



# Public Health of Taipei City

Annual Report 2008



# Foreword



Health for All

Health and longevity are the inborn rights of every citizen. The responsibility of the Department of Health of the Taipei City Government (hereafter referred to as the Taipei City Health Department or the Health Department) is to protect these rights. For many years, successive commissioners of the Health Department, through the promotion of various health policies, have made all efforts to improve the health status of the citizens. Data of 2007 show that the average life expectancy in Taipei City was 79.69 years for men, and 84.2 years for women. They though exceed those of the Taiwan Area average, they are still behind those of Japan, and more should be done.

Public health policies are promoted based upon the "three-level five-stage" prevention strategies of Leavell and Clark (1965) as follows:

1. Primary prevention: health promotion is the first stage, and special protection is the second stage;
2. Secondary prevention: early detection (diagnosis) and early treatment (disease control) is the third stage; and
3. Tertiary prevention: control of dissemination (disabilities) is the fourth stage, and recovery to normalcy (rehabilitation) is the fifth stage.

Studies have shown that successful implementation of the primary level prevention will considerably contain the costs required for the secondary level prevention. Therefore, in 2008, the Health Department actively expanded the promotion of the "Wellness Card" strategy focusing on health promotion, immunization and cancer screening, to encourage the public to actively devote themselves to the primary level prevention. Through the point-collection mechanism, citizens are entitled to free health examination. We hope that the goal of "more Wellness Card, less Health Insurance Card" can thus be attained.

In the recent years, there has been increase in the "lifestyle-associated diseases." Advocating adequate diet and exercise is the main task of the primary level prevention. Asthma is one of the diseases that have been concerns of the citizens. Investigations of the Health Department in 2007 show that the prevalence rate of asthma in school children had increased from 1.3% in 1974 to 10.8% in 1994, and to 20.3% in 2007. The Health Department has provided a comprehensive health care to school children, and specifically, a "free screening of first grade students for allergies" program for the early detection and early



treatment of asthma. In the primary level prevention, food sanitation, drug management and sanitary management of business establishments are also some important missions of the Health Department to protect the health of consumers through supervision, auditing, and sample-testing.

At the secondary level, to provide high-quality medical care service is the responsibility of the Health Department. Medical care quality of the Taipei City Hospital has been strengthened; and a comprehensive referral mechanism has been established. A "pre-arrival allocation of emergency patients" plan has been initiated to include the eight medical centers and eight regional hospitals together in partnership of cooperation and responsibility to promote care by level and correct referral of patients. This plan has met high approval of the public.

In emergency care, the Taipei City Health Department Emergency Operations Center (EOC) and the Taipei City Fire Department Disaster Response Center work together closely to provide the residents with the best rescue models in the shortest possible time. Bed occupancy of all major hospitals in Taipei City is also controlled to meet the demands of the public.

The elderly above the age of 65 years in Taipei City have already reached 12.3% of the population; and the number of individuals requiring long-term care has increased sharply. For this, a Taipei City Long-Term Care Management Center has been set up under the Health Department with the assistance of the Department of Social Affairs to provide the best services to individuals in need.

In the control of communicable diseases, there had been in 2008 in Taipei City indigenous cases of dengue fever. The Taipei City Government Emergency Operations Center immediately activated the second level alert. Through the efforts of all persons and organizations concerned, it was for the first time disease control message was transmitted to the residents through mobile phones to urge them to work together in the control of dengue fever.

In retrospect, the Health Department has made all efforts to provide the citizens with most desirable health care from womb to tomb. All programs, either continuing or innovative, focus primarily on the health of the residents. In the future, the Department will concentrate on "prolonging healthy life expectancy; upgrading quality of life" as its vision in the planning of program activities.

This volume of "Public Health of Taipei City" documents the achievements in health and medical care of the Taipei City Health Department and its subordinate organizations for the year 2008. They should also serve as a reference in the planning of future programs. I thank the citizens and leaders at all levels for their support and guidance and look forward to more suggestions from you.

Commissioner

Department of Health

Taipei City Government

# Table of Contents

## **Part 1 Introduction 10**

**Chapter 1 Organization 11**

**Chapter 2 General Status of Manpower 14**

**Chapter 3 Health Expenditures 14**

**Chapter 4 Service Quality 15**

Section 1 General Improvement of Service Quality 15

Section 2 Service Effectiveness 16

**Chapter 5 Health Information Network 17**

Section 1 Development of Information Systems 17

Section 2 Cooperation with the Plan of the Department of Health,  
Executive Yuan 18

Section 3 Working in Line with the Plan of "Setting up a Single  
Sign-in Page and Integration of the Contents" 18

Section 4 Promotion of Public Health Information 19

Section 5 Internet Service 20

Section 6 Information Training 21

## **Part 2 Shaping Healthy Lifestyles of the Citizens 22**

**Chapter 1 Health Promotion and Maintenance 23**

Section 1 Maternal and Child Health and Genetic Health 23

Section 2 Healthcare for Children and Adolescents 25

Section 3 Healthcare for Adults and the Elderly 30

Section 4 Healthcare for Indigenous Peoples 32

Section 5 Promotion of the Wellness Card 33

Section 6 Health Fitness	34
Section 7 Tobacco Hazards Prevention	35
<b>Chapter 2 Screening and Follow-up Care</b>	<b>40</b>
Section 1 Disease Screening for Adults and the Elderly	40
Section 2 Health Examination for the Elderly	41
Section 3 Cancer Control	41
Section 4 Healthcare for Residents of Radioactive Buildings	49
<b>Chapter 3 Integrated Health Care</b>	<b>49</b>
Section 1 Joint Health and Medical Care Network	49
Section 2 Household Health Management	50
Section 3 Community Healthcare Network	50
<b>Chapter 4 Community-Based Healthy Environment</b>	<b>51</b>
Section 1 Healthy City	51
Section 2 Safe Community	52
Section 3 Health Promotion at Workplace	54
Section 4 Community Health Building	55
<b>Chapter 5 Health Centers</b>	<b>56</b>
Section 1 Management of Health Centers	56
Section 2 Functions of Health Centers	58
<b>Part 3 Providing Quality Medical Care Services</b>	<b>61</b>
<b>Chapter 1 Early Care of Children and Medical Subsidies</b>	<b>61</b>
Section 1 Assessment and care of Children of Retarded Development	61
Section 2 Medical Subsidies for Children	62
<b>Chapter 2 Mental Health and Suicide Prevention</b>	<b>63</b>
Section 1 Promotion of Mental Health	63
Section 2 Prevention of Depressive Disorders	66

Section 3 Suicide Prevention	66
Section 4 Psychiatric Care and Rehabilitation	68
<b>Chapter 3 Emergency Support and Rescue</b>	<b>70</b>
Section 1 CPR Training for the General Public and Training of Employees of Public Workplaces in CPR and AED	70
Section 2 Strengthening of Pre-Arrival and Post-Arrival Emergency Care Quality	72
<b>Chapter 4 Long-Term Care</b>	<b>73</b>
Section 1 Taipei City Long-Term Care Management Center	73
Section 2 Home Care	74
Section 3 Institution-Based Respite Care Services	75
Section 4 Rehabilitation Services in Community	75
Section 5 The Angel Volunteer Services	75
Section 6 Music Healthcare for the Mild and Moderate Dementia Elderly	76
<b>Chapter 5 Management of Medical Institutions and Personnel</b>	<b>76</b>
Section 1 Improvement of the Quality of Medical Care Institutions	76
Section 2 Improvement of the Quality of Nursing Care Institutions	79
Section 3 Improvement of the Quality of Psychiatric Rehabilitation Institutions	79
Section 4 Registration for Practice of Medical Personnel and Training	79
<b>Part 4 Safety Network of Food and Drugs – Building a Healthy Consumer Environment</b>	<b>83</b>
<b>Chapter 1 Establishing a Joint Inspection System – Strengthening the Learning-Type Organization</b>	<b>83</b>
Section 1 Safeguard the Safety of Food and Drugs	83
Section 2 Training to Improve Quality of Inspection	85
<b>Chapter 2 Management of Pharmaceutical Affairs</b>	<b>86</b>
Section 1 Inspection and Examination	86

Section 2 Census of Pharmaceutical Dealers and Pharmacies	88
<b>Chapter 3 Management of Food Sanitation</b>	<b>88</b>
Section 1 Inspection and Examination	88
Section 2 Plan on the Prevention of Food Safety and Maintenance of Public Safety	89
Section 3 Food Sanitation Volunteers	90
<b>Chapter 4 Building a Healthy Consumer Environment</b>	<b>90</b>
Section 1 Management of Advertisements of Drugs, Cosmetics and Food	90
Section 2 Five Serves of Vegetables and Fruit a Day	91
Section 3 Promotion of the Healthy New Dietary Culture	92
Section 4 Sanitary Management of Business Establishments and Promotion of the Self-Management of Sanitation, the OK Certification System	93
Section 5 Management of Complaints and Disputes	93
<b>Chapter 5 Building a Healthy Safe Drug-Use Community</b>	<b>94</b>
Section 1 Education on Safe Drug-Use and Control of Drug Abuse	94
Section 2 Release of Prescriptions and Medicine Home Delivery Service	95
Section 3 Smoking-Cessation Counseling Stations in Communities	96
Section 4 Promotion of Pharmaceutical Counseling Services for Long-Term Care	97
<b>Chapter 6 Laboratory Testing</b>	<b>98</b>

## **Part 5 Improvement of Municipal Hospitals and International Medical Care Service 101**

<b>Chapter 1 Promotion of International Cooperation and Exchange in Health</b>	<b>102</b>
Section 1 Subsidies to the Holding of International Conferences	102
Section 2 Operating International Medical Support	103

Section 3	Development of Quality Medical Management Manpower in the Taipei City Hospital	105
Section 4	Development of International Tourism-Cum-Medical Care Services	105
<b>Chapter 2</b>	<b>Sales and Promotion of Health and Medical Care</b>	<b>107</b>
<b>Chapter 3</b>	<b>Public Health and Medical Care of the Taipei City Hospital</b>	<b>108</b>
<b>Chapter 4</b>	<b>Outsource Operative Hospitals</b>	<b>128</b>
Section 1	Taipei Municipal Wanfang Hospital	128
Section 2	Taipei Municipal Guandu Hospital	142

## **Part 6 Strengthening Communicable Disease Control Network 150**

<b>Chapter 1</b>	<b>Immunization</b>	<b>151</b>
Section 1	Immunization against Influenza	151
Section 2	Immunization of Children of High-Risk Groups against Streptococcus pneumoniae	151
Section 3	Hepatitis Control	151
Section 4	Human Papillomavirus Immunization	152
<b>Chapter 2</b>	<b>Control of Communicable Diseases in Community</b>	<b>153</b>
Section 1	Control of Enterovirus Infection	153
Section 2	Control of Tuberculosis - the DOTs Plan	154
Section 3	Control of Dengue Fever	156
<b>Chapter 3</b>	<b>Control of H5N1 Influenza</b>	<b>159</b>
<b>Chapter 4</b>	<b>Harm-Reduction against AIDS</b>	<b>160</b>



