Women and Children) and the 12 out-of-hospital clinics, to offer free immunization against human Papillomavirus to women registered in Taipei City who have had cervical cancer in the past, and female children of low income families currently in grades 1 through 3 of junior high schools. To be effective, the immunization should be completed in six months in three doses. The Department has already sent out notice to those eligible. Women accepting the immunization pay only for registration and diagnosis (by the pay schedules of each hospital).

Chapter 2 Control of Communicable Diseases in Community

Section 1 Control of Enterovirus Infection

To set up a complete monitoring system on campus, the control of enterovirus infection is operated jointly by the Taipei City Health Department, the Social Affairs Department and the Education Department. 19 regional and above hospitals in Taipei City report each week cases of suspected enterovirus infection for monitoring on their medical care and hospitalization. A Taipei City Government Enterovirus Control Response Team has also been set up for monitoring at ordinary time. The strategies are:

1. On-job training and training on control of enterovirus infection in community for medical and nursing personnel; dissemination of correct information

on enterovirus infection prevention to the public, medical and nursing personnel, caregivers of nurseries and media workers through public and private resources by various media to encourage them to develop good health behavior, prevention of enterovirus infection, and the five correct steps of hand-washing,

2. Strengthening of case monitoring and analysis of epidemic situations; collection of both domestic and international information on enterovirus infections to understand the spread of the infection; timely understanding domestic and international trends of infection to formulate response measures.
3. Establishing an emergency disease management mechanism; establishing



Campaign on enterovirus prevention training in community

Lecture by Dr Lu of NTUH on enterovirus prevention



Training of the DOTS caregivers (1)



Training of the DOTS caregivers (2)

a complete and effective disease control network for timely mobilization to provide the public with timely and adequate medical care and laboratory testing; investigation of cases and counseling services to reduce the number of deaths and the fear of the public. In 2007, two workshops on disease control had been organized for 370 staff members of the district health centers, disease control workers, caregivers of nurseries, and borough and neighborhood leaders.

For disease control and monitoring, each year before the season of enterovirus infection (January through March and July through September), inspections are made of the hand-washing facilities in all primary schools, kindergartens, nurseries and child care centers. In 2007, 2,676 such inspections had been made; and all of them met the requirements. By the regulations governing suspension of schools and nurseries at time of enterovirus infection of Taipei City, in 2007, 105 classes had been suspended. For each case reported, the Joint Disease Control Office conducts epidemiological

survey of the school, instructs schools and families in the disinfection of environment, and educates them on ways to prevent enterovirus infection. By analysis, most of the children infected with enterovirus showed mild symptoms of herpangina and hand-foot-mouth disease caused by Coxsackie virus A10, A4 and B4, and not by enterovirus 71 that may result in serious infection. In early October, there was an outbreak of acute hemorrhagic conjunctivitis infecting some 5,000 persons. The infection was, confirmed by the Division for Disease Control and Prevention of the Department, caused by Coxsackie A24 virus.

Section 2 Control of Tuberculosis: the DOTS Plan

Tuberculosis is a chronic infectious disease of the respiratory tract. Mortality of tuberculosis in Taiwan, for advancement in medical care and public health, has been declining year by year. Mortality of tuberculosis in Taipei City had declined

from 364 persons per 100,000 population in 1967 to 3.6 in 2006; the incidence had declined from 74.68 persons per 100,000 in 1997 to 67.38 in 2006; indicating that tuberculosis is controllable and curable.

With increase in international tourism of the nationals, more frequent exchange between the two sides of the Strait, and mass bringing in of alien laborers, this frequent international mobility of population may at the same time bring in people of tuberculosis prevalent countries, and tuberculosis may once again become an important public health issue.

Tuberculosis though is curable, it is also a communicable disease that can easily become drug-resistant due to inadequate treatment. New drugs against tuberculosis have not yet been developed. In the long course of treatment that often takes six to nine months, if a tuberculosis case fails to take medicine by physician's order and becomes drug-resistant, the control will become more difficult. Analysis of the multiple drug-resistant tuberculosis cases in Taiwan shows that multiple drug-resistance in the Taiwan Area had increased by ten-folds in ten years from 0.2% in 1984 to 2.1% in 2000. How to make each tuberculosis case take every anti-tuberculosis pill correctly and truly and to reduce the risk of drug-resistance is a critical issue of tuberculosis control.

To enhance confidence of tuberculosis patients on accepting treatment, to improve the cure rate after

diagnosis, and thus to reduce the risk of becoming drug-resistant, the Department began in 1997 to provide the DOTS (Directly Observed Treatment Short Course) plan to cases with special social problems; and to all sputum-positive cases in 2006, to improve the cure rate after diagnosis, to prevent interruption of medication, and thus to effectively control the sources of infection in communities.

The DOTS plan is administered under the close cooperation of the medical care institutions, caregivers and patients. Under the supervision of the healthcare personnel or trained caregivers, "medicines are delivered to home; taken by mouth; and caregivers leave only after the medicines are taken", to ensure that each patient takes every pill following the physician's order. In the long course of treatment, caregivers help patients regain health, and at the same time, eliminate one source of infection. In April and May 2007, in coordination with the caregiver training program of the Center for Disease Control of the Department of Health, the Executive Yuan, 117 caregivers had been trained. The DOTS has a plan to employ 40 caregivers; and 37 have been employed, at a rate of 92.5%. A Joint Disease Control Office of the Department has been set up; one each DOTS team is set up in ten hospitals, the National Taiwan University Hospital, Taipei Veterans' General Hospital, Wanfang Hospital, Cathy Hospital, Taian Hospital, Zhengxing Rehabilitation



Vector density survey for dengue fever control



Summer camp for children on dengue fever control

Center, Taipei Medical University Hospital, Shingkong Hospital, Mackay Memorial Hospital, and the Taipei City Hospital, to connect and integrate the DOTS teams, and to coordinate required resources for medical care, social assistance and social support to solve problems of cases. In the DOTS teams of the ten hospitals, 107 physicians are available to provide counseling. In 2007, 525 sputum-positive cases had accepted the counseling and were placed in the DOTS plan. Of the 459 sputum-positive cases reported in 2007, 414 had been placed in the DOTS plan, at a rate of 90.2%. Reasons for not being included in the plan are death, having moved to other clinics for care, or not taking medicines.

Section 3 Control of Dengue Fever

In 2007, 71 suspected dengue fever cases had been reported. After testing by the Center for Disease Control of the Department of Health, the Executive Yuan, 25 (all imported) of them were

confirmed; and thus far, Taipei City is free from indigenous cases. In 2007, the Department continued to conduct vector surveys for 2,027 borough-times. Of them, 189 borough-times had been found to be level-2 and above vector mosquito density, accounting for 9.3% of all boroughs surveyed; this was lower than the 13.4% of the same period of the year before. Upon reporting, the district health centers immediately conduct epidemiological investigation and vector density survey in and around houses, and in coordination with the Bureau of Environmental Protection, conduct environmental disinfection of the 50 households around the neighborhood (at a radius of 50 meters).

The Department holds two cross-division Taipei City Dengue Fever Control Center meetings each year. Each division develops control strategies and reports their progress. At time of epidemic season, medical care institutions in Taipei City are informed to report real-time epidemic information of even a suspected case.



Management of riot – commander tries to pacify the public



Delivering of patient – not suspected case is referred to hospital for further examination

To provide the public with a healthy, disease-free, high-quality living environment, the Department spares no efforts in promoting disease control in communities. In 2007, with the cooperation of 12 district administration centers and district health centers, community disease control volunteers had been recruited and trained to provide

borough-based, neighborhood-based services. One training course on vectors for volunteers had been organized for 200 person-times. To make school children understand more about dengue fever vectors and disease control, two summer camps on dengue fever control had been organized for 150 school children.

Chapter 3 Control of H5N1 Influenza

The World Health Organization announced that in the period 2003 through 2006, there had been 335 cases of human avian flu, and a total of 206 cases had died, at a death rate of 61.5%. Cases have also been reported in countries around Taiwan. As a capital city, Taipei City should not overlook this serious problem. The Taipei City Government has thus set up a cross-departmental H5N1 influenza control task force and an advisory committee of

experts on the control of high-pathogenic avian flu and H5N1 influenza. In 2007, the task group met four times; and the expert advisory committee met four times to draft responding measures and strategies, to conduct drills on disease control, and to plan for the requisition of large-scale areas for the care of patients at time of levels B and C epidemics. Work is assigned to each department concerned.

The Department has, by December

2007, stocked 18,192 pills of the influenza medicine, Tamiflu. It has, at the same time, signed contract with 30 medical institutions and laboratories in Taipei City.

To improve the alertness and sensibility of the departments concerned and disease control personnel of the Taipei City Government, two drills on cross-district disaster prevention and rescue at time of novel influenza (avian flu) were held on May 9 and December 20, 2007, and also sand table drills on the control of H5N1 influenza. By drills, knowledge about the novel influenza is improved; self-defense is enhanced; and the standard operational procedures for response are established. The Taipei City Government will, by the level of epidemics announced by the central government, activate the care centers already planned to accept the suddenly increased number of patients due

to outbreaks, and to reduce the risks of disease transmission. Medical personnel concerned will be drafted to station in the care centers to assist in the care of the large number of patients. The care centers that have already been planned are the Alternate Military Service Center and the Government Employees Training Center of the Taipei City Government, the Civil Service Manpower Development Center of the Executive Yuan and schools in the 12 districts.