## **Part 7 Health Statistics 162**

### **Chapter 1 The Population 163**

Section 1 Population and Life Expectancy at Birth 163

Section 2 Population Structure 164

### **Chapter 2 Medical Affairs Statistics 166**

Section 1 Number of Medical Care Institutions 166

Section 2 Number of Hospital Beds 168

Section 3 Hospital Services Capacity 170

Section 4 Medical Personnel 171

### **Chapter 3 Causes of Death 172**

Section 1 Ten Leading Causes of Death and their Changes 172

Section 2 Ten Leading Causes of Cancer Deaths 175

## **Appendix: Chronicle of Major Events 178**

## **Index 190**

Part 1

# Introduction



# Part 1 Introduction

## Chapter 1 Organization

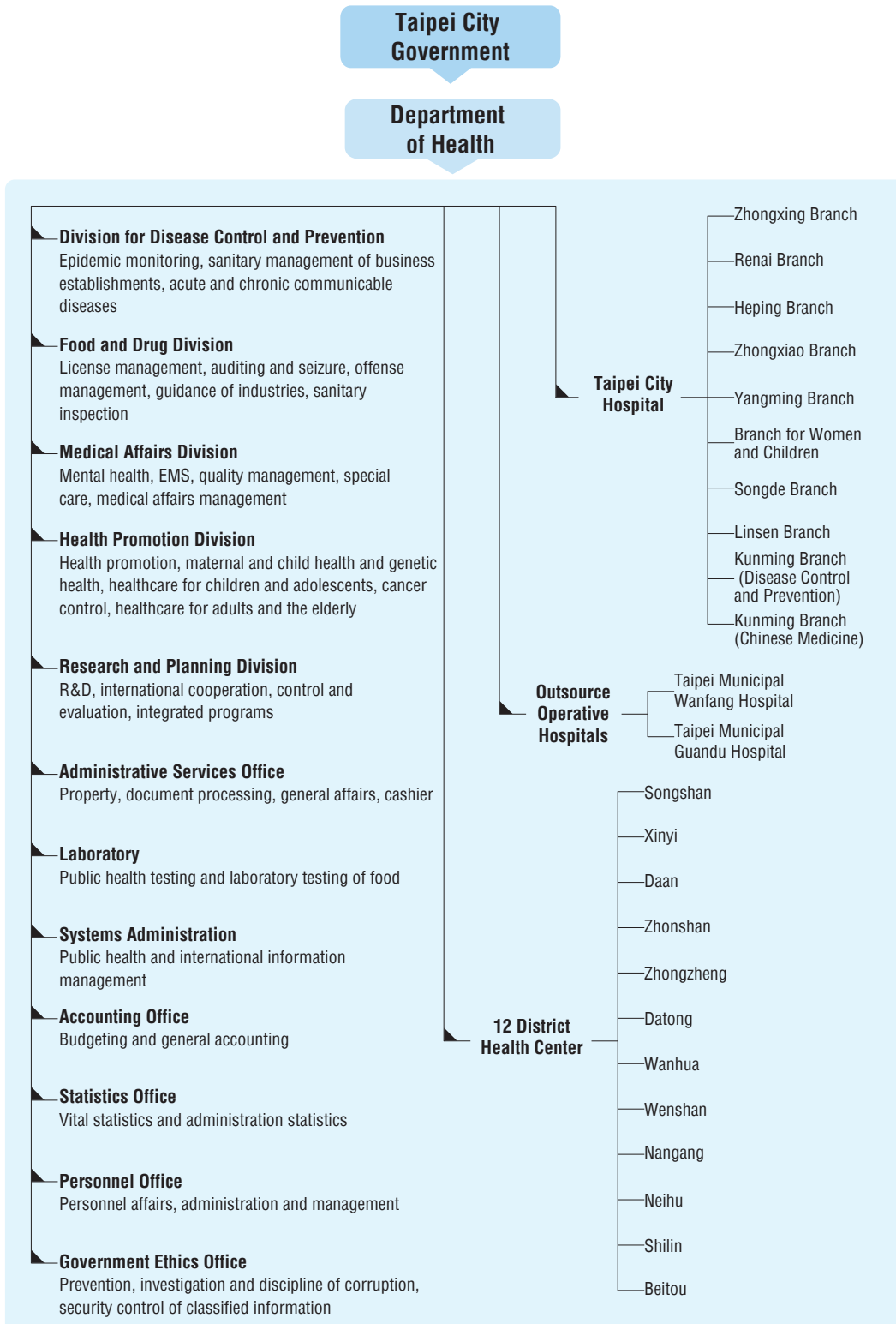
Taipei City was upgraded to a national municipality in 1967. However, the organizational framework of the Department of Health of the Taipei City Government (hereafter referred to as the Taipei City Health Department or the Health Department) and its subordinate medical care institutions followed primarily 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 face 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 then taken in 2003 and 2004 to review and reform 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 to five divisions and seven offices; the ten medical care institutions were integrated into the Taipei City Hospital; and the 12 district health stations 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 under Fu-Fa-3 Order No. 093127283000, effective on January 1, 2005.

After the restructuring, the Taipei City Health Department now has five divisions and seven offices. The Division for Disease Control and Prevention is in charge of epidemic monitoring, investigation, training and infection control in hospitals, planning and implementing immunization policies, prevention and control of communicable diseases and emerging diseases in communities, disease control for alien laborers 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 Service Office handles management of properties, documentation 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 food 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 of 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 supervision and planning for the overall management strategies.

The health stations are reorganized into health centers. The organization, missions and functions of the new centers are different from those of the original stations. 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 workplaces, management of volunteers, promotion of breast-feeding, prevention of accidents and injuries, promotion of community mental health, and health education on specific health issues. The disease control functions of the original health stations now come under the Division for Disease Control and Prevention of the Health Department and the Disease Control Branches of the Taipei City Hospital.



Organization of the Taipei City Health Department, 2008

## Chapter 2 General Status of Manpower

### 1. Positions of Health Manpower

By positions, of the 2,952 employees of the Department (not including those of the Municipal Wanfang and Guandu hospitals that are commissioned out), there are 12 senior-rank officers, accounting for 0.41% of all; 438 recommended-rank officers (14.84%); 223 commissioned-rank officers (7.55%); 29 employees (0.98%); and 2,250 medical personnel (76.22%).

### 2. By Education

Of the existing health personnel (not including those of the Municipal Wanfang and Guandu hospitals), 314 persons hold either a doctor's or master's degree, accounting for 10.64% of all; 1,149 persons hold a bachelor's degree (38.92%); 1,229 persons hold a diploma of junior college (41.63%); 258 persons are graduates of senior high schools (8.74%); and two with other academic background (0.07%).

### 3. By Qualifying Education

Not including those of the Municipal Wanfang and Guandu hospitals, 553 persons of the existing health manpower of the Health Department are qualified by national examinations, accounting for 18.73% of all; 447 are qualified by general examinations (15.14%); 81 are qualified by special examinations (2.74%); 609 are qualified by other examinations (20.63%) (such as the elementary and promotion examinations); and 1,262 persons are employed under other regulations (42.75%).

## Chapter 3 Health Expenditures

### 1. Budget for Health and Medical Care

Budget for health and medical care for the fiscal year 2008 was NT\$4,362,170,000, accounting for 2.87% of the total City Government annual budget of NT\$152,137,250,000. Expenditures from the medical care funds were budgeted for NT\$11,999,120,000.

### 2. Final Account of Health and Medical Care Expenditures

Health and medical care expenditures for the fiscal year 2008 were NT\$4,314,920,000, accounting for 2.91% of the total expenditures of

NT\$148,199,800,000 of the Taipei City Government. Total expenditures from the medical care funds were NT\$12,120,220,000.

## Chapter 4 Service Quality

### Section 1 General 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, management of business establishments, management of drugs, cosmetics and food sanitation, and the promotion of various public health policies.

To continue to upgrade service quality and to make more accessible to the public medical care resources, and to build together with the people a healthy living environment, in 2008, the Health Department and its affiliated organizations, holding to the concepts of everlasting improvement and innovation, made all efforts to implement programs in accordance with the service quality plans formulated by the Taipei City Government. The Xinyi District Health Center was thus awarded excellent prize for its performance, and was recommended to participate as a front-line service organization in the Service Quality Award sponsored by the Executive Yuan.

To continue to improve service quality, to activate functions of organizations, and thus to provide the public with high-quality health and medical care services, the Department has formulated a "plan to improve service quality" for implementation by the Health Department and its affiliated organizations. Relevant programs have been modified and formulated in accordance with plans of the Research, Development and Evaluation Commission of the Executive Yuan and the Research and Evaluation Council of Taipei City to supervise the implementation by the affiliated organizations and divisions and offices for better services to the people.

To assure that organizations process 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, file management, and handling of classified documents. In 2008, the Department was assessed excellent for document management by the Taipei City Government.

For the inspection and evaluation of various program activities, and to follow-up their progress, an index management system has been established. In 2008, 144 indexes had been set up. Reports on progress are presented and discussed at the monthly staff meetings. Programs that have lagged behind (80% of the goal) are reviewed and improvement strategies made for goal attainment and to meet the demands of the public.

## Section 2 Service Effectiveness

The Department has, for many years, made all efforts to realize the three-level five-stage concept of public health, and to integrate in all program activities the ideals of the Ottawa Outline of the World Health Organization, that is, to attain the goals of health promotion through the formulation of public policies on health, to build supportive environment, to strengthen community participation, to enhance individual capabilities, and to adjust orientation of healthcare services and thus to attain the goal of health promotion, 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.

By the evaluation regulations of the program implementation plans for 2008, three programs, "promotion of the wellness card in 2008," "international certification for healthy city and safe community" and "promotion of industries in Taipei City, a pilot project on hot spring tourism and health examination," were chosen for evaluation. Through efforts of all organizations concerned, the goal has been reached on schedule.

The Department also won the first prize in the first group for Pharmaceutical Affairs, second prize in the first group for Controlled Drugs, third prize in the first group for Food Sanitation of the 2007 evaluation of local health organizations organized by the Department of Health of the Executive Yuan. The Xinyi District Health Center



Awards to innovative proposals at the City Government meeting



won the excellent award of the "Foreign Language Environment" of the "Third Golden Health Center Award" organized by the Bureau of Health Promotion of the Department of Health, the Executive Yuan. The Department has once again demonstrated, within the limited available resources, her outstanding achievements in bringing about more comprehensive medical care services to the public.

In 2008, the Department recommended to the Taipei City Government four projects for the innovative idea award. Of them, the "promotion of the wellness card and self-care of health by the public" won the excellent prize; the "promotion of industries in Taipei City, a pilot project on hot spring tourism and health examination" won the good work prize of innovation, and the "Wanhua District women-friendly examination" and "screening of 0-6 year children of the new immigrants for retarded development and family-oriented treatment model" won the good work prize of the Advancement Award.

## Chapter 5 Health Information Network

The primary functions of the 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 services of the Department, through transparency of information and sharing of medical care resources for the consistency, accuracy and real-timeliness of information, action has been taken step by step to integrate cross-departmental information and application systems and thus 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 Administrative Information System inaugurated in 2008 makes the follow-up of meetings, and the management and reporting of meetings more precise and convenient. The Working Schedule of the Department was renamed "Chronicle of Major Events" in January 2008 to include major events of the Department, the Taipei City Hospital, and the health centers during the year and

also any documents and files online to help divisions and institutions concerned store and manage their information and to set up their own blogs. The Online Reporting System allows health centers and hospitals to report online the number of training sessions organized for CPR and AED. Tables and charts can also be prepared to understand the status of manpower resources.

The Communicable Disease Information Integration System establishes links for disease control information. Information is periodically uploaded and integrated on the existing GIS system of the Department, to understand and follow-up the epidemic situations, and also to respond to the public's inquiries on information of disease control. 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 2008, 1,725 medical institutions had been in use of this system for a total of 22,107 applications.

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

Work is continued to coordinate with the sub-systems of "reporting for suicide prevention," "reporting and integration of psychiatric care," "online application for medical advertisements," "online account application for medical care institutions" and "long-term care information system" under the Health Information Network Reporting 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. 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 to 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 Contents"**

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 system

for health workers, counties and cities have integrated their existing systems with other information systems to set up their exclusive portals. In this way, reporting of health information is linked for direct communication with health bureaus and health stations to facilitate administrative efficiency. This System 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, a project, "Wellness Card Points Collection," has been carried out to encourage citizens to accept immunization on regular basis, to self-manage their own health through screenings for five major cancers and three-highs, high blood pressure, high cholesterol and high blood lipid, or to attend health seminars or participate in health promotion activities, or to serve as health promotion volunteers. The points earned on the Wellness Card can be accumulated and used for health promotion and protection care services when in need. Through this Wellness Card mechanism, citizens are encouraged to fully utilize the healthcare services offered by the health centers. In addition, to strengthen the management of the "system for the management of the re-issuance of certificate for medical subsidies to children" to assure the accuracy of the issuance of certificates, work is continued to maintain the certificate system and the management databank 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. With the certificates, 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 the early intervention of children of retarded development" to guarantee the accuracy of subsidies and to effectively control claims and thus to reduce wastes in medical care resources. The processing of application is computerized; the work efficiency of the Department and the medical care institutions is 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>) is maintained. New information on health and health-related activities is posted everyday in colors and pictures, rich in contents and clear at a 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 the e-bulletin." By the end of December, 3,515 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, 25,235 inquiries had been received. Information on difficult and complicated health and medical problems can be found online to help people access to health and medical information online. The web pages are more lively and vivid, and the contents have been adjusted.

The "express news" on the front page has information on the recent activities of the Department and issues most interesting to the public. Viewers can quickly access to the most updated 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 "issue-specific" page integrates issue-specific service centers and health information. In addition to the original issues of "breast-feeding," "emergency medical care" and "a special page for the new immigrants," two more issues, "melamine-contaminated dairy products" and "healthy diet: five serves of fruit and vegetables a day" were added in 2008 to make available more health information to the public.

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.

The health information website that is tailored to the viewpoint of the public integrates various medical care resources to provide the public with quick and convenient health and medical 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.

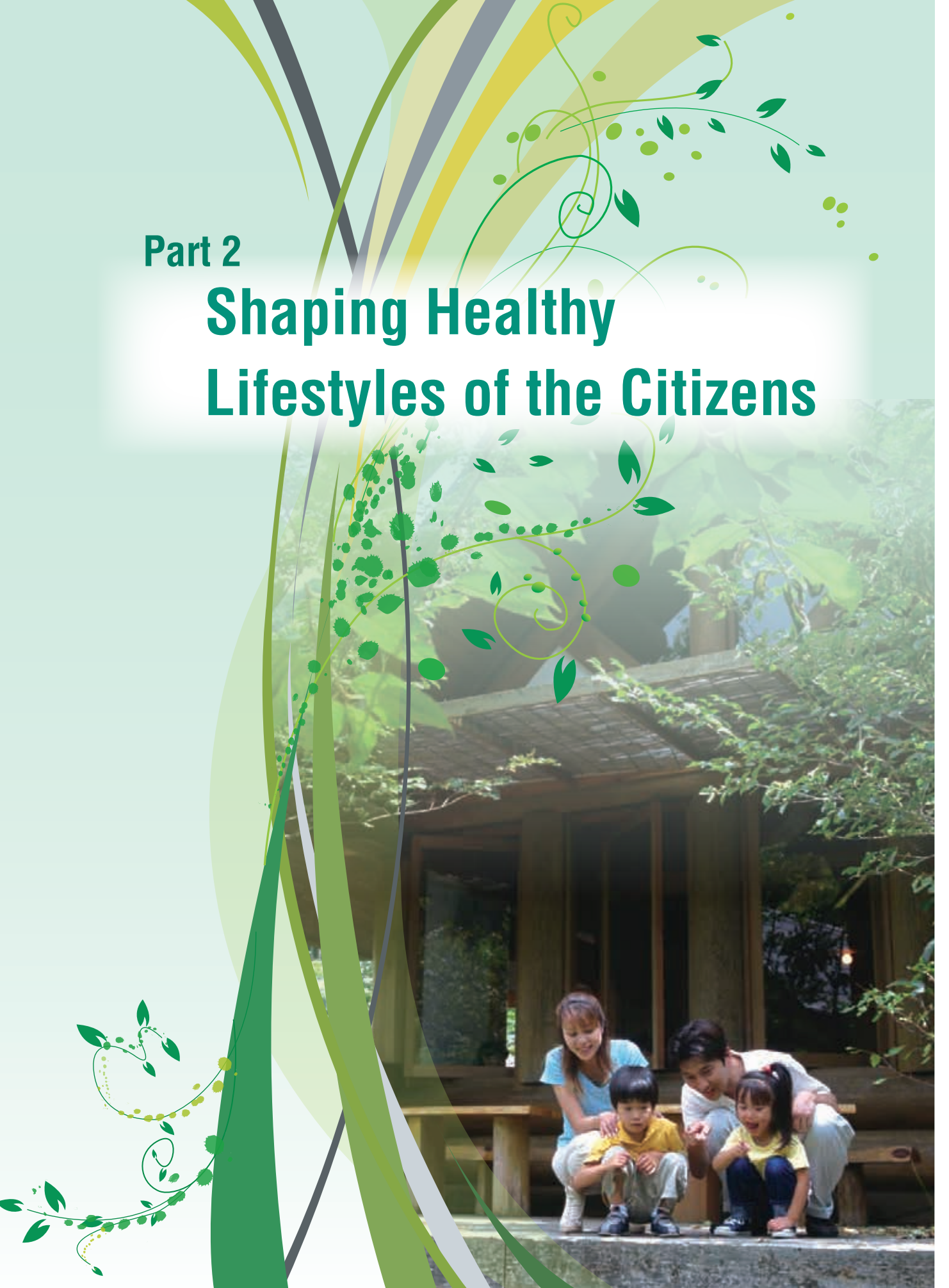
To make available equal information of health and medical care to alien residents in Taipei City, an English-version website is also set up. Alien residents of the City can be equally and fully informed of the health and medical care policies of Taipei City.

## Section 6 Information Training

Facing the era of information, to allow new employees of the Department and its subordinate health centers to quickly adjust to the use of computers in program operation, training on information services has been organized. Teaching materials specifically designed 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 11 subject matters such as "integrated use of Office," "planning and promotion for the management of the City Government website," "the Health Department's website and simple maintenance," "reserve mechanism for programs and databases," "training on the Health Department website," "introduction to the DOH systems (food, controlled drugs and medical affairs systems)," and others. The total hours of training were 105 hours, and the number of participants was 350.

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 other 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 medical costs of the less privileged groups 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 reproductive 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. Home visiting to members of special groups (married mentally retarded couples, the mentally impaired and underage women) is made and subsidies to fertility regulation (such as sterilization, IUD insertion and induced abortion) are provided. In total, 21 cases had been subsidized.

To upgrade the quality of population, subsidies to genetic health services were offered in 2008 for pre-natal genetic diagnosis, screening for Down's syndrome and genetic health examination, for a total of 7,763 person-times, and 21,083 person-times for the screening of the newborns for congenital metabolic disorders. A total of 269 families with children of congenital anomalies and congenital metabolic disorders (suspected) had been followed-up for management to help them accept early treatment and thus to minimize the occurrence of disabilities and 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 2,555 families in 2008. In 2008, 159 families of the 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 9,173 person-times. Bilingual handbooks on health care, genetic health for the newly-weds, health care during pregnancy, healthcare for women and children have been produced. New immigrants supporting groups are set up in the 12 district health centers to conduct 123 educational activities for a total of 2,458 person-times of the new immigrants.

## 3. Breast Feeding

To promote breast-feeding, 19 "mother infant-friendly medical care institutions" were certified by the end of 2008. The valid period of one of them is till the end of 2009; the rest 18 institutions whose validity expired at the end of 2008 have been certified again. Action has also been taken to train 152 breast-feeding volunteers; and supervise public and private organizations and companies to set up 453 breast-milk collection rooms, at a growth rate of 20.2%. The "mother's milk is super" website set up in 2007 has been revised to provide women with information related to breast-feeding, and to improve the knowledge of the public on breast-feeding. Posters on breast-

feeding have been produced and placed in the 12 district health centers for use at time of supervising the establishment of breast-milk collection rooms. Breast-feeding counseling special lines have been set up to provide the women with more accessible and continuing breast-feeding supporting and counseling services. A total of 1,317 person-times of mothers have been served. Training programs have also been organized for breast-feeding related medical and nursing personnel, volunteers and child-care workers for seven sessions for a total of 1,182 participants. Surveys of 24 obstetrics and gynecology medical care institutions in Taipei City on their breast-feeding rates for the period January



Training of breast-feeding education volunteers



through December, 2008, have been conducted. The breast-feeding alone rate of women during hospital care was 57.66%; the breast-feeding alone rate within one month after delivery was 49.03%; the rate within two months after delivery was 39.27%.

## 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 comprehensive and 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 screenings of children 0-6 years old. The Health Department is responsible for the development screening at contracted medical care institutions of 0-3 year old children who have been subsidized for medical costs 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 2008, a total of 30,562 children 0-3 years old had been screened to find 941 of suspected retarded development. They have been referred to the referral reporting center of the Department of Social Affairs for further follow-up and management.
- 2) To upgrade the quality of the preventive healthcare for children in Taipei City, two workshops for the training of seed workers on child development screening and reporting have been organized for 385 participants. Radios, press releases and healthy baby contests have been used to improve the knowledge of the public on children screening.

Bilingual educational materials (Chinese-English, Chinese-Indonesian, Chinese-Vietnamese, and Chinese-Thai) have been produced and videos on the screening of children are posted on website for downloading by medical care institutions and parents, and are also used at time of health examinations, immunization and home-visiting.

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

### **1) Vision 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 held for 800 participants. Proposals for a short video on oral cavity and vision health have been solicited. The video has been shown on the Eastern TV Channel YoYo for 30 times. The drama group has visited kindergartens and nurseries for 16 times.
- (2) Vision screening: In 2008, 39,544 children 4-6 years old in kindergartens and nurseries had been screened for vision, strabismus and amblyopia. In the primary screening, 10,922 children were found abnormal, giving a primary screening abnormal rate of 28%. Of them, 10,845 children accepted a second screening, at a rate of 99.3%; and 8,782 were found abnormal, giving an abnormal rate of 22%.

### **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 years poor coordination in cognition, socialization and emotional development, and the impact is far-reaching.

- (1) Training on the standardization of hearing screening for pre-school age children has been organized to train 140 nursing personnel of the district health centers and temporary employed home visitors. Two workshops on the hearing health of infants and young children

have been organized for 100 participants. Four training courses for teachers and caregivers of kindergartens and nurseries have been conducted for around 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 2008, 16,189 children 3-4 years old had been screened. In the primary screening, 878 children were found abnormal, giving an abnormal rate of 5.0%. Of them, 862 accepted a second screening, at a rate of 98.18%; and 170 were found abnormal, giving an abnormal rate of 1%.