Domestic and international epidemic situations are monitored. Drills are held to enhance the horizontal liaison of departments concerned. Volunteers in communities are trained under the community disease control network; and a tight disease control network is constructed.

Chapter 4 Harm-Reduction against AIDS

The first indigenous AIDS case of drug addict was reported in 1988. Ever since, there had been more and more AIDS cases of drug addicts, 72 cases in 2003, 571 in 2004, and as many as 3,241 cases by the end of 2005. Statistics of the Department of Health, the Executive Yuan, shows that of the 3,392 new HIV-

infected cases in the period January through December 2005, 2,269 are drug addicts, accounting for 67% of all. In other words, of the new cases reported in 2005, two out of every three are infected by HIV through injection of drugs. The cumulative number of HIV-infected cases in Taipei City by the end of 2006 is 1,821; 212 additional

cases in 2005 at an annual increase rate of 15.3%; and 225 additional cases in 2006, at a rate of 14.1%. By analysis, the risk factors of the new cases are, more HIV-infected cases in Taipei City are either homosexuals or sex workers; and drug addicts account for about 3-4%. As the number of HIV-infected cases of drug addicts is increasing across the country, the number in Taipei City is also increasing year by year.

The UNAIDS states on the control of AIDS that “When AIDS becomes prevalent in a country and the leading cause of it changes from unprotected sex to sharing needles, the beginning of an outbreak of AIDS is clearly indicated.” In September 2005, Taipei City, together with Taipei County, Taoyuan County and Tainan County was placed in the Pilot Project for the Harm-Reduction of AIDS in Drug Addicts of the Center for Disease Control

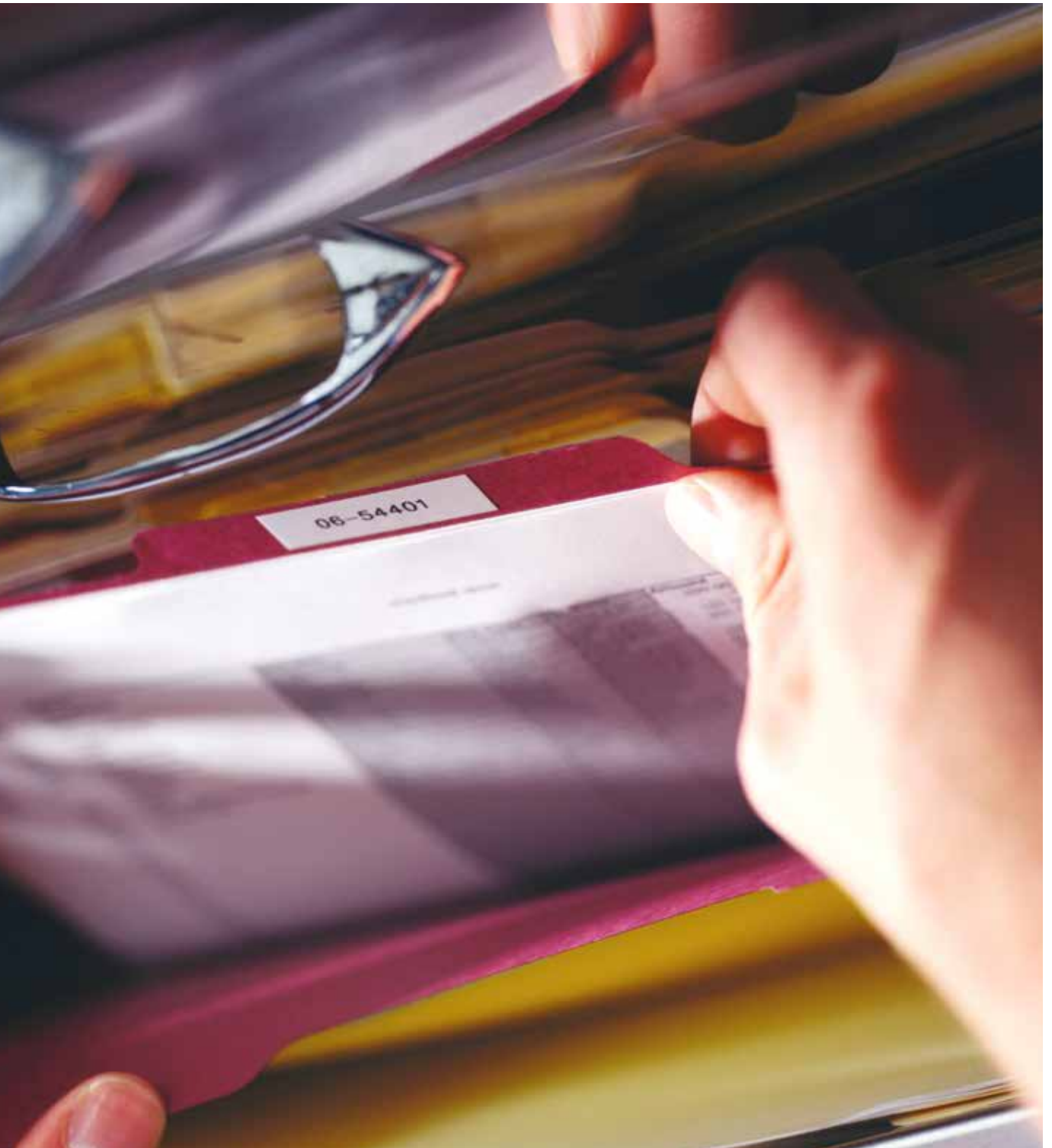
of the Department of Health, the Executive Yuan. The project focuses on the “exchange of clean needles and syringes” and “Methadone replacement therapy”. The Taipei City Drug Hazards Control Center was set up on November 17, 2006 to offer the Methadone replacement therapy and 48 spots for the exchange of clean needles and syringes in community pharmacies, medical care institutions, and the out-of-hospital clinics of the Taipei City Hospital. Replacement therapy clinics and drug stations are also set up. In January through December 2007, 1,208 drug addicts had been accepted for treatment; of them, 157 are HIV-infected, and 1,051 are not infected.



Box for recalling of needles and syringes



Exchange station for clean needles and syringes and counseling



Part 7 Health Statistics

Part 7 Health Statistics

Chapter 1 The Population

Section 1 Population and Life Expectancy at Birth

By household registration, the population of Taipei City at the end of 2006 was 2,632,242 persons, accounting for 11.51% of the total national population of 22,876,527 persons.

Taipei City was upgraded to a national municipality in 1967. A year later, Neihu, Nangang, Muzha, Jingmei, Shilin and Beitou were included in Taipei City. The year-end population then was 1,604,543 persons. The population increased year by year to a peak of 2,719,659 in 1990, an increase of 69.50% in 22 years. The population began to decline slightly since 1991; increased again in 1998; and declined again since 2001 due to the yearly decline in the natural increase rate of population (crude birth rate less crude death rate) and a negative social growth rate (move-in rate less move-out rate).

In 2006, the population of Taipei City increased by 0.61% over 2005. The crude birth rate was 8.06‰; the crude death rate was 5.34‰; giving a natural increase rate of 2.72‰. In 2006, the life expectancy of the residents of Taipei City was 81.79 years; 79.40 years for males and 84.32 years for females. They were higher than the national averages of 77.90 years for both sexes; 74.86 years of males and 81.41 years for females.

Table 3 Population and Life Expectancy by Year, Taipei City

Year	Year-end Population (persons)	Crude Birth Rate (‰)	Crude Death Rate (‰)	Natural Increase Rate (‰)	Life Expectancy at Birth (years)	
					Male	Female
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	81.20
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	4.60	77.56	81.95
2003	2,627,138	8.85	5.23	3.62	77.79	82.39
2004	2,622,472	8.44	5.34	3.10	79.03	83.85
2005	2,616,375	8.00	5.54	2.46	78.77	83.86
2006	2,632,242	8.06	5.34	2.72	79.40	84.32

Source: Taipei City Annual Statistics Report, Office of Statistics of the Ministry of the Interior

Section 2 Population Structure

At the end of 2006, the male population in Taipei City was 1,282,691 persons; the female population was 1,349,551 persons, giving a male-female sex ratio of 95.05. By age, the young population (14 years and under) was 434,000 persons, accounting for 16.50% of total Taipei City population; the productive age population (15-64 years) was 1,891,000 persons, occupying 71.86%; and the elderly population (65 years and above) was 306,000, occupying 11.64% of the total.

In 1992, the proportion of the elderly 65 years and above to the total population

of the City exceeded 7%, the aging society defined by the United Nations. This proportion has increased year by year to 11.64% at the end of 2006. When the proportions of the elderly population in the 23 counties and cities in the Taiwan Area are arranged by order, Taipei City comes at the 13th. The ratio of young population to the total population of Taipei City has been declining year by year; from 35.49% in 1971 to less than 20% currently due to the fewer number of children.