### **3) Oral Cavity Healthcare for Pre-School Age Children**

In 2008, 49,404 children of public and private kindergartens and nurseries in Taipei City had been examined of their oral cavity to find an abnormal rate of 63.76%. To reduce the dental caries rate of young children, the following oral health promotion activities have been carried out.

- (1) Promotion of mouth-rinsing with fluoridated water for the prevention of dental caries: Fluorides are currently the most effective tool for dental caries prevention. The Ministry of Education is promoting a dental caries prevention program by mouth-rinsing with fluoridated water for all primary school children throughout the country. The effective prevention of dental caries and improvement of the cure rate are some important tasks for the promotion of the oral cavity health of children. In 2008, 21,098 children 5 years old in kindergartens and nurseries in Taipei City took part in the mouth-rinsing with fluoridated water project. The practice is 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 mouth. They are, therefore, not included in this project of mouth rinsing. To protect their oral cavity health, Taipei City conducted a special project in 2008 by way of fluoride coating of teeth. A total of 739 disabled children took part in this project.
- (3) To make school children, parents, teachers and caregivers understand the importance of oral cavity health, a series of clean teeth contests of pre-school age children were held. In four primary screenings, six

winners were chosen for the final contest in 18 children's groups and six parent-children groups. At the end, three winners were chosen for the award.

#### 4) Healthy Kindergarten Environment

- (1) The mental and physical development of children affects their learning and personality development in later years. The Department thus initiated in 2002 the first project in the country the plan for the accreditation of healthy kindergarten environment. The project became the "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 safe environment.
- (2) In 2008, 164 kindergartens and nurseries passed the self-management certification. In total, 620 kindergartens and nurseries have passed the assessment since 2007. 74 kindergartens and nurseries have developed their own special features in the areas of vision health, oral cavity health, food sanitation and nutrition, communicable disease control, and accident and injury prevention. 89 project proposals on special feature development have also been received, and 64 were accepted after the review. Their achievements were shared at the 2008 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 and supervised to develop programs of special features for the health promotion of children and adolescents.



Training of seed teachers for health promotion of 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 Heping 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 provide services and give lectures on health promotion.

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

(3) Training of Seed Workers for the Health Promotion of Children and Adolescents 50 have been trained. They visit schools and communities for health education.

(4) Body Weight Control in Primary Schools

There are eight body weight control classes for primary school children. They are, one class each in the Zhongxiao Branch, Renai Branch, Heping Branch, Yangming Branch and Zhongxing Branch of the Taipei City Hospital for a total of 159 participants; two healthy body management classes of the Corporate Everyone Body-Weight Control Foundation for 62 participants; and one class in Health Promotion for Children and Adolescent Lecture Series of the Municipal Wanfang Hospital for 32 participants.

**2) Debate Contest on Sex Education for Senior High and Vocational School Students**

The second Debate Contest on Sex Education for Students of Senior High and Vocational Schools was held on August 16, 2008, at the National Chengchi University. Students from five schools in seven teams took part in this contest. Through debate contests, students are made to personally engage in the collection of information, thinking and discussion, and clear presentation, and thus to understand more the real meaning of sex education. Through public debating, they have the opportunity to clear in their minds the myths and doubts about sexuality and answers to these doubts and thus to develop more positive concepts and attitude 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 about various chronic diseases and their control to minimize complications of these diseases.

### 1. Prevention and Healthcare of Cardiovascular Diseases

To make people understand more about the prevention and care of cardiovascular diseases, in 2008 in the Datong, Wenshan and Neihu district health centers, 127 cases of three-highs and metabolic syndromes were referred to the cardiovascular disease certified institutions for risk assessment for cardiovascular diseases, and were given services by the health promotion support groups; 125 of them were given health education through telephone by the home-visiting workers. In coordination with the World Heart Day and the World Hypertension Day, two promotional activities had been held for 1,560 participants.



The World Heart Day campaigns (October 5, 2008)

### 2. Prevention and Healthcare of Diabetes

In 2008, 12 lectures on diabetes control were held in communities for 850 person-times of participants. To strengthen the self-care capacity of diabetes patients and their families, action has been taken, together with the Department of Health of the Executive Yuan and the ROC Diabetes Society, to hold a "2008 World Diabetes Day" garden party for 2,500 participants.

### 3. Prevention and Care of Dementia

12 lectures on dementia were held in collaboration with the Taipei City Library and its branches for 679 person-times of participants. In response to the international dementia prevention activity, eight film shows on concerns for dementia were held for 910 person-times of visitors. To promote community care for dementia patients, in collaboration with the Taipei City Department of Social Affairs and the day care centers, 34 sessions of community care group activities had been organized for 478 dementia patients.

#### 4. Prevention and Healthcare of Renal Diseases

To improve the knowledge of the public on renal diseases, and in coordination with the World Renal Disease Day, a garden party on "Love Kidney; Care of Kidney," was held together with the Taiwan Renal Disease Society on March 9, 2008, at the Taipei City Zoo for 2,000 participants.

#### 5. Prevention and Healthcare of Asthma and Other Diseases

To improve the knowledge of the public on asthma, a promotional activity, "Join Together for the All-Directional Care of Asthma," was held together with the Taiwan Asthma Education Foundation on May 4, 2008, the World Asthma Day, at the City Hall for 2,000 participants. Together with the branch libraries of the Taipei City Library, a series of 12 lectures on asthma prevention and health promotion were held for 846 participants. In collaboration with the Taiwan Asthma Education Foundation, a series of lectures on health promotion for adults and the elderly were held on October 22 and October 29, 2008, at the Zhongxing Branch of the Taipei City Hospital for the training of 257 asthma prevention workers. To improve the skills of caregivers for the care of stroke and disabled patients, and to improve the life quality of patients and their families, two groups of health promotion for stroke patients were held at the Wenshan and Wanhua district health centers for service to 1,240 person-times of stroke patients and their families.



The World Asthma Day campaigns (October 2, 2008)

#### 6. Health Promotion and Healthcare for Women in Menopause

Through interaction in groups, women in climacteric are helped to build healthy behaviors, learn and face problems derived from menopause, and provide them with support to improve quality of life, and build up positive attitude toward menopause, and thus to strengthen their skills in the self-care of health when menopause period arrives. In 2008, four-menopause specific groups were set up in the Songshan, Zhongshan, Zhongzheng and Nangang district health centers for a total of 582 participants. To improve the knowledge of the public on menopause, in collaboration with the 12 community colleges of Taipei City, a series of 24 lectures on healthcare in menopause, prevention of

urinary incontinence and pelvic cavity exercise had been held for 680 person-times of participants. On the World Osteoporosis Day, in collaboration with the ROC Osteoporosis Society, an activity entitled "Straight up and Shout: Strong Bones" was held at the Sun Yat-sen Memorial Hall for 2,000 participants. Leaflets on "healthcare in menopause," "prevention of urinary incontinence and pelvic cavity exercise," and "osteoporosis" have been produced in 15,000 copies for distribution to the obstetrics and urology clinics and departments, and community women's groups for health education. A website on menstruation and menopause has been set up to post information on the prevention of urinary incontinence and pelvic cavity exercise for the education of the general public.

## **Section 4 Healthcare for the Indigenous Peoples**

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

### **1. Preventive Healthcare Services**

To upgrade the health of the indigenous peoples, community health examinations for the elderly have been conducted for eight times to provide health examinations for the elderly indigenous peoples above the age of 55 years living in Taipei City. In total, 518 persons took part in the examinations. By December 2008, the leading anomalies detected in the health examinations for the elderly indigenous peoples aging 55 and above were abdominal ultrasound (55.05%), colon-rectum examination (39.29%), prostate (38.89%), and systolic blood pressure (38.51%), blood sugar before meal (36.23%), uric acid (34.96%), and periodontal tissues (33.02%). In 2008, 12 lectures on health promotion for the indigenous peoples were held (in five sessions of them, screening for liver cancer and gout for persons aged 40 and above had also been offered at the same time). By December, some 570 indigenous peoples had taken part in this activity. Household health management is also provided for, by December 2008, 10,447 person-times.



## 2. Health Promotion Activities

By the 2003 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 mental and physical health problems derived from specific ethnical and cultural features" for intensified care. On March 23, 2006, it was announced that the unusual mental and physical health problems of indigenous peoples derived from special ethnical and cultural features are nine: 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 ulcers.

Health promotion activities have been continued. In 2008, 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 people aged 40 and above, chest x-ray examination, colon-rectum cancer screening for people aged 50-69, mammography examination for women 30 years and above, Pap-smear examination, three-in-one screening (for blood pressure, blood sugar and cholesterol), for a total of 570 persons.

## Section 5 Promotion of the Wellness Card

### 1. Point-Collection on the Wellness Card

To make the citizens more health-conscious and thus to earn more health capitals and protect their own health, the promotion of the Wellness Card was expanded on January 1, 2008. Taipei City residents can collect health points 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



Press conference on the Health Cars and the inauguration of the Linsen Branch (October 2, 2008)

the Taipei City community mental health centers. 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 own health. In total, three 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

In 2008, a total of 77,208 cards had been issued, and the total points collected were 214,703. 2,395 persons had collected enough points to visit the Taipei City Hospital for services. Participation in the five major categories was: 78,286 person-times for the screening of five major cancers, 43,011 person-times for immunization, 26,787 person-times for health lectures and health promotion activities, 9,648 person-times for screening of the three-highs, and 9,485 person-times as health volunteers. Survey shows that most of the public are satisfied with the management of the Card and the way services are offered; 92% of those who have accumulated enough 12 points (inclusive) and have either avail themselves to the services or not yet, said they would continue to participate in this project next year, showing that the Card has the high approval of the public. However, of those who have collected 11 (inclusive) points and are not yet entitled to free services, only 60% would wish to participate in this project next year; and 20% of them have not yet made up their mind to participate. The major reason for not participation is not knowing much about the point collection activities. More publicity is needed.

## Section 6 Health Fitness

1. To promote the health fitness of the citizens and thus to



Training of seed volunteers for walking activities (June 24, 2008)

promote their health, walking classes are organized at fixed site and fixed hour in communities to attract 736 additional participants. 2,639 persons have taken part in the health fitness testing; and education on healthy waistline has been given 24,338 person-times. 19,177 person-times have participated in the healthy walking.

2. To plan for the health fitness activities for 2008, a coordination meeting of the Department and the 12 district health centers was held. It was decided at the meeting that the healthy walking activity would be continued; the six sports centers would be coordinated to promote health fitness projects; and the publicity on the healthy waistline would be continued.
3. To promote healthy walking, 121 seed workers have been trained to organize walking activities in communities, workplaces and schools.
4. An 1111 Healthy Walking Day and the 2008 International Healthy Walking Forum were held together with the private sectors resources and the Corporate Hope Foundation. Achievements of the 2007 healthy walking were analyzed and reported.
5. To understand the promotion of health fitness in the 12 district health centers, the Department and health fitness promotion workers of other districts made visits to the districts for mutual learning and exchange.
6. A leaflet in Chinese and English on the theme of "Healthy Walking 123, Convenient and Healthy" has been produced; 2,000 copies of the video have been made; 3,600 copies of the healthy walking map passports have been revised and distributed to the 12 district health centers for health education.
7. 26 demonstration routes for healthy walking have been planned; 26 healthy walking classes have been set up in the 12 district health centers; education on healthy walking have been conducted; seed workers move on to encourage the public for healthy walking to help them develop regular walking habit.