Table 4 Population Indexes

End of Year	Year-end Population (1,000)	Population Structure (%)			Population Indexes (%)			
		Under 15	15-64	Above 65	Dependency Ratio	Young Dependency Ratio	Old Dependency Ratio	Aging Index
End of 1996	2,605	21.15	70.09	8.75	42.67	30.18	12.49	41.38
End of 1997	2,598	20.81	70.14	9.05	42.57	29.66	12.90	43.50
End of 1998	2,640	20.30	70.48	9.22	41.89	28.80	13.09	45.43
End of 1999	2,641	19.93	70.63	9.44	41.57	28.22	13.36	47.34
End of 2000	2,646	19.64	70.69	9.67	41.46	27.78	13.68	49.25
End of 2001	2,634	19.27	70.79	9.94	41.27	27.23	14.04	51.58
End of 2002	2,642	18.77	70.97	10.25	40.90	26.45	14.44	54.61
End of 2003	2,627	18.19	71.23	10.58	40.38	25.53	14.85	58.15
End of 2004	2,622	17.71	71.37	10.92	40.11	24.81	15.31	61.70
End of 2005	2,616	17.11	71.60	11.29	39.67	23.90	15.76	65.95
End of 2006	2,632	16.50	71.86	11.64	39.17	22.96	16.20	70.55

Source: Ministry of the Interior

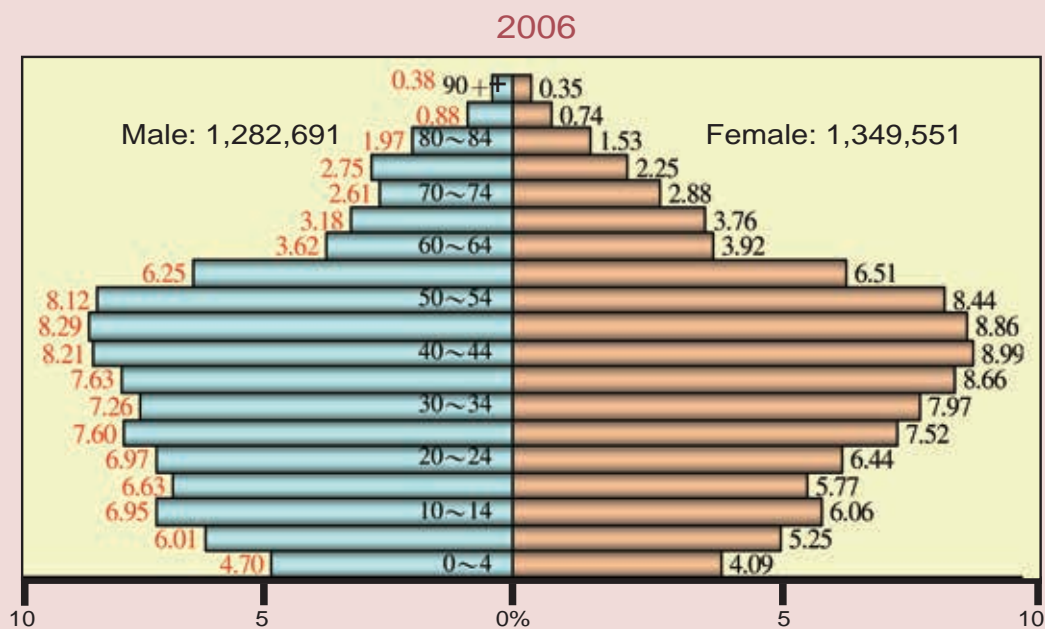


Figure 2 Age Structure of Population, Taipei City, End 2006

Chapter 2 Medical Affairs Statistics

Section 1 Number of Medical Care Institutions

The number of medical care institutions in Taipei City has been increasing since 1973 to 2,701 hospitals and clinics at the end of 1996. The number began to decline year by year to 2,633 by the end of 2001; and increased again

thereafter to 2,892 by the end of 2006. Of them, 40 are hospitals, and 2,852 are clinics. At the end of 2006, one medical care institution on average serves 910 persons, lower than the national average of 1,162 persons. The number of medical care institutions per 10,000 population is 10.99, more than the national average of 8.60.

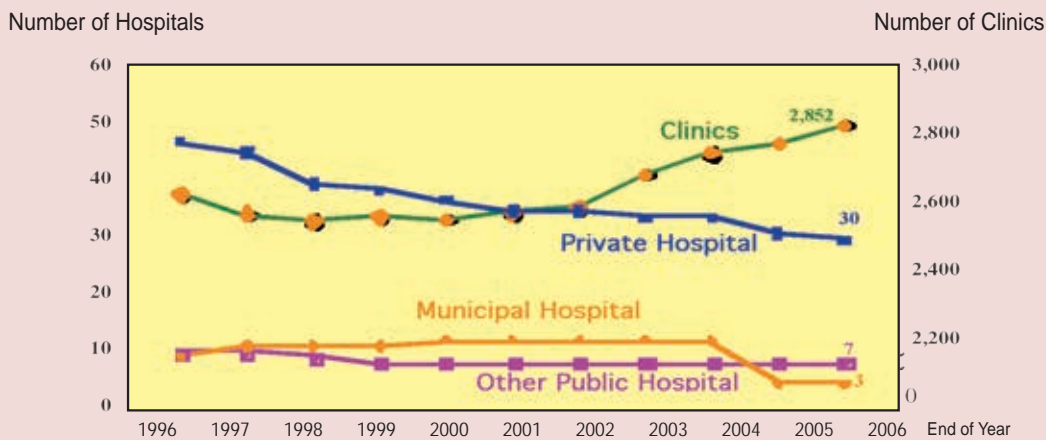
Table 5 No. of Public and Private Medical Care Institutions by Year, Taipei City

Units: No.

End of Year	Total	Hospitals				Clinics			
		Subtotal	Municipal	Other Public	Private	Subtotal	Municipal	Other Public	Private
End of 1996	2,701	65	8	9	48	2,636	18	17	2,601
End of 1997	2,641	65	10	9	46	2,576	27	16	2,533
End of 1998	2,610	58	10	8	40	2,552	26	13	2,513
End of 1999	2,620	56	10	7	39	2,564	13	19	2,532
End of 2000	2,615	55	11	7	37	2,560	12	20	2,528
End of 2001	2,633	53	11	7	35	2,580	12	20	2,548
End of 2002	2,645	53	11	7	35	2,592	13	20	2,559
End of 2003	2,748	52	11	7	34	2,696	15	21	2,660
End of 2004	2,814	52	11	7	34	2,762	15	20	2,727
End of 2005	2,835	41	3	7	31	2,794	14	16	2,764
End of 2006	2,892	40	3	7	30	2,852	16	14	2,822

Source: Department of Health, the Executive Yuan

Note: In January 2005, the ten municipal hospitals of Taipei City were integrated into the Taipei City Hospital.



Note: At the end of 2005, the ten municipal hospitals were integrated into a single Taipei City Hospital.

Figure 3 No. of Hospitals and Clinics in Taipei City

Section 2 Number of Hospital Beds

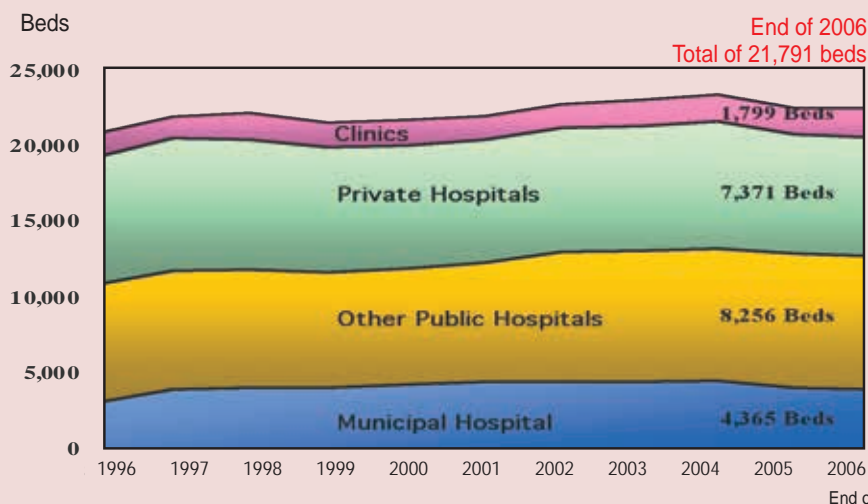
At the end of 2006, the total number of hospital beds in all public and private medical care institutions in Taipei City was 21,791 beds; of them, 12,688 beds are in public medical care institutions, accounting for 58.23% of all. The number of hospital beds in private medical care institutions was 9,103, accounting for 41.77% of all. By nature of beds, 14,889 beds are general beds (68.29%), and 6,911 beds are special beds (31.71%). On average, the number of hospital beds per 10,000 population is 82.78 beds; higher than the national average of 65.12 beds. One bed on average serves 120.79 persons, lower than the national average of 153.57 persons.

Table 6 No. of Beds in Public and Private Medical Care Institutions by Year, Taipei City

Units: No., beds, persons

End of Year	No.			No. of Beds			No. of Beds per 10,000	No. of Person Served by One Bed
	Total	Public	Private	Total	Public	Private		
End of 1996	2,701	52	2,649	20,252	10,894	9,358	77.73	128.65
End of 1997	2,641	62	2,579	21,303	11,778	9,525	81.98	121.98
End of 1998	2,610	57	2,553	21,493	11,865	9,628	81.41	122.83
End of 1999	2,620	49	2,571	20,940	11,658	9,282	79.28	126.14
End of 2000	2,615	50	2,565	21,096	11,937	9,159	79.71	125.45
End of 2001	2,633	50	2,583	21,321	12,256	9,065	80.95	123.53
End of 2002	2,645	51	2,594	22,080	12,977	9,103	83.58	119.65
End of 2003	2,748	54	2,694	22,328	13,030	9,298	84.99	117.66
End of 2004	2,814	53	2,761	22,663	13,154	9,509	86.42	115.72
End of 2005	2,835	40	2,795	21,841	12,845	8,996	83.48	119.79
End of 2006	2,892	40	2,852	21,791	12,688	9,103	82.78	120.79

Source: Department of Health, the Executive Yuan



Note: At the end of 2005, the ten municipal hospitals were integrated into a single Taipei City Hospital.

Figure 4 No. of Hospital Beds in Medical Care Institutions by Year, Taipei City

Section 3 Hospital Services Capacity

CapacityThe number of patients served each day on average at clinics and emergencies in Taipei City has increased year by year; though declined since 2002,

and particularly so during the SARS outbreak in 2003. In 2006, the number of patients served each day at clinics and emergencies were on average 71,642 and 2,818 person-times respectively; the average days of hospital stay were 8.68 days; and the bed occupancy was 72.98%.

Table 7 No. of Patients Served at Public and Private Medical Care Institutions by Year, Taipei City

Year	Average No. per Day					Average Days of Hospital Stay	Rate of Cesarean Section (%)	Bed Occupancy (%)
	Clinic	Emergency	Hemodialysis	Operation at Clinic	Operation under Hospital Care			
1996	64,831	2,575	1,172	514	513	9.46	32.78	71.22
1997	68,324	2,687	1,120	609	509	8.96	31.71	67.10
1998	73,613	2,635	1,169	637	532	7.89	33.47	67.54
1999	78,550	2,918	1,272	597	538	9.06	34.94	70.32
2000	79,039	3,033	1,321	592	562	8.74	34.63	71.65
2001	83,033	3,057	1,443	597	568	8.70	32.38	71.45
2002	81,789	3,242	1,556	616	561	8.63	33.37	73.39
2003	72,027	2,771	1,576	539	495	9.16	33.61	67.18
2004	81,157	3,106	1,650	658	547	9.10	24.99	73.83
2005	74,580	2,892	1,671	579	539	8.90	33.06	73.59
2006	71,642	2,818	1,674	603	587	8.68	33.37	72.98

Source: Department of Health, the Executive Yuan

Section 4 Medical Personnel

At the end of 2006, the total number of various medical personnel practicing in public and private medical care institutions and medical institutions in Taipei City was 39,695 persons. By category, 51.34% of them are nursing personnel (professional registered nurses,

registered nurses and midwives); 26.28% are physicians (including physicians, Chinese medicine doctors and dentists); 12.02% are pharmacists (pharmacists and assistant pharmacists); 6.66% are medical technologists (including medical technologists, assistant medical technologists, technicians, medical

radiological technologists and technicians); and 3.70% others (including dental assistants, dietitians, physical therapists and technicians, occupational therapists and technicians, clinical psychologists, counseling psychologists, respiratory

therapists). On average, the number of practicing medical personnel per 10,000 population is 150.80 persons; of them, 39.63 are physicians (physicians, Chinese medicine doctors and dentists) and 77.43 are nursing personnel.

Table 8 No. of Practicing Medical Personnel in Public and Private Medical Care and Medical Institutions by Year, Taipei City

Unit: persons

End of Year	Total	Physicians	Chinese Medicine Doctors	Dentists	Pharmacists	Pharmacy Assistant	Medical Technologists Technicians and Assistants	Medical Radiological Technologists and Technicians	Professional Registered Nurses and Registered Nurses	Midwives	Assistant dentists	Dietitians	Physical Therapists and Assistants	Occupational Therapists and Assistants	Clinical Psychologists	Counseling Psychologists	Respiratory Therapists
End 1996	28,410	6,146	450	1,968	2,979	1,010	1,193	503	14,008	27	7	119	-	-	...	...	...
End 1997	31,884	6,264	490	2,027	3,407	1,091	1,339	511	16,323	35	7	162	228	-	...	...	...
End 1998	30,987	6,427	483	2,010	3,277	1,054	1,194	559	15,401	24	7	157	295	99	...	...	...
End 1999	31,935	6,467	521	2,033	3,422	1,037	1,381	605	15,818	19	7	162	327	136	...	...	...
End 2000	33,229	6,952	515	2,087	3,519	1,036	1,403	639	16,300	16	6	182	420	154	...	...	...
End 2001	34,457	7,072	555	2,142	3,566	948	1,581	769	17,050	15	4	178	423	154	...	...	...
End 2002	36,008	7,085	582	2,122	3,657	994	1,615	820	18,279	19	6	191	464	174	...	...	...
End 2003	37,116	7,260	619	2,233	3,668	925	1,669	858	18,949	15	4	195	526	195	...	...	...
End 2004	38,306	7,262	645	2,252	3,790	897	1,633	869	19,972	16	4	200	552	214	...	...	...
End 2005	38,814	7,260	647	2,305	3,878	870	1,693	898	19,899	15	3	229	612	231	92	12	170
End 2006	39,695	7,409	660	2,362	3,938	834	1,720	924	20,367	14	3	242	646	244	105	25	202

Source: Department of Health, the Executive Yuan

Table 9 No. of Practicing Medical Personnel per 10,000 Population by Year, Taipei City

Unit: persons

End of Year	Total	Physicians	Chinese Medicine Doctors	Dentists	Pharmacists	Pharmacy Assistant	Medical Technologists Technicians and Assistants	Medical Radiological Technologists and Technicians	Professional Registered Nurses and Registered Nurses	Midwives	Assistant dentists	Dietitians	Physical Therapists and Assistants	Occupational Therapists and Assistants	Clinical Psychologists	Counseling Psychologists	Respiratory Therapists
End 1996	109.04	23.59	1.73	7.55	11.43	3.88	4.58	1.93	53.77	0.10	0.03	0.46	-	-	...	...	...
End 1997	122.70	24.11	1.89	7.80	13.11	4.20	5.15	1.97	62.82	0.13	0.03	0.62	0.88	-	...	...	...
End 1998	117.38	24.35	1.83	7.61	12.41	3.99	4.52	2.12	58.34	0.09	0.03	0.59	1.12	0.38	...	...	...
End 1999	120.91	24.48	1.97	7.70	12.96	3.93	5.23	2.29	59.89	0.07	0.03	0.61	1.24	0.51	...	...	...
End 2000	125.56	26.27	1.95	7.89	13.30	3.91	5.30	2.41	61.59	0.06	0.02	0.69	1.59	0.58	...	...	...
End 2001	130.83	26.85	2.11	8.13	13.54	3.60	6.00	2.92	64.74	0.06	0.02	0.68	1.61	0.58	...	...	...
End 2002	136.30	26.82	2.20	8.03	13.84	3.76	6.11	3.10	69.19	0.07	0.02	0.72	1.76	0.66	...	...	...
End 2003	141.28	27.63	2.36	8.50	13.96	3.52	6.35	3.27	72.13	0.06	0.02	0.74	2.00	0.74	...	...	...
End 2004	146.07	27.69	2.46	8.59	14.45	3.42	6.23	3.31	76.16	0.06	0.02	0.76	2.10	0.82	...	...	...
End 2005	148.35	27.75	2.47	8.81	14.82	3.33	6.28	3.62	76.06	0.06	0.01	0.88	2.34	0.88	0.35	0.05	0.65
End 2006	150.80	28.15	2.51	8.97	14.96	3.17	6.53	3.51	77.38	0.05	0.01	0.92	2.45	0.93	0.40	0.09	0.77

Source: Department of Health, the Executive Yuan

Chapter 3 Causes of Death

Section 1 Ten Leading Causes of Death and their Changes

Since 1973, malignant neoplasm has been for consecutive 33 years the first leading cause of death of the residents of Taipei City. Heart disease

and cerebrovascular disease have been the second and the third leading causes of death since 1991. Deaths from accidents and adverse effects have declined sharply. In 2006, the death rate from all causes of death of the residents of Taipei City was 528.7 per 100,000 population, lower than the national average of 591.8. Of them, the mortality rate of malignant neoplasm was 158.5 per 100,000; and the number of deaths accounted for 31.9% of all deaths.

The mortality rate of heart disease was 58.2, accounting for 11.0% of all deaths. The mortality rate of cerebrovascular disease was 45.0, accounting for 8.5% of all deaths. Other leading causes of death are by that order, diabetes, pneumonia, nephritic syndrome and nephritis, suicide, accidents and adverse effects, chronic liver disease and cirrhosis, and hypertensive diseases.

Table 10 Leading Causes of Death in Taipei City

Units: persons, %, Persons/100,000

Order	Causes of Death	No. of Death	%	Mortality per 100,000		
				Total	Male	Female
	All causes of death	13,875	100.00	528.71	654.67	408.57
1	Malignant neoplasm	4,423	31.88	168.54	210.37	128.65
2	Heart disease	1,527	11.01	58.19	75.79	41.39
3	Cerebrovascular disease	1,182	8.52	45.04	53.08	37.37
4	Diabetes mellitus	946	6.82	36.05	36.92	35.21
5	Pneumonia	575	4.14	21.91	29.12	16.68
6	Nephritis, nephrotic syndrome and nephrosis	485	3.50	18.48	24.12	15.04
7	Suicide	454	3.27	17.30	21.93	10.80
8	Accidents and adverse effects	379	2.73	14.44	20.37	7.97
9	Chronic liver disease and cirrhosis	317	2.28	12.08	16.39	7.30
10	Hypertensive disease	176	1.27	6.71	7.34	6.10
	Others	3,411	24.58	129.98	159.24	102.07

Notes: 1. The mid-year population of Taipei City in 2006 was 2,624,309 persons; 1,281,102 males and 1,343,207 females.