## Section 7 Tobacco Hazards Prevention

The Tobacco Hazards Prevention Act was promulgated in 1997. In order to all-



Swear-in of anti-smoking volunteers (June 2, 2008)

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, to promote, advocate, supervise, assess and inspect smoke-free beauty parlors, smoke-cessation classes, smoke-free workplaces and campuses, and smoke-free hotels and 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 is tailored to 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 create an anti second-hand smoking support environment to eventually build a healthy Taipei City of no tobacco hazards.

## **1. Education on Tobacco Hazards Prevention**

### **1) Promotion of the New Tobacco Hazards Prevention Act**

In 2008, 39 workshops on the new provisions of the Tobacco Hazards Prevention Act were held for 3,550 employees of organizations and schools in Taipei City, tobacco products dealers, hotels and restaurants, and various occupation associations where smoking is prohibited. In May 2008, the Jianguo Jade Market passed a resolution at its general meeting to regulate smoking of vendors and customers.

### **2) Pluralistic Educational Activities on Tobacco Hazards Prevention**

Printed materials in the forms of posters, direct-mail and handbooks in Chinese complex characters, simplified characters, English and Japanese have been printed. A cross-department coordination meeting was held on June 27, 2008, to request departments concerned to help advocate the new provisions of the Tobacco Hazards Prevention Act by way of:

- (1) placing posters, direct-mail and handbooks for the public;
- (2) education through e-bulletin, TV walls and publications;
- (3) making available lists of places and units where smoking is prohibited; consolidation of all available channels for education;
- (4) publicity on the new provisions of the Tobacco Hazards Prevention Act at time of running workshops (for instance, on June 23, at a workshop

for film industries organized by the Taipei City Bureau of Tourism and Communications, the new provisions were explained.)

- (5) in collaboration with private sector industries that are rich in communications resources and willingness to cooperate (such as the Watson's, Cosmed, department stores, shopping malls, chain stores, restaurants, realty dealers, smoke-free workplaces, etc.) to help in the publicity.

**3) Supervision on the Promotion of the Tobacco Hazards Prevention Act**

On-site inspections and supervision of smoke-free places were conducted on December 22, 2008, jointly by 230 members of the divisions of the Department, the 12 district health centers, the inspection team and the expanded service project. Three sessions of training were held on December 19, 23 and 30, 2008.

**2. Building Smoking-Cessation Resources**

**1) Smoking-Cessation Classes**

To encourage smokers to quit smoking and thus to protect their own health and the rights of non-smokers, medical care institutions are consolidated to organize smoking-cessation classes to provide smokers with convenient smoking-cessation services and information. In 2008, 10 medical care institutions in Taipei City organized 15 smoking-cessation classes. In addition, two training courses had also been organized for school teachers and medical personnel on tobacco hazards prevention.

**2) Smoking-Cessation Counseling Stations in Communities**

Resources of 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. 29 community smoking-cessation stations have been set up. Since August 2005 till present, there have been 176 such stations helping people quit smoking. In 2008, services had been offered 594 person-times (including follow-ups of 2007), home-visiting made 433 person-times, and 117 persons had accepted services of the counseling stations. A 16-hour training was held at the Zhongxing Branch of the Taipei City Hospital on July 19 and 20 for 130 participants. Contents of the training included prevention of tobacco addiction, syndromes of cessation, communication skills and drugs for smoking-cessation.

### **3. Building and Promoting a Smoke-Free Environment**

#### **1) Smoke-Free Parks**

To maintain the health of the public, and to prevent them from hazards of second-hand smoking, in 2008 in each of the 12 districts, one additional neighborhood park was chosen as the starting point for building an outdoor smoke-free environment to provide the public with a smoke-free recreation area. In 2008, 12 smoke-free demonstration parks were promoted. They include Fujin No. 3 Park of Sonshan District, Nienru Park in Xinyi District, Fazhi Park in Daan District, Zhongzhi Park in Zhongshan District, Zhongxiao Park in Zhongzheng District, Zhonghe Park in Datong District, Baode Park in Wanhua District, Shiyuan Park in Wenshan District, Dongming Park in Nangang District, Lihu Park in Neihu District, Zhongcheng Park in Shilin District, and Zhenhua Park in Beitou District. Two training sessions for anti-smoking volunteers have been organized to improve their skills in persuading people from smoking. A citation of the anti-smoking volunteers in building smoke-free environments and smoke-free parks was held at the City Hall on June 2<sup>nd</sup>. In October through November, scholars and experts were invited to conduct a questionnaire survey of the public and on-site inspection of the status of the 12 district smoke-free parks to assess the achievements of the project.

#### **2) Smoke-Free Restaurants**

Food and beverage industries in Taipei City are encouraged to participate on their own initiative in the self-management of tobacco hazards. Certification of smoke-free restaurants is actively promoted to protect and promote the health rights of the citizens, and to construct restaurants free from second-hand smoking. In 2008, 409 restaurants had applied for the assessment, and 370 of them had been qualified.

#### **3) Smoke-Free Campuses**

In collaboration with the "health promoting school" project of the Taipei City Education Department, work has been done to promote anti-smoking in schools below senior high and vocational schools in Taipei City to provide students with smoke-free learning and growing environments. In 2008, in collaboration with the Heping Branch of the Taipei City Hospital, a training camp for volunteers in the promotion of anti-smoking in adolescents was organized. The health promotion model was applied

to build in 30 schools smoke-free environments. Education on the prevention of tobacco hazards has been organized in collaboration with community resources and private sector organizations in communities, schools and workplaces to strengthen the understanding of the public on tobacco hazards prevention, and to help them refuse smoking. In 2008, 510 sessions of lectures and promotional activities on tobacco hazards prevention had been held in schools.

#### **4) Smoke-Free Workplaces**

Public and private enterprises in Taipei City are encouraged to join on their own initiative in the self-management of tobacco hazards prevention. Certification of smoke-free workplaces is actively promoted to maintain and promote the health rights of the citizens, and to provide the public with workplaces of no second-hand smoking. In 2008, 162 more smoke-free workplaces were added. On December 11 at the City Hall, a meeting was held to issue certificates of smoke-free workplaces; the new provisions of the Tobacco Hazards Prevention Act were also explained.

### **4. Inspection on Tobacco Hazards**

#### **1) Enforcement of the Tobacco Hazards Prevention Act**

The goals are to realize the inspections and seizure of violations of the Tobacco Hazards Prevention Act, and supervision of industries to comply with laws and regulations, and thus to protect and maintain the health of the citizens and to build a smoke-free healthy city.

- (1) Promotion of the self-management of tobacco hazards prevention:  
Work has been continued to promote government organizations and private sector groups to join in the self-management of tobacco hazards prevention. In total, 834 units have on their own initiative taken part in the prevention of tobacco hazards in their workplaces to build a smoke-free environment. One training session on the self-management of tobacco hazards prevention was organized.
- (2) Inspections on tobacco hazards: In 2008, a total of 53,922 cases had been inspected; of them, 1,056 were found in violation of regulations.
  - i) 2,924 inspections were made of advertisements on tobacco products; and one was seized;
  - ii) 4,166 inspections on sales of tobacco products to individuals of unidentified ages were made. 10,307 minors under 18 years were

found smoking, and 984 of them were punished. 13,241 smokers were inspected, and one was found in violation of regulations. 2,685 persons were found to supply tobacco products to minors, and 30 of them were punished.

- iii) 12,598 inspections were made on places without significant signs of no-smoking, and one case was punished. 3,679 inspections were made on smoking areas (rooms) without distinct partitions or signs, and 39 cases were punished. 2,229 inspections of no health warnings on tobacco products, and 2,093 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 of diseases 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 2008, a total of 114,449 persons had been screened, at a screening rate of 18.90%. Of them, 32,680 persons were detected of abnormal blood pressure, 4,871 persons with abnormal blood sugar, and 8,993 persons with abnormal cholesterol level. Abnormal cases have been referred for care and follow-up at a rate of 99.88%.

#### 2. Screening for Dementia

In 2008, in coordination with the free health examination for the elderly and home visits by the 12 district health centers, or the various activities in communities, the Short Portable Mental State Questionnaire (SPMSQ) or the Mini-Mental Status Examination (MMSE) was administered for the preliminary screening of the elderly in the high-risk groups (aged 65 and above with histories or family histories of heart disease, diabetes, hypertension, high blood lipid, arteriosclerosis, Parkinson's disease, or stroke) for dementia. In total, 52,719



person-times had been screened; and 1,871 persons were detected abnormal. Information on medical care, health education and follow-up for care has been offered by either the contracted health examination hospitals or the 12 district health centers. The follow-up rate was as high as 90.98% (less 74 deaths and 378 under institution care after the follow-up). After follow-up for medical care, 116 had been confirmed dementia. They were placed under case-management by the 12 district health centers and referred to relevant resources for further care.

## 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 peoples above the age of 55 years registered in Taipei City in 2008. In 2008, a total of 46,834 out of 47,070 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 in Taipei City is subsidized when they visit the clinics of the 12 district health centers for medical care. A total of 32,000 person-times of the elderly have been subsidized.

## Section 3 Cancer Control

To help people develop correct ideas about cancer control, and to understand the importance of early detection and early treatment, various cancer control programs such as Pap-smear screening for cervical cancer, mammography examination for breast cancer, screening of high-risk groups for liver cancer and colon-rectum cancer, and screening for oral cavity cancer have been implemented.

### 1. Cancer Medical Care Network

- 1) A meeting of the Cancer Control Medical Care Network Advisory Committee of Taipei City was held on November 10, 2008. Seven hospitals in Taipei City are 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 are designated by the Bureau of Health Promotion of the Department of Health, the Executive Yuan, as contracted certified hospitals for breast x-ray image medical care institutions.

- 3) 18 hospitals in Taipei City are 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 sector organizations join together to promote education focusing on women who have not accepted Pap-smear testing in the last three years; and to strengthen supervision of the National Health Insurance contracted public and private hospitals and clinics to provide one Pap-smear testing each year for women above the age of 30 years. Stations are set up in communities to improve screening rate. In the period between 2006 and 2008, a total of 834,203 person-times of women had been 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 actively practice various management and educational measures, and to set up quick screening

clinics to provide the public with no registration, smear collection and testing on arrival quick services to encourage women to accept the screening. Medical care institutions have also been supervised to set up automatic display systems (21 by the end of 2008; the Tri-Service General Hospital won the 2008 excellence prize of the Bureau of



Press conference on women cancer control and preventive healthcare for employees of the City Government (August 1, 2008)

Health Promotion of the Department of Health, the Executive Yuan, for an automatic display system set up for the Pap-smear testing clinic; the Women and Children Branch of the Taipei City Hospital won the outstanding prize; and the Hexin Hospital and Boren Hospital passed

the accreditation). Women visiting other departments for care are also encouraged to accept Pap-smear testing. At the time of income-tax returns, education is intensified and services are offered in communities. In 2008, a total of 25,977 women had been screened to detect 1.78% of abnormal cases; and 26.9% of positive cases had been referred and followed-up.