2. The order is arranged by adding mortality rates of both sexes together.

Table 11 Changes in the Ten Leading Causes of Death, Taipei City

Units: order, persons/100,000

Year	All causes of death	Malignant neoplasm	Heart disease	Cerebrovascular disease	Diabetes mellitus	Pneumonia	Nephritis, nephrotic syndrome and nephrosis	Suicide	Accidents and adverse effects	Chronic liver disease and cirrhosis	Hypertensive disease
1994	457.75	(1) 128.52	(2) 52.84	(3) 51.96	(5) 24.21	(8) 12.68	(6) 14.05	(10) 8.55	(4) 29.48	(7) 14.01	(9) 12.52
1995	463.27	(1) 134.67	(2) 55.84	(3) 50.96	(4) 29.02	(9) 10.61	(6) 14.53	(10) 8.22	(5) 26.25	(7) 13.41	(8) 10.99
1996	465.98	(1) 133.21	(2) 50.82	(3) 49.75	(5) 24.70	(8) 12.60	(6) 15.77	(10) 7.67	(4) 26.42	(7) 14.85	(9) 10.73
1997	470.49	(1) 134.97	(2) 54.08	(3) 45.78	(4) 32.68	(8) 15.00	(6) 15.87	(10) 8.03	(5) 24.92	(7) 15.30	(9) 9.47
1998	484.10	(1) 141.38	(3) 47.35	(2) 52.20	(4) 37.97	(8) 11.95	(6) 17.29	(9) 8.96	(5) 22.66	(7) 14.11	(10) 7.22
1999	500.81	(1) 154.88	(3) 52.38	(2) 52.91	(4) 34.20	(7) 13.90	(6) 18.56	(9) 10.98	(5) 19.17	(8) 13.83	(10) 6.33
2000	503.41	(1) 158.05	(2) 54.97	(3) 46.74	(4) 33.70	(7) 16.98	(6) 17.29	(8) 12.32	(5) 19.49	(9) 11.56	(10) 6.79
2001	517.40	(1) 151.87	(2) 62.33	(3) 50.29	(4) 35.91	(5) 21.52	(6) 19.09	(9) 12.15	(7) 17.27	(8) 13.93	(10) 5.39
2002	523.20	(1) 160.09	(2) 65.09	(3) 47.24	(4) 34.02	(7) 17.03	(5) 19.16	(8) 13.18	(6) 17.64	(9) 12.69	(10) 6.36
2003	547.41	(1) 163.78	(2) 63.56	(3) 52.19	(4) 37.72	(5) 21.84	(6) 20.77	(7) 17.83	(8) 15.84	(9) 12.33	(10) 6.18
2004	528.71	(1) 168.54	(2) 58.19	(3) 45.04	(4) 36.05	(5) 21.91	(6) 18.48	(7) 17.30	(8) 14.44	(9) 12.08	(10) 6.71

Note: Figures in parentheses are the order of the cause of death; figures under are per 100,000 mortality rate (number of deaths per 100,000 population).

Section 2 Ten Leading Causes of Cancer Death

In 2006, there were in Taipei City 4,423 deaths due to cancer, giving a mortality rate of 168.5 per 100,000 population; slightly higher than the national average of 166.5. Of all deaths, 2,695 were males, giving a mortality of 210.4 per 100,000 male population. 1,728 deaths

were females, at a mortality rate of 128.7 per 100,000 female population.

The ten leading causes of cancer death by that order are lung cancer, liver cancer, colon-rectum cancer, female breast cancer, stomach cancer, prostate cancer, pancreas cancer, non-Hodgkin's lymphoma, oral cavity cancer, and cervical cancer.

Table 12 Leading Causes of Cancer Death, Taipei City, 2006

Unit: persons, %, persons/100,000

Order	Causes of Death	No. of Death	%	Mortality per 100,000		
				Total	Male	Female
	All causes of cancer death	4,423	100.00	168.54	210.37	128.65
1	Lung cancer	910	20.57	34.68	47.46	22.48
2	Liver cancer	702	15.87	26.75	40.43	16.08
3	Colon-rectum cancer	532	12.03	20.27	24.67	15.56
4	Female breast cancer (1)	209	4.73	15.56	18.73	13.70
5	Stomach cancer	363	8.21	13.83	11.47	9.16
6	Prostate cancer (2)	129	2.92	10.07	10.07	6.10
7	Pancreas cancer	178	4.02	6.78	8.74	6.03
8	Non-Hodgkin's lymphoma	175	3.96	6.67	7.49	5.43
9	Oral cavity cancer	166	3.75	6.33	6.79	4.69
10	Cervical cancer (1)	81	1.83	6.03	5.07	4.17
	Others	978	22.11	37.27	29.43	25.24

Notes: 1. The mid-year population of Taipei City in 2006 was 2,624,309 persons; 1,281,102 males and 1,343,207 females.

2. The order is arranged by adding mortality rates of both sexes together.

3. (1) is female mortality rate (number of deaths per 100,000 female population);
(2) is male mortality rate (number of deaths per 100,000 male population)

Table 13 Changes in the Ten Leading Causes of Cancer Death, Taipei City

Units: order, persons/100,000

Year	All causes of death	Lung cancer	Liver cancer	Colon-rectum cancer	Female breast cancer	Stomach cancer	Prostate cancer	Non-Hodgkin's lymphoma	Cervical cancer	Pancreas cancer	Oral cavity cancer
1994	111.55	(1) 23.33	(2) 17.68	(3) 11.65	(5) 10.13	(4) 11.08	(7) 4.66	(8) 3.50	(6) 7.79	(12) 2.98	(15) 2.90
1995	120.31	(1) 23.27	(2) 21.56	(3) 12.45	(5) 10.23	(4) 12.41	(7) 3.85	(10) 3.48	(6) 8.18	(9) 3.67	(13) 2.95
1996	128.52	(1) 24.63	(2) 22.18	(3) 14.74	(5) 11.69	(4) 13.59	(7) 5.19	(8) 5.08	(6) 7.79	(9) 4.24	(13) 3.36
1997	134.67	(1) 27.59	(2) 23.29	(3) 14.07	(4) 13.97	(5) 13.30	(8) 5.00	(7) 5.11	(6) 9.82	(10) 4.19	(9) 4.34
1998	133.21	(1) 27.83	(2) 22.45	(3) 15.20	(5) 12.47	(4) 12.48	(8) 5.06	(7) 5.19	(6) 7.75	(9) 4.28	(15) 3.02
1999	134.97	(1) 28.40	(2) 21.36	(3) 15.79	(4) 12.18	(5) 12.00	(7) 6.94	(8) 5.42	(6) 8.50	(9) 4.62	(10) 3.71
2000	141.38	(1) 28.41	(2) 21.26	(3) 17.47	(4) 12.66	(5) 12.41	(7) 7.10	(9) 5.14	(6) 7.27	(8) 5.22	(10) 4.27
2001	154.88	(1) 33.45	(2) 25.42	(3) 16.82	(4) 14.90	(5) 13.22	(6) 9.20	(8) 4.92	(7) 8.24	(9) 4.70	(10) 4.28
2002	158.05	(1) 33.70	(2) 25.06	(3) 18.58	(4) 14.36	(5) 14.18	(6) 8.15	(8) 6.52	(7) 7.85	(9) 5.95	(14) 3.49
2003	151.87	(1) 32.15	(2) 25.20	(3) 16.55	(4) 15.55	(5) 11.16	(6) 8.25	(8) 6.30	(7) 6.35	(9) 5.54	(10) 4.74
2004	160.09	(1) 33.53	(2) 25.79	(3) 19.73	(4) 15.20	(5) 11.85	(6) 9.46	(9) 5.64	(7) 6.51	(8) 6.25	(10) 5.26
2005	163.78	(1) 33.21	(2) 23.17	(3) 20.69	(4) 16.76	(5) 13.51	(6) 10.37	(7) 6.91	(8) 6.43	(9) 6.41	(10) 5.57
2006	168.54	(1) 34.68	(2) 26.75	(3) 20.27	(4) 15.56	(5) 13.83	(6) 10.07	(8) 6.67	(10) 6.03	(7) 6.78	(9) 6.33

Note: Figures in parentheses are the order of the cause of death; figures under are per 100,000 mortality rate (number of deaths per 100,000 population).

Appendix Chronicle of Major Events

Month/day	Major Events
January	
1/1	To care for the moderately and severely disabled, home care specialists such as professional registered nurses, physicians, physical therapists, occupational therapists, respiratory therapists and dietitians are invited to make home visits. In 2007, pharmacists were included to offer counseling on drug use.
1/1	To reduce economic burdens of families, medical costs for children third parity and above are subsidized.
1/1	On December 31 and January 1, services in group therapy and health education are provided for community rehabilitation to improve the mobility of the disabled, the self-care capability of the elderly chronic patients and their quality of life to return to the community earlier.
1/15	Together with the 12 district health centers and the Taipei City Hospital, the Department takes part in the 2006 Assessment of English Language Environment organized by the Research, Development and Evaluation Commission of the Executive Yuan and is awarded Excellence.
1/22	Deputy Mayor Wu Shiouh-guang chairs the first meeting for the year 2007 of the Taipei City Drug Abuse Hazards Control Center. The name of the Center is changed; organization of the Center is formed; operational procedures are formulated; and tasks of each working group are decided.
1/24	Health authorities and medical care institutions of Keelung City, Chiayi County and Taipei County visit the training center for the large-scale care of patients (in Zhongxing Primary School); exchange between city and county is enhanced.
1/29	The first meeting the year of 2007 of the Expert Advisory Committee on the Control of the High-Pathogenic Avian Flu and Novel Influenza is held.
1/29	To serve the public and to protect their safety in the use of food, drugs and cosmetics, beginning January 29, the Wenshan and Zhongzheng district health centers set up stations to distribute HS-II rapid screening reagent. Including the stations that already exist at the Taipei City Government Consumers' Center and the Laboratory of the Department, four stations are now available for such service. Residents of the City may proceed to one of these stations to ask for the reagents for DIY testing at home
1/31	To purify medical advertisements, leaflets are produced and placed at the joint inspection team and the Department of Commercial Management of the Taipei City Government.
February	
2/1	Inspectors inspect everyday the Huannan Market to see if the diseased pork from Yunlin County is sold. Inspection lasts until February 15.
2/5	The Golden Swallow mobile laboratory testing team, beginning February 5, goes around the large traditional markets and malls in Taipei City to offer HS-II rapid screening reagent to people rushing for the Chinese New Year shopping. In total, 18,000 pieces of the diamond reagent and 3,400 of the rainbow reagent are distributed for 21,400 person-times.
2/9	The Department is rated by the Taipei City Government excellent in the 2006 service quality assessment. An award is presented to Dr Chiu Wen-hsiang , Commissioner of the Department.

Month/day	Major Events
2/14	A total of 440 food items for the holiday are inspected to find 73 unqualified. They are processed by law; news is released at the same time.
2/15	Dr Chiu Wen-hsiang is appointed Commissioner of the Department on February 15.
2/16	Dr Perng Reury-perng is appointed General-Director of the Taipei City Hospital on February 16.
March	
3/1	In coordination with the Department of Health, the Executive Yuan, a special project survey on medical care institutions for 2006 is conducted for inspection and evaluation.
3/1	Dr Chiu inspects on March 1, 2, 7, 8, 16 and 23 respectively health centers of Neihu, Daan, Wenshan, Zhongshan, Xinyi, Nangang, Songshan, Shilin and Beitou to understand their needs and problems in program implementation.
3/9	Two workshops on ways to upgrade community pharmacies are held together with the Taipei City Pharmacists Association on March 10 and 11 for 136 participants.
3/19	To help the public understand what BMI is and learn ways to self-monitor and manage their own body, a BMI roulette is produced in 300 pieces for distribution to public and private kindergartens and nurseries that passed the healthy campus accreditation in 2006.
3/22	The first meeting for the year 2007 of the Drug Hazards Control Committee is held.
3/23	On the World Tuberculosis Day, a hiking activity on the theme of "Marching toward health and stay away from tuberculosis" is held at the Yangmingshan together with the ROC Hiking and Mounting Association, the Taiwan Mountain Association, the Outstanding Citizens of Taipei City Association and the public for a total of 450 persons.
3/26	The first meeting for the year 2007 of the Advisory Committee on Disease Control is held to discuss: 1) expanded targets for immunization under the hepatitis A immunization program for 2-6 years old children of indigenous peoples in Taipei City, 2) expanded targets for immunization of children against Streptococcus pneumoniae, and 3) standard operational procedures for the management of suspected herd infection of influenza in schools and nursing care institutions.
April	
4/10	To make people understand the correct way of walking, a press conference on "the 123 of walking, convenient and healthy" is held together with the Taiwan Nestle company to promote the Taipei City Waling Map. A fair on the theme of "enjoy life, walk over the city – Taipei Vital Family Fair" is held at the Daan Forest Park on April 22 for 2,500 persons.
4/12	The second meeting for the year 2007 of the Taipei City Avian Flu Control Task Group is held to assess the feasibility of the plan of using the Yusheng Primary School in Shilin District as a Level C large-scale care center. As the epidemic situation is slowing down, it is decided that the Task Group will meet once every three months. The frequency of meeting will be adjusted pending on the epidemic situation.
4/14	Exaggerated and untrue health foods are found on market. In coordination with the Mother's Day, a fair is held on April 14-20 to provide free service on the testing of foods. Specimens can be mailed to or presented at the Department's Laboratory for free testing to understand if the foods are adulterated with western medicine.

Month/day	Major Events
4/20	The second meeting of the year of the Taipei City Expert Advisory Committee on the Control of High-Pathogenic Avian Flu and Novel Influenza is held.
4/27	To protect the rights of non-smokers from second-hand smoking, an Anti-smoking volunteers rally on smoke-free park chaired by the Commissioner is held at the Taipei City Zoo. The Director of the Zoo, Dr Yang Chien-jen and some 650 volunteers from the 12 districts attend the rally.
4/30	Reports on the testing in 2006 of Chinese medicine adulterated with western medicine are made public. Of the 879 cases applied for testing, 165 are western medicine adulterated, at a rate of 18.8%. The public is reminded, when purchasing Chinese medicine, to go through legal channels, and do not take products of unknown sources or unclear labeling to protect their rights and safety.
May	
5/8	The 2007 International Nurses' Day is celebrated at the Parents-Children Theater of the Taipei City Government. Mayor Hau Lung-bin presents awards to 120 outstanding nurses. 552 persons are present at the celebration.
5/9	A cross-district disaster control drill for Shilin, Beitou and Datong districts is held at the Roma Square of the Meilung Park in Shilin. The drill is on the responding capabilities of the various departments of the district. Mr. Lee Sush-der, Secretary-General of the City Government, is the judge. Guests from the Center for Disease Control of the Department of Health, the Executive Yuan, and county/city health bureaus are invited to attend, and experts are present for guidance.
5/10	Mrs. Lin Hsiu-lian, the Secretary-General, is appointed Deputy Commissioner of the Department on May 10.
5/19	On the World Hypertension Day and to strengthen the prevention of hypertension, an activity on healthy diet and standard blood pressure for the World Hypertension Day is held together with the ROC Cardiology Foundation at the Sun Yat-sen Memorial Hall. Some 480 persons are present at the activity.
5/27	To promote the safe use of drugs in community, pharmacists of community pharmacies are called to provide counseling on the safe use of drugs at the Zhu-zuolong Community Development Center. A survey on the needs of the public for pharmaceutical counseling and their current status is conducted at the same time.
5/29	To promote community-based and locally-oriented disease control measures, a symposium on disease control is held. The conclusions are: 1) the Community Infectious Disease Group, the Immunization Group and the Emerging Communicable Disease Group of the Joint Disease Control Office will assign personnel to station at district health centers for a total number of 37 by the population, land area and number of boroughs of each district; 2) the STD and AIDS Control Group and the Tuberculosis Control Group of the Joint Disease Control Office will remain the same and no personnel will be assigned, 3) functions of the persons assigned will primarily follow those of the health centers; the Division for Disease Control and Prevention will be responsible for coordination and training, 4) the persons assigned will report to the Division for Disease Control and Prevention one half day each week for training and discussion on business, and planning for responding strategies, 5) their work includes reporting of enterovirus infection in schools and epidemiological investigation of communicable disease cases, inspection of hand-washing facilities for the prevention of enterovirus.

Month/day	Major Events
5/30	The first meeting to discuss the amendment of the organization regulations of the Department and its affiliated health centers is held on May 30.
June	
6/1	The 2007 Hospital Evaluation and Healthy Hospital Accreditation are held. The evaluation is completed on August 1; 27 healthy hospitals are accredited, and 40 hospitals are evaluated.
6/7	Mr. Chen Jeng-cheng, the newly appointed Secretary-General, reports on duty on June 7.
6/9	A 16-hour training course on community smoke-cessation pharmacists and community smoke-cessation counseling stations is held for 140 pharmacists.
6/15	The first meeting for the year 2007 of the AIDS Control Promotion Committee is held.
6/23	The Guidelines Governing the Management of the Outpatient Clinics Affiliated to the Taipei City Hospital of the Taipei City Health Department is announced. The first meeting for the year 2007 on management of the district outpatient clinics of the Taipei City Hospital is held on October 15.
6/24	A 24-hour training course is organized together with the Taiwan Long-Term Care Professional Association and the Taipei City Pharmacists Association. Pharmacists so trained will be included in the 2007 community safe use of drug and health building plan to provide localized pharmaceutical care. A total of 240 pharmacists are present at the training.
6/28	The Department wins the second place in the first group of the 2006 comprehensive assessment of local health departments and is awarded a medal and prizes of NT\$ 60,000 worth.
July	
7/1	Ten specimens of poultry meat are sample-tested for β -Agonists. Nine of them meet requirements; one is found to contain salbutamol 17.6 ppb (requirement: should not be found) and is processed according to law.
7/1	A pilot project, Point Collection on Health Card, is tried out on July 1 through December 31 2007. Residents of Taipei City, when participating in any health promotion related activities, can collect credit points on their Health Card. By the points so accumulated, they can be entitled to healthcare services.
7/4	In coordination with the inauguration of the Maokong Gondola on April 31, a command center is set up with two health stations to provide medical care services.
7/9	Dr Judith A. Monroe, Director of the Indiana State Health Department and seven delegates visit the Department. They are met by Dr Chiu in person.
7/17	Mr. Fahad Jalwi Lzahr, health official of Saudi Arabia and 13 members visit the Department. They are met by Dr Chiu in person.
7/18	A meeting is held to certify 27 boxed lunch manufacturers, 44 teahouses around the Maokong Gondola, and 244 beverage and ice products dealers for the self-management of sanitation.
7/23	Two summer camps on the control of dengue fever are held for 150 school children. Through activities, children are made to understand the importance of dengue fever control. Health concepts are integrated into the daily life of children to prevent dengue fever together.