## 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 are joined together to set up screening spots at time of major events such as the income-tax returns and other festivals in neighborhood, schools, organizations, and district administration centers. Positive cases are followed-up.
- (2) A "win NT\$ 10,000 through Pap-smear testing" project is conducted to encourage women who have not accepted Pap-smear testing for the last three years to accept regular testing. Prize-drawing was held on June 16, September 16 and November 17. In the year, 31 persons had won the NT\$ 10,000 prize.
- (3) To improve the coverage rate of Pap-smear testing, during the month of the theme, various communication channels are used and resources of contracted medical care institutions are mobilized to provide women with more accessible and convenient screening services. On the occasion of the International Breast Cancer Control Month, a series of activities have been organized to advocate cancer control for women. During the month, 5,188 women had accepted Pap-smear testing and 1,257 women, breast ultrasound examination.
- (4) To provide more services and to care for the health of the female employees (and their dependents) of



Press conference on women cancer control and the initiation of the health-concern vans (October 13, 2008)

the Taipei City Government, in 2008, screening services for female cancers were provided. On Wednesday morning of the third week of each month at the dispensary in the City Hall, screening services for female cancers are offered. In the period between September and November, 178 women had accepted Pap-smear testing, and 248 women, breast ultrasound examination.

- (5) To improve the quality of cancer screening services for women in medical care institutions of Taipei City, to improve the Pap-smear testing rate, and to strengthen the follow-up systems of Pap-smear testing positive cases, a demonstration and citation meeting of outstanding medical care institutions in the prevention of cervical cancer and breast cancer was held at the Cathy General Hospital. Some 100 medical care institutions were present at this meeting.

### **3. Prevention and Control of Breast Cancer**

#### **1) Mammography Examination**

Since July 2004, mammography examination has been reimbursable under the National Health Insurance. In January through December 2008, a total of 23,345 women aged between 50 and 69 had accepted the examination, to give an abnormal rate of 12.23%. 115 were diagnosed breast cancer, and 4.03% of the positive cases had been followed-up and referred for care.

#### **2) Education on Breast Cancer Control**

- (1) On April 12, 2008, in coordination with the P&G Company's "Six Minutes to Save Your Life" campaign, a series of screening and health-related counseling were held at the Shing-Kong Department Store in Xinyi District to provide on-spot Pap-smear screening, and screening for oral cavity cancer and colon-rectum cancer. Breast cancer screening by breast ultrasound was offered at the same time by the Breast Cancer Control Foundation. On the day, 583 person-times of people accepted the services (97 persons for Pap-smear testing, 280 for the screening of oral cavity cancer, 34 for the screening of colon-rectum cancer, and 172 for the ultrasound examination).
- (2) On May 3, 2008, in collaboration with the P&G Company's "Six Minutes to Save Your Life" campaign on mother's day, a series of female cancer screening and related counseling were held at the Dazhi Géant Store hoping to help more women in the prevention of

cervical cancer and breast cancer. On the day, 160 person-times of women had accepted the services (74 for Pap-smear testing and 86 for breast ultrasound examination).

- (3) To improve the screening coverage rate, on September 21, 2008, in collaboration with the Éstee Lauder Company's "2008 Breast Cancer Control Day" campaign, a series of female cancer screening and related counseling were held at the Warner Square. Breast cancer screening by ultrasound and Pap-smear testing services were offered on the spot, hoping to help more women in the prevention of breast cancer and cervical cancer. On the day, 171 person-times of women had accepted the services (79 for breast ultrasound examination, 34 for Pap-smear testing, 34 for bone density examination, and 58 for oral cavity mucus membrane examination).
- (4) To improve the health of the citizens, to serve women suffering from cancer and help them live a happy life, to increase their confidence and hope, to make patients and families understand more about cancer, and to offer quality care to cancer patients, a "Love Yourself; Embrace Happiness" cancer control lectures and meetings of patients and families were held on October 29, November 8 and November 25 at the Chang Gung Memorial Hospital and the National Taiwan University Hospital.
  - i) Queries were answered by specialists to remove the fear and myths of the patients with diseases;
  - ii) By sharing of experience, patients learned to share their experience of adjustment and changes of life after becoming ill; their stress was relieved; they encouraged each other, and their social support was strengthened, their confidence intensified.
  - iii) Dietitians were invited to talk on "daily life care of cancer patients and their diet," to help patients and families reduce their fear over cancer and improve their care quality and diet. A total of 298 persons took part in this activity.

#### **4. Prevention and Control of Oral Cavity Cancer**

##### **1) Screening of Oral Cavity Mucus Membrane**

Between January and December 2008, a total of 40,306 persons had been screened; of them, 301 were found positive, and 297 had been followed-up, at a follow-up rate of 98.67%. 20 of them were diagnosed

oral cavity cancer. The goal was attained 114.44%. On December 15, a citation ceremony of outstanding medical care institutions in the screening for oral cavity cancer was held; and 69 medical care institutions were cited.

## **2) Betel-nut Chewing Cessation Classes**

- (1) In 2008, the 12 district health centers, the Taipei City Hospital and the ROC Cancer Screening Center had been joined together to hold 14 betel-nut chewing cessation classes for employees of the environmental protection bureau, the police bureau, the public works bureau and the general public for 153 participants. 91 of them had succeeded in quitting betel-nut chewing, at a quitting rate of 60%.
  - (2) 66 betel-nut chewing cessation volunteers had given face-to-face education to 109 chewers; of them, 40 had succeeded in quitting the habit, giving a quitting rate of 37%.
  - (3) On December 15, 2008, a presentation and citation ceremony was held at the City Hall to present the achievements in 2008 of the betel-nut chewing cessation classes. Successful quitters were invited to share their experience.
- 3) To improve the professional skills of the medical personnel on the prevention of betel nut and control of oral cavity cancer, one training course was organized for 137 participants.**
  - 4) Betel-nut-free workplaces were promoted in six units (four of the environmental protection bureau, one of the police bureaus, and one private sector enterprise).**
  - 5) The MRT light-boxes had been used to place posters for one month; educational materials had been produced to improve the understanding of the public on oral cavity health.**

## **5. Prevention and Control of Liver Cancer**

In 2008, screening services for live cancer had been offered 5,383 person-times. Of them, 537 persons were detected hepatitis B carriers, 116 hepatitis C carriers, and 11 hepatitis B+C carriers. Through abdominal ultrasound examination, 124 persons were found with fatty liver, 15 with blood vessel carcinoma, 5 with liver cirrhosis, and one with liver cancer.

## **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 during January and December 2008 for 28,814 persons. Of them, 1,142 were detected positive; and 30 were confirmed of colon-rectum cancer, and 481 had colon polyps.

- 2) For the smooth operation of the screening for colon-rectum cancer, a coordination meeting on the screening of colon-rectum cancer was held on January 28, 2008, at the Xinyi District Administration Center. 19 persons from the 12 district health centers, the Taipei City Hospital, and the Health Promotion Division of the Taipei City Health Department were present at this meeting.
- 3) A meeting to present the operation of the screening of colon-rectum cancer and liver cancer was held on February 20, 2008, for 23 participants of the Taipei City Hospital, the 12 district health centers and the Health Promotion Division of the City Health Department.
- 4) To improve the follow-up rate of positive cases detected by the colon-rectum cancer screening, the first meeting of hospitals in the follow-up, referral and confirmation of positive cases detected through screening was held at the Xinyi District Administration Center for representatives of 20 medical care institutions and the 12 district health centers.
- 5) A seminar on ways to improve the follow-up rate of positive cases detected by the colon-rectum cancer screening was held on April 15, 2008, at the Xinyi District Administration Center for 31 participants of the 12 district health centers and the Health Promotion Division of the City Health Department.

## 7. Integrated Preventive Healthcare

Through the outreaching services of medical care institutions and health centers into the community, diversified health examinations for adults and screening of various cancers have been provided. Communities and families are encouraged to participate in, and to upgrade service quality and efficiency. In 2008, 41 such activities had been organized at the 12 district health centers for the screening of 5,884 persons. The result is shown in Table 1.

**Table 1 Outcomes of the Integrated Preventive Healthcare Services, 2008**

Item		No. Screened	No. Abnormal	Follow-up completed
Hypertension	No.	4,302	1,124	1,034
	%		26	92
Blood sugar	No.	3,987	665	665
	%		17	100
Cholesterol	No.	3,987	1,757	1,614
	%		44	92
Blood urea nitrogen (BUN)	No.	3,988	121	
	%		3	
Creatinine	No.	3,987	55	
	%		1	
Urine protein	No.	3,962	386	
	%		10	
Pap-smear testing	No.	2,497	61	59
	%		2	97
Breast cancer screening	No.	1,525	87	87
	%		6	100
Liver cancer	No.	5,377	664	630
	%		12	95
Oral cavity cancer	No.	5,281	11	11
	%		0.2	100
Colon-rectum cancer	No.	1,504	30	25
	%		2	83

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 the radioactive buildings in Taipei City, in 2008, 2,032 cases were placed under management. 1,667 of them had been given health examination, at a cumulative examination rate of 82.04%. In addition, subsidies on their registration fees at outpatient clinics and emergency departments are provided six times a year per person. 1,677 persons had applied for the subsidy card, and 1,037 had used the card, giving a use rate of 61.8%.
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, a year-end party on radioactive healthcare was held by the Department in collaboration with the Taipei City Hospital, the Atomic Energy Council of the Executive Yuan and the Taiwan Radioactive Safety Promotion Association for 333 participants.



Meeting of the Perinatal Medical Care Network Committee

## 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 high-risk groups, the Department has set up a cross-discipline, cross-level "cardiovascular disease prevention and control network," a "diabetes patients shared care network" and a "perinatal medical 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 Co-Care Network

In 2008, 195 institutions had passed certification of the diabetes shared care network institutions, and 1,300 medical personnel had passed the certification. 12 training sessions had been organized for the certification of medical personnel in the diabetes shared care network and their continuing education for a total of 1,422 participants.

## **2. Cardiovascular Disease Prevention and Control Network**

In 2008, 260 institutions had passed the certification of the cardiovascular disease prevention and control network institutions, and 2,152 medical personnel had passed the certification. One certification session for medical personnel, two continuing education sessions, and four case conferences were held for a total of 1,078 person-times of participants.

## **3. Perinatal Medical Care Network**

In 2008, two meetings on the perinatal medical care network were held to review the operation and the labor-sharing of the network and to promote the work of the network.

Workshops for perinatal care-related medical personnel had been organized; work has been done to improve the quality of care of pregnant women and the newborns. One training session on NPR and three workshops on the care of pregnant women of high-risk groups and referral of the newborns for care had been organized for a total of 332 participants.

## **Section 2 Household Health Management**

Focusing on the health needs of the community people, 10,631 low-income households and 10,447 indigenous people had been home-visited for public health and preventive healthcare.

## **Section 3 Community Healthcare Network**

The community healthcare network 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, the physically disabled, the 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 2008, 10,837 person-times of the elderly living alone, 2,807 person-times of stroke patients, 1,600 person-times of dementia

patients, 435 person-times of patients with multi-disabilities, 955 person-times of the physically disabled, and 163 person-times of the mentally retarded had been served.