Month/day	Major Events
7/26	Seven sessions of training for suicide prevention gatekeepers are held on July 26 through August 30 for 839 borough leaders and neighborhood chiefs of the 12 districts to develop the frontline mental health seed workers and to extend the Greater Taipei Suicide Control Reporting System Network.
August	
8/1	Inspections of registered special business establishments such as KTVs, saunas, dancing halls, bars and pubs and special coffee shops are conducted in July and August together with the Department of Commercial Management, Department of Construction Management and the Fire Department
8/9	The 2007 Health Expo is held on 9 through 12 at the First Exhibition Hall of the Taipei World Trade Center. On the site, there are the Healthy Taipei, sustained health development in Taipei, theme halls and others to advocate the concept of healthy city. The public is encouraged through health education and screening services to apply for the Wellness Card. In the four days, some 4,000 people visit the exhibition.
8/13	Two sessions of lectures are held for 360 cosmetics dealers at the Heping Branch of the Taipei City Hospital.
8/24	To facilitate exchange with the press, a dinner party to celebrate the September 1 Journalists Day is held at the Taipei City Social Activity Hall for 100 journalists.
8/27	In coordination with the Taipei Pineapple Cake Festival, 32 bakeries are encouraged to present their pineapple cakes of no trans fatty acid.
8/28	The second meeting for the year 2007 of the advisory committee on the control of drug hazards is held.
8/30	Onsite inspections of hospitals responsible for the emergency care of severely ill patients and supervision of emergency responsibility hospitals are conducted.
September	
9/1	Quiz contests on communicable disease control are held in five groups, primary school, junior high school, senior high (vocational) school, college and university, and the public. Communicable disease control is the theme. Contents include AIDS, drug addiction, tuberculosis control and some basic concepts of disease control.
9/1	A plan on community safe use of drugs and health building is promoted. 73 sessions of lectures on the safe use of drugs are held together with 24 community medical care institutions, private organizations, volunteers and nursing care organizations. Pharmacists go deep into the community to offer comprehensive pharmaceutical care services and thus to build a healthy safe drug use community.
9/1	The Department wins the third place in the first group of the 2006 comprehensive assessment of local health departments of the Department of Health, the Executive Yuan.
9/4	One specimen of trout is collected for testing at the Zhuzihu area to find Nitrofurans Metabolites in it. The source is the Lin Yung-chang Farm. The Farm is referred immediately to the Department of Commercial Management for action.

Month/day	Major Events
9/9	A symposium on the management and leadership of the Taipei City Hospital is held together with the Taipei City Hospital. Experts are invited to give keynote speeches on risk management, leadership and decision-making, and excellence in leadership. On group discussions, heads of the branches of the Taipei City Hospital lead their chiefs of departments and sections to perform brain-storming on strategies of management. Results are presented in the forms of briefing, performance and others.
9/12	A flag presentation ceremony is held at the Wu Sanlien Hall on the 11th floor of the City Hall for the 2007 public health and medical care aid team of the Taipei City Health Department and the Taipei City Hospital. The flag is presented by Deputy Mayor Wu Shiouh-guang on behalf of Mayor Hau Lung-bin. The team is led by Dr Tang Gau-jun, Director of the Taipei City Hospital. The team visits Ulaanbaatar City of Mongolia for free medical care on 13-25 September.
9/14	A coordination meeting of drugs, cosmetics and food dealers is held.
9/19	Mayor Hau Lung-bin has his health examination at the Zhongxiao Branch of the Taipei City Hospital. He urges the citizens to manage their own health. He also promotes the Wellness Card together with Ms Yang Hui-ju and the first winner of 24 points on the Wellness Card. He appeals to the public to use more often of the Wellness Card and less the Health Insurance Card to add more capitals on health.
9/26	To reduce the waiting time for medical care for children of retarded development, to improve early care, a meeting is held jointly by the Taipei City Health Department and the Taipei County Health Bureau to discuss ways to reduce the waiting time and to promote referral between the City and the County.
9/27	To strengthen the Taipei City Suicide Prevention System, the cross-departmental suicide prevention coordination committee of Taipei City decides to integrate the system into the Taipei City mental health committee, and to set up a suicide prevention center.
9/28	To promote international exchange in disease control, to present the achievements of Taipei City in the control of communicable diseases such as AIDS and tuberculosis, an international symposium on AIDS and tuberculosis control by the Taipei City Health Department is held on 28-29 September at the Fu Hua International Culture Center. 238 representatives of health and education organizations from Taipei City and other counties and cities are present.
9/30	To respond to the World Heart Day and to strengthen prevention of cardiovascular diseases, activities on the World Heart Day and Protect Your Heart are held jointly with the Bureau of Health Promotion of the Department of Health, the Executive Yuan, the ROC Cardiology Society and the Heart Foundation for some 1,000 participants.
October	
10/1	A series of activities on mental health month for the year 2007 are organized together with private organizations. Contents include, the depression screening day, mobile drama performances on mental health in schools, and various lectures.
10/1	On October 1-31, inspections of nine private ambulance institutions are conducted jointly with the Taipei County Health Bureau. Of them, four are rated excellent and grade A.
10/1	In coordination with the suicide prevention information networks of local health bureaus and stations of the Department of Health, the Executive Yuan, responsibility hospitals report online suicide attempts. They are then followed-up by public health nurses of the district health centers.

Month/day	Major Events
10/3	To promote vision health in early childhood, a series of promotional activities on vision and oral cavity health of children are held at the Parents-Children Theater of the City Hall on October 3 and 16. Sisters Bee and Butterfly of the Eastwood TV Yo Yo host the shows for some 1,000 parents and children.
10/9	For celebration of the Double-Tenth National Day, a hospital-based multiple screening for health promotion is held at the Taipei City Hospital. Results are, 309 women for Pap smear test, 343 for breast cancer examination, 657 for oral cavity examination, 647 for testing of the three-highs (blood pressure, blood sugar and cholesterol), totaling 1,956 persons.
10/20	On the 2007 World Osteoporosis Day, an activity is held on "Overcoming Bone Fractures - Bone Care for Life" for 500 participants.
10/20	To care for the mentally retarded through musical activities, and to help improve the capability of health center staffs in promoting care with music, a workshop for music teachers for the care of the mentally retarded is held on 20-21.
10/22	Two training courses on the self-management of tobacco hazards prevention are held at the Renai Branch of the Taipei City Hospital.
10/24	To promote the development of health industries and hot-spring tourism, a series of activities are held, within the specifications of the Medical Care Act, together with the Bureau of Industrial Development on the promotion of health industries – a pilot project on hot-spring tourism and health examination. The project is for two years. On October 24, the first meeting of the Review Committee on Health and Tourism Products in Taipei City is called. Two products, Beitou health tour package A and package B, pass the review. A Health Tour web of Taipei City is set up.
10/26	The ROC National Union Association of Dietitians is commissioned to conduct a series of promotional activities on "balanced diet, five vegetable and fruits a day." The activities start with the innovative contest of nutrition at the Municipal Wanfang Hospital. Ten groups take part in the "demonstration teaching" and the "poster" groups.
10/28	On the pedestrian zone around the Xinyi Warner Theater, a creative cheer group contest is held to advocate anti-drug hazards.
10/30	The second working meeting for the year 2007 of dengue fever control is held.
10/30	The second workshop on the practice of inspection of drugs and foods is held at the Taipei City Government Employees Training Center on October 30-31, for a total of 114 participants.
November	
11/1	A 2007 workshop on statistics of causes of death is held. 30 persons involved in the causes of death statistics at the district health centers participate.
11/2	Lectures on the prevention of female cancers and meetings of patients and families are held at the auditorium of the Mackay Memorial Hospital for 298 participants.
11/5	Certificates of sanitary accreditation are issued at a ceremony for 46 tourist hotels and other hotels held at The Westin Taipei.

Month/day	Major Events
11/9	A ceremony is held at the Shen Bao-jhen Hall of the City Hall to award outstanding care institutions in 2007. Of the 41 psychiatric rehabilitation institutions applied for assessment (34 mid-way houses and 7 community rehabilitation centers), three mid-way houses are rated excellent, and seven are rated grade A; and two community rehabilitation centers are rated excellent, and four are rated grade A.
11/12	To understand the views of the public on the smoke-free park policy promoted by Taipei City in 2007, experts and scholars are invited to conduct a public opinion survey a year after the promotion. Results are, the approval rate for smoke-free public areas goes up from 87.2% to 90.1%; the approval rate for smoke-free parks increases from 63.1% to 68.2%, indicating that the public is more positive about smoke-free parks a year after the implementation of the policy, and are also more supportive of this policy.
11/14	The self-management of sanitation logo, the OK logo, is issued to 472 outstanding convenience stores, 51 central kitchens, and 101 cosmetics dealers.
11/15	A series of creative activities on the OK logo are conducted. On November 14, the prize-drawing is carried out in public at the Shen Bao-jhen Hall of the City Hall. Winners are published on the website, http://www.ok-today.com/ .
11/15	Lectures on the prevention of female cancers and meetings of patients and families are held at the National Taiwan University Hospital for 206 participants.
11/15	The Chengde Elementary School is supervised to apply for the 2007 WHO international certification of safe school. International assessment officials visit the School for onsite inspection. The School passes the assessment on November 18 and is issued a certificate and a logo.
11/18	In response to the World Diabetes Day and for the control of diabetes, a garden party on the theme of the World Diabetes Day is held at the Gu Ting Elementary School jointly with the Department of Health, the Executive Yuan, and the ROC Diabetes Society for some 2,000 participants.
11/19	The second working meeting and workshop for the year 2007 on inspection and seizure of illegal drugs is held for 130 participants.
11/19	In coordination with the psychiatric care reporting policy of the Department of Health, the Executive Yuan, on November 19, the portal of the psychiatric care reporting integrated subsystem of the health information system of the Department of Health, the Executive Yuan, is used.
11/19	To promote anti-smoking in women, and to gain their support over tobacco hazards prevention, a selection of women anti-smoking ambassadors for 2007 is initiated on November 20. Celebrities are present to support the activity. The top winner will be presented with a gift voucher of NT \$30,000.
11/22	The set of the amended Standards for the Issuance of Bonuses to Personnel of the Taipei City Health Department and its Affiliated Medical Care Institutions is announced.
11/23	To make more available to the public smoke-free taxis, a press conference and exhibition of achievements on smoke-free taxis is held on the 36th floor of the Taipei 101. Six taxi companies that pass the self-management of smoke-free assessment are awarded. Some 100 persons take part in this meeting.