## Chapter 4 Community-Based Healthy Environment

### Section 1 Healthy City

1. Taipei City has made all efforts to promote the healthy city. In 2006 and 2007, Daan, Shilin and Beitou successfully became members of the Alliance for Healthy Cities. In 2008, the Health Department, in collaboration with the Songshan, Zhongshan and Wanhua district administration centers, and public and private sectors in the community, to set up respectively the "Songshan Health Promotion Association," "Zhongshan Health Promotion Association" and the "Wanhua Health Promotion Association" to serve as a cross-discipline, private-public partnership platform to promote healthy cities jointly.
2. The private and public sectors of Songshan, Zhongshan and Wanhua districts join together to successfully activate the participation of the public in health affairs, and to intensify their beliefs and actions about healthy city. In the process, they have made an assessment report of the health status of the community; established indicators of health, environment and ecology, and social-economics of the district; and also completed a community healthy city white paper and a report on the process of community rebuilding. These remarkable achievements have reflected the successful stories of these districts in the process of building a healthy city, and the experience is shared with both the domestic and international cities for mutual learning and exchange.
3. Taipei City has, at the same time, actively participated in international activities related to healthy cities. A delegation of the City Health Department attended the Alliance of Healthy Cities convention held in Japan on October 25-26, 2008, to present reports on "the assessment of the achievements of the project on the placement of translation manpower in health and medical care for the new immigrants of Taipei City in years 2006 to 2007," "health promotion for the elderly in the era of population aging – experience of healthy city in Shilin District" and "health-building project in Beitou District – the community angels and you" to share with the

international community the experience of Taipei City in the promotion of healthy city. Through active participation in international affairs on healthy cities, the healthy city project is continued everlastingly in Taipei City and is also linked with the international community.

## Section 2 Safe Community

Accidents and injuries are not accidental at all. Their causes can be prevented through education, engineering, economics, and law enforcement with immediate results. The goal of the Department in the promotion of accident prevention and safety is to use the six safe community indicators developed through years-long practical experience in the international promotion of accidents and injuries prevention to integrate cross-departmental resources, to strengthen action plans, to develop accident prevention and safety promotion strategies that most meet local needs. Achievements in 2008 are summarized as follows:

### **1. In 2008, 12 major domestic and international activities on safe community had been attended. Some of them are:**

- 1) Experts of the WHO International Safe Community Certification Center visited Zhongzheng District on September 17, 2008.
- 2) On November 18, 2008, City Mayor Hau Longbing invited members of the WHO Safety Promotion Coordination Center for the certification ceremony held at Zhongzheng District. The Mayor signed a declaration to join the world safety network. Participants at the ceremony included representatives of the Zhongzheng District Administration Center, Zhongzheng District Health Center, Jingjuan Education and Culture Foundation, the Red Cross Society, police and academic institutions, private social welfare organizations, members of the Zhongzheng District Safe Community Promotion Committee and the City Health Department.
- 3) On November 22-23, 2008, a symposium on the development of safe community and safe schools in Taiwan was held at the Taipei Medical University. The audience of international scholars and domestic experts were briefed on the experience of Zhongzheng District in the building of a safe community.

### **2. Establishment of a Monitoring Mechanism for Injuries in Community**

The Zhongzheng District Health Center is assisted in recording injuries

reported by the emergency departments of the hospitals in their jurisdiction, for a total of around 1,400 cases. The Taiwan Accidents and Injuries Association were commissioned to develop a monitoring system for injuries in Taipei City; management regulations have also been formulated.

### 3. Building Safe Communities

- 1) The Neihu District Health Center, in the capacity of the first executive officer, joined the Neihu District Safety and Health Promotion Committee as a member to actively promote the building of a safe community. Actions include, assessment and improvement of unsafe sidewalks, unsafe neighborhood parks, unsafe hiking paths, safe houses, and fall prevention for the elderly.
- 2) Zhongzheng District, on the basis of the community health promotion network, organized together with the district health center, the community health building center, and community leaders a Zhongzheng District Safe Community Promotion Committee. Promotion plans include: household safety (display of a safe model house, fall prevention), party safety (restaurants ordering taxis for the drunker, evacuation drills at the station where three rails meet), road safety (clear-up of corridors), safety on campus (safe walking to school), and prevention of intentional injuries. Results of the promotion plans were analyzed and compiled in a report in Chinese and English and submitted to the World Health Organization in July 2008. In September 2008, committee members of the World Health Organization visited the site for evaluation and certification. The project passed the certification for international safe community in November 2008.
- 3) Xinyi, Datong, Wenshan and Nangang districts have been supervised to, working on the six indicators of safe community, and taking safety promotion as the core issue to seek support of the community, and to understand the needs of



Lectures on health of workplaces and healthcare services  
(August 8, 2008)

the community to work with hospitals in their jurisdiction for the establishment of an injury prevention mechanism, and also to promote the establishment of a cross-discipline safe community working group.

#### **4. Establishment of a Community Fall Prevention Network**

Together with the health centers, social welfare organizations, the elderly service centers, and the community health building centers, fall prevention classes have been organized, and fall prevention building spots have been created to improve the understanding of the elderly and the public on safety, and thus to reduce the prevalence rate of accidents and injuries in Taipei City.

### **Section 3 Health Promotion at Workplace**

1. The City Health Department recommended and supervised 25 outstanding enterprises in Taipei City for the 2008 National Healthy Workplace Autonomy Certification organized by the Bureau of Health Promotion of the Department of Health, the Executive Yuan. Of them, 23 passed the Healthy Workplace Autonomy Certification; and five of them were chosen as the most outstanding national healthy workplaces and were publicly cited at the national citation held by the Bureau of Health Promotion.
2. A plan for the promotion of mental and physical health at workplaces is implemented 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. In total, 26 enterprises took part in this plan, and 5,841 copies of the questionnaire were returned. Results of the questionnaire were analyzed and a statistic report was produced to feedback to the enterprises to understand the stress and 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 is enhanced. By supportive healthy environment, the goal of healthy employees and healthy workplace has been attained.
3. Workshops for the training of gatekeepers for mental health have been organized for 65 person's in-charge of health promotion at workplace from enterprises in Taipei City.
4. To express appreciation to enterprises in their promotion of healthy workplace, tobacco hazards prevention, physical and mental health of employees, and building a healthy working environment for employees, on

December 9, 2008, a citation of excellent and outstanding enterprises in health promotion was held at the City Hall. In total, 51 enterprises were cited.

5. Ophthalmologists have been invited to write a booklet on the "vision promotion at workplace – prevention of xerophthalmia." The booklet was printed in 3,500 copies and distributed to the 12 district health centers for use at the time of promoting the healthy workplace activities.



Presentation of the achievements of the healthy living plan

6. To improve the professional skills of occupational medical workers and nurses in occupational health, workshops on "nursing care in occupational medicine and occupational health" were held at the Cathy Life Building in September 2008 for 139 nurses. They all passed the written examination and were certified. 124 physicians also took part in the workshops; of them, 109 passed the examination and were certified.
7. From January till October 2008, 4,265 cases of specifically health-hazardous industries had been reported. Of them, 436 were placed under management at level 2 and above.

## Section 4 Community Health Building

1. To encourage the public to take initiative in promoting their own health, to help them develop their innovative ideas on, participation in, and sustained management of community health issues, to make health part of life and life part of health, in 2008, 48 community health building centers had been supervised to participate in the Taipei City healthy life plan. In total, resources of 328 organizations had been consolidated.
2. To supervise community health building units to realize the promotion of the healthy life plan, a specialist partnership mechanism was developed. Six experts and scholars in the field of community health building practice have been invited to organize in collaboration with the district health centers six community health building families of homogenous and neighboring life circles to provide the community health building units with counseling and recommendations on ways to promote the plan.

3. To improve the quality of the manpower resources and program promotion, a 12-hour basic course and a six-hour advanced course on community health building have been organized; and one study tour of some outstanding community health building centers in other counties and cities has been made.
4. To help the sustained development of the community health building units, the Department has supervised two community health building units to develop, by the specific features and health needs of the community, community health industries. The Airport-South Community Development Association of the Zhongzheng District has promoted the "healthy shops" project to encourage the new female immigrants in the community to develop and produce boxed-lunch of their mother country colors, to sell nostalgic souvenirs donated by the elderly of the community to incorporate the diversified cultures of the community and at the same time, to add to the value of the industries. The Dongrong Community Development Association of the Songshan District, for a large number of eating-out groups, in collaboration with the food and beverage industries of the community, has developed a demonstration restaurant logo and manufactured innovative healthy boxed lunch. By way of community sales and management, and a community cooperative management model, the sales value and efficiency of the community are upgraded, and the health of the residents is improved at the same time.
5. The 6th East-Asia Health Promotion Conference was held. Through academic and practical deliberation and exchange, and by visiting to community health building and health promotion units, experience was shared. Meetings of community health promotion groups were held at the same time. The achievements of the City Health Department in the past years in community health building were presented to the international community on this occasion, and the image of Taipei City in the care of the health of its citizens was further enhanced.

## **Chapter 5 Health Centers**

### **Section 1 Management of Health Centers**

#### **1. Testing of the Professional Skills of Health Center Staff**



To upgrade the quality of professional services, professional skill testing was held in four seasons. For the first season (February 22, 2008) and the third season (August 22), testing was supervised by the Department; for the second season (May 23) and the fourth season (November 21), testing was held by members of other district health centers. Two employees from each district health center were chosen for the testing of each season, totaling 24 participants. Their average score was as high as 90% and above.

## **2. Advanced Training for Health Center Nursing Personnel and Development of e-Learning Curricula**

- 1) The newly-recruited public health nurses of the 12 district health centers were given the online e-learning curricula. 100% of them took the course.
- 2) Workshops on the theory and practice of public health nursing were held on July 23-24, and August 6, for 34 newly recruited public health nurses.
- 3) Advanced courses for supervisors in health centers were held on September 2 and September 12, 2008, for 44 chief nurses and senior registered professional nurses.
- 4) Various e-curricula have been produced on commission. They include, "management of reports of incidents of suspected psychiatric patients disturbing the community," "management of reports of incidents of emergency referral of psychiatric patients in community" and "prevention and control of suicide."

## **3. Evaluation of the Program Activities of Health Centers**

- 1) A 2008 award plan on the improvement of service quality of the 12 district health centers was conducted to strengthen the service quality of the health centers.
- 2) On December 24, 2008, a year-end evaluation meeting was held to award the outstanding health centers to boost their morale, and improve work efficiency and service quality. Meeting was also arranged for the sharing of experience in the promotion of healthy city and community health building to stimulate innovative thinking, consolidate consensus, and to carry on the experience of Taipei City in the promotion of safe community and healthy city.

## 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 the 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 directors of the health centers.
2. To promote disease control and thus to realize the disease control policies, to upgrade the quality of various disease control measures, a set of Operational Outlines Governing Disease Control has been formulated. Disease control in Taipei City is arranged, planned and supervised by the City Health Department; their execution is shared by the Division for Disease Control and Prevention of the Department, the Taipei City Hospital, and the 12 district health centers, to protect the health of the residents.
3. To strengthen the 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 and Care of Children of Retarded Development

##### 1. Early Care of Children of Retarded Development

- 1) There are currently in Taipei City 15 contracted medical care institutions providing at 21 spots services in the early care of children of retarded development. Of them, two are assessment centers, 15 spots are assessment and care centers, and four are care service hospitals.
- 2) Clinical departments involved in 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 educational assessment.
- 3) Items of care services include, physical therapy, cognition therapy, psychological therapy, visual function training, occupational therapy, behavioral and emotional therapy, hearing function training, language therapy, parent education, and family therapy.
- 4) Medical subsidies to assessment and care of children of retarded development: In 2008, 2,377 children had been assessed for retarded development, and 100,412 person-times of children had been provided with care services.

##### 2. Strengthen to Promote the Early Care for Retarded Development Children

- 1) To strengthen the service quality of medical care for children of retarded development, experts in related fields have been invited to inspect and supervise medical care institutions in the early care of children of retarded development. Their recommendations are used for the improvement of the service quality of the contracted institutions.
- 2) To reduce the number of repeated visits to hospitals for assessment of children with multiple retardation problems, medical care institutions are encouraged to set up joint clinics. In 2008, 722 children had visited these joint clinics. Communication between medical personnel and families is strengthened to help understand problems of the cases. In 2008, care conferences had been held for 1,222 participants.