Month/day	Major Events
11/29	The 2007 workshop and coordination meeting on health promotion at workplaces for the year 2007 is held. 36 outstanding establishments in the health promotion of workplaces in 2007 are cited.
11/30	In 2007, 30 community organizations are supervised to promote the healthy life plan. An exhibition of achievements is held on November 30 at the Jiangtan Youth Center. 294 representatives of community organizations in Taipei City and other counties and cities participate in this event.
December	
12/1	The Emergency Operation Center joins the Taipei City Disaster Response Center on December 1.
12/1	A series of cross county-city promotional activities on the control of AIDS, "Stop AIDS, Taipei Keeps Promise", are held at the Taipei County Government Square, Mengjia Park, and the yard of the Kunming Branch of the Taipei City Hospital to help people understand AIDS, care about their own health, and knowing about organizations working on AIDS control for some 1,500 participants.
12/1	The human Papillomavirus immunization project is initiated for junior high grades 1 through 3 female children of low income families of women residents of Taipei City who are confirmed cervical cancer. Through this project, it is hoped that the health of women will be improved and their quality of life enhanced.
12/2	The first debate contest for college students on sex education is held at the National Chengchi University. Eight teams from seven schools including the National Chengchi University and the National Taiwan University take part. Dr Chiu presides the meeting and presents awards.
12/3	The first meeting for the year 2008 of the Taipei medical region management committee is held at the Zhongxing Branch of the Taipei City Hospital. The meeting discusses the supervision of the Taipei medical region in 2008 and a plan for the integration of medical care resources. Letters of appointment are also issued.
12/4	A symposium on the management of medical care quality and the development trend of medical industries is held for employees of medical care institutions in Taipei City. A total of 500 persons participate.
12/6	To disseminate correct knowledge on oral cavity cancer to taxi drivers and the general public, lectures on examination of oral cavity mucus and control of betel nut chewing are held on December 6-12 at the rest areas of taxi drivers. Some 500 taxi drivers and the public participate.
12/10	A meeting to issue certificates to smoke-free restaurants and workplaces and to cite volunteers of smoke-free parks for the year 2008 is held on the 1st floor of the City Hall. Mayor Hau Lungbin is present to open the ceremony. Both the Mayor and Dr Chiu issue certificates to smoke-free restaurants and workplaces and cite volunteers of smoke-free parks. Some 300 people take part in this event.
12/10	A review meeting for the year 2007 is held to review subsidies to public health-oriented projects. Experts are invited to review the public health-oriented projects proposed by each branch and also their achievements.

Month/day	Major Events
12/11	A review meeting of the second stage of the medical care quality improvement plan for the year 2007 is held at the 6th floor auditorium of the Zhongxing Branch of the Taipei City Hospital. Outstanding performances are awarded gold, silver, bronze medals and a certificate of fair work and are publicly cited at the ceremony. They are issued certificates and bonuses. Some 200 people take part in this event.
12/12	The Taipei City-County joint health and social welfare group holds 12 meetings for the year 2007 through visual conference (January 24, February 27, March 26, April 23, May 28, June 25, July 23, August 27, September 27, October 31, November 22 and December 12). The group collaborates in the promotion of emergency medical care support mechanism in the Taipei Area, constructs a special emergency medical care network for the Taipei Area, connects hospital discharge preparation and long-term care services, integrate training on long-term care, shares information on the assessment of long-term care cases, shares experience in the promotion of home care nutrition services, and expedites the assessment of retarded development.
12/17	Branches of the Taipei City Hospital are visited on December 17 through 24 for onsite inspections of the implementation of their subsidized projects in 2007.
12/19	Six meetings of the health section of the Northern Taipei Area collaborative project on health and social welfare are held in 2007 (February 12, April 12, April 25, June 13, September 28 and December 19). Two important action plans, to promote a cross city-county disease control network against the novel influenza, and to distribute to more targets the DIY screening reagents are discussed.
12/21	In coordination with the amendment of the Tobacco Hazards Prevention Act and to strengthen inspection and seizure of illegal tobacco products, two training courses on the inspection practice of illegal tobacco products are held.
12/21	Activities are organized for CPR certification, contests and exhibition of achievements for the year 2007 and are completed on December 21. Participants include guests, awardees, borough and neighborhood leaders participating in the contests, taxi teams and employees of convenience stores totaling 300. The first prize of the adult group is won by the administration staff of the Tri-Service General Hospital; the first prize of the infant group is won by borough and neighborhood leaders. Gift coupons are presented by Dr Chiu, the Commissioner.
12/23	The final contest of the 2007 women anti-smoking ambassadors is held at the K-Mall square in front of the Taipei Railway Station. One winner each is selected for the first, second and third places. They are presented with a gift coupon of NT\$ 30,000, 20,000 and 10,000 respectively by Specialist Chang Hsiu-wei and the celebrity, Ms Chen I-jung. Some 500 people take part in this event.

Index

A

Accidents and Adverse Effects 173

Aging Index 166

Asthma 34

B

Bed Occupancy Rate 115

Branch for Women and Children 115

Breast Image Center 111

Breast-Feeding 27

C

Cardiovascular Diseases 33

Case Management 13

Causes of Death 22

Cerebrovascular Disease 35

Cervical Cancer 44

Chronic Liver Disease and Cirrhosis 173

Climacteric 35

Community Health Building 56

Community Mental Health Counseling 63

Cosmetic Medical Center 112

Counterfeit Drugs 82

Crude Birth Rate 165

Crude Death Rate 165

D

Death Rate 35

Dementia 34

Dengue Fever 159

Dependency Ratio 166

Diabetes Mellitus 173
Drug Hazards Control 162

E

Early Intervention 22
Enterovirus 156

F

Female Breast Cancer 175
Food Labeling 89
Food Poisoning 71
Food Sanitation 87

G

General Beds 77
Genetic Health 26

H

Health Examination 35
Health Fitness 37
Health Promotion 13
Healthy Boxed Lunch 90
Healthy City 53
Heart Disease 174
Hepatitis A Vaccine 154
Heping Branch 112
Home Care 72
Hospital Accreditation 126
Hypertensive Disease 36

I

Illegal Drugs 82
Indigenous 35

Influenza 152

L

Life Expectancy at Birth 165

M

Malignant Neoplasm 173

Medical Care Safety Quality 75

Medical Personnel 15

Meningitis 153

Mental Health 62

Methadone Replacement Therapy 162

N

Natural Increase Rate 165

Nephritis, Nephrotic Syndrome and Nephrosis 174

Nephrology Center 113

O

Oral Cavity Cancer 36

Oral Health Care Center for the Disabled 114

P

Pancreas Cancer 175

Patient Safety 75

Pharmacy 96

Pneumonia 153

Prostate Cancer 175

Psychiatric Center 116

R

Rehabilitation Center 113

Rehabilitation Service 73

Release of Prescription 97

Renai Branch 110

Research and Development Center for Occupational Disease 114

Research and Development Center for Suicide Control and Prevention 116

S

Sanitation of Business 99

Screening of the Newborns for Congenital Metabolic Disorders 26

Self-Control of Sanitation 91

Sex Ratio 165

Sex Worker 162

Songde Branch 116

Special Beds 139

Stomach Cancer 175

Streptococcus pneumoniae 153

T

Taipei City Government Enterovirus Control Response Team 156

Taipei City Hospital 108

Tamiflu 160

Tobacco Hazards Prevention 37

Tracer Methodology 129

Tuberculosis 157

V

Vector Control 92

Vector Density Survey 159

Volunteer 74

W

Workplace 55

Workplace Health Promotion 55

Y

Yangming Branch 113

Z

Zhongxiao Branch 114

Zhongxing Branch 109

Annual Report 2007

2007 Public Health of Taipei City Annual Report

Published by : Department of Health, Taipei City
Government

Publisher : Chiu, Allen Wen-Hsiang

Address : 3F Southeast Wing, No. 1, Shifu Rd.,
Xinyi District, Taipei City 11008 Taiwan
R.O.C

TEL : 886-2-2728-7123

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

1st Edition : September, 2008

Outsourcing Company : CABIN, INC

TEL : 886-2-2325-5500



Department of Health
Taipei City Government
September, 2008