- 3) To strengthen quality of the early medical care of children of retarded development, to improve the professional skills of personnel associated with early care, five training sessions had been organized for 851 early care professional workers; and 73 lectures had been held for the education of parents of children of retarded development for a total of 1,363 person-times.
- 4) Waiting time for the assessment and care of children of retarded development has been shortened. The waiting time for assessment and care had been shortened on average from 39 days and 70 days in February 2007, to 14 days and 32 days in 2008. Children requiring early care can now have their assessment 25 days earlier, and start their care 38 days earlier during the golden period of early care.
- 5) A plan to integrate the information systems on early care of Taipei City and Taipei County has been developed. Each case is linked on one hand to the referral center for early care of the Department of Social Affairs of the Taipei City Government, and on another hand, to the screening and assessment information system of Taipei County to provide each case with all-directional and comprehensive care.
- 6) A pilot project of public health and medical care groups in early care in community has been tried out. Five primary care clinics have participated in this project. Initially, the establishment standards of early care clinics have been drafted; training for primary care workers in early care has been conducted to upgrade the quality of early care.

## **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 Health Department initiated the first one in the country medical subsidies to children less than three years of age in Taipei City. This project was further expanded on October 10, 1998, to children less than six years to care for more children and families in Taipei City. In 2001, a new subsidy system began to strengthen medical 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 less than six years of low-income families, children of poor families, and children less than 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 less than six years registered in Taipei City.

2. Certificates for medical subsidies: In 2008, certificates for medical subsidies for children of general status were issued 22,264 person-times; and to 590 person-times of children of the second category.
3. Contracted medical care institutions: 409 medical care institutions are contracted for such services, including 36 hospitals and 373 clinics.
4. Payment of medical subsidies
  - 1) In 2008, a total of 136,248 person-times of children had been subsidized for a total amount of NT\$ 40,582,565. Of them, 50,867 person-times of children had accepted health counseling.
  - 2) In 2008, subsidies had been made to 49,822 person-times of six-year and less children of the third-parity and above, for a total amount of NT\$ 5,892,632.
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; and the two-cards-in-one practice is promoted. 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 2008, with the resources of the Education Department of the Taipei City Government and the Taipei City Hospital, work was done to organize 33 lectures on mental health in schools for 1,719 person-times; 62 briefing sessions on emotional thermometer testing for 1,482 school teachers; six training sessions for suicide prevention gatekeepers in schools for 320 person-times of school nurses, teachers and supervisors.

##### 2) Mental Health Promotion at Workplaces

In 2008, the community mental health centers, in collaboration with the 12 district health centers, labor education centers, the industry development bureau, and private sector enterprises, conducted 51

lectures on mental health at workplaces for 3,941 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 300 person-times.

### **3) Mental Health Promotion in Communities**

In 2008, the community mental health centers, in collaboration with the community resources and other government departments, had organized 136 sessions of community education for 8,502 person-times.

## **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. The project was later commissioned to the Taipei City Hospital for implementation in 2006. 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 offered three times a week for each clinic. In 2008, services had been provided for a total of 1,745 clinic-times for 7,230 person-times.

## **3. Community Mental Health Services with Private Sector Resources**

- 1) Private organizations are commissioned to provide mental health services by district.
  - (1) Service by district:
    - i) the Bright Wisdom Social Affairs Foundation: for Shilin, Beitou and Zhongshan districts;
    - ii) the Taipei Branch of the Master Chang Foundation: for Songshan, Neihu and Nangang districts;
    - iii) the Mckay Memorial Hospital: for Zhongzheng, Wanhua and Datong districts;
    - iv) the Lu Xuli Memorial Education and Culture Foundation: for Daan, Wenshan and Xinyi districts.
  - (2) Serviced offered: individual psychological guidance for cases of high-risk groups, group guidance, coordination meetings, case conferences in schools, outreach services for cases, and concerns by telephone calls.
  - (3) In 2008, 1,055 person-times of individual psychological guidance had been given to cases of high-risk groups; 106 sessions of group guidance had been organized; 95 sessions of training for professional workers had been organized for 1,031 person-times; 34 coordination



meetings had been held for 1,141 units; nine sessions of case conferences in schools had been held; outreach services had been given 137 person-times; and 956 person-times of telephone calls had been made to express concerns.

- 2) Private sectors have been subsidized to provide mental health services. In 2008, eight private sector organizations had been subsidized.
  - (1) The Taipei City Life Line Association was subsidized to conduct a project, "save suicide – active supervision of suicide high-risk groups in community," to offer 270 person-times of individual counseling and 2,725 person-times of telephone calls.
  - (2) The Army Beitou Hospital was subsidized to conduct a project, "short-therapy of substance-abusers diagnosed jointly with the psychiatry department using the prevention of re-attempt model." 45 person-times of patients took part in the group guidance.
  - (3) the R.O.C. Single-Parent Family Association was subsidized to conduct a project, "single-parents stand up – single-parent family growth exploration groups series." 51 single-parents took part in the workshop.
  - (4) the Mckay Memorial Hospital was subsidized to conduct a project, "services to alcoholic addicts." 413 person-times participated in the project; and 8 person-times accepted the counseling and family conferences.
  - (5) the Alcoholic Addicts and Suicide Prevention Center of the Shin Kong Hospital was subsidized to conduct training for medical personnel in drink-cessation for 163 person-times of professional workers.
  - (6) the Taiwan Addiction Science Association was subsidized to conduct a training program for professionals in drug and alcohol addition, for 183 person-times of professional workers.
  - (7) the ROC Mental Health Association was subsidized to hold an international conference on "risks, disasters and rehabilitation" for 200 person-times of participants.
  - (8) the Corporate Mental Health Foundation was subsidized to conduct a project, "mental health promotion and education for the perceptive functions impaired." Some 17,000 person-times of people had accepted the education.

#### **4. Prevention of Family Violence and Sexual Assaults**

##### **1) Medical Care**

In 2008, medical care institutions in Taipei City had provided medical care services to 4,157 person-times of victims of family violence, and 284 person-times of victims of sexual assaults. Of those medically cared, more are female adults.

## **2) Management of the Injuring Parties of Sexual Assaults**

Since the implementation of the Sexual Assault Prevention Act, the Department has accepted 457 cases referred by the judicial system. There were 92 new cases in 2008. Of them, 92 are undergoing physical and mental therapy, at a management rate of 100 %.

## **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 are trained for certification to set up a cross-level, cross-discipline, cross-professional medical team. By December 2008, 171 primary care clinics in Taipei City had participated in the depression shared network as certified institutions for depressive disorders.
2. In 2008, two training sessions on the depression shared care certification were conducted for 356 person-times of participants. The Songde Branch of the Taipei City Hospital conducted two joint advisory group meetings on the depression shared care network.
3. In collaboration with the Taipei City Hospital, Dunan Social Welfare Foundation, Can Love Social Service Foundation, the John Tung Foundation, the Taiwan Association against Depression, and the Shin-Kong Foundation, a campaign, "Acting Right; Depression Out," was held on October 13, 2008, at the Xinyi Square for some 1,000 participants.

## **Section 3 Suicide Prevention**

### **1. Research and Development Center on Suicide Prevention**

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 services. Cases reported by year are shown in Figure 1.

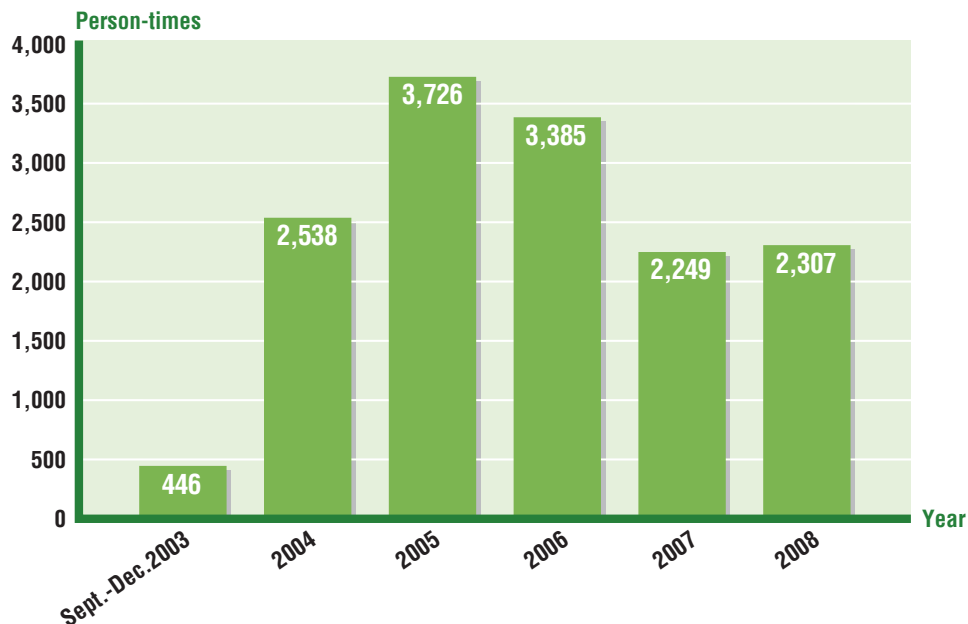


Figure 1 Suicide Attempts Reported in Taipei City by Year

## 2. Coordination of the Suicide Prevention Networks

- 1) To effectively integrate suicide prevention strategies and resources of government departments and private sector organizations, the Taipei City Government formulated an Implementation Plan on the Establishment of Suicide Prevention Center. The suicide prevention center will be inaugurated in 2009. The center is a task-oriented organization at the level of departments. There will be two sections, "planning and execution" and "research and education." The Deputy Secretary-General of the Taipei City Government will chair the center. Several professional workers will be recruited to integrate resources of the Taipei City Government and the private sectors for the prevention of suicide. Work will include, overall planning, case integration and management, reporting of special cases, emergency care, education and training, environmental control, skill training, and research and development.
- 2) From January till December, 2,307 person-times of suicide cases had been reported; and 25 training sessions for 1,810 gatekeepers of suicide prevention had been organized.
- 3) In October and November 2008, the Department, in collaboration with the Taipei City Life Line Association, organized four sessions of film show entitled "Love and Care" for 1,170 viewers.

## Section 4 Psychiatric Care and Rehabilitation

### 1. Facilities for Psychiatric Care and Rehabilitation (see Table 2)

**Table 2 No. of Psychiatric Care and Rehabilitation Institutions and No. of Beds in Taipei City by District, 2008**

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	
<b>Total</b>	24	27 (Note 1)	1,101	603	1,298	12 (Note 2)	9	450	41	1,058
<b>Songshan</b>	1	6	53	141	50	0	0	0	3	74
<b>Xinyi</b>	2	2	444	175	350	2	0	0	1	29
<b>Zhongshan</b>	3	1	0	0	53	1	0	0	7	187
<b>Daan</b>	12	2	0	0	30	1	1	29	2	58
<b>Zhongzheng</b>	3	2	68	0	210	2	2	49	2	58
<b>Datong</b>	0	1	0	0	40	1	0	0	2	45
<b>Wenshan</b>	0	1	38	0	50	1	1	117	4	88
<b>Neihu</b>	2	2	113	0	100	1	1	120	2	46
<b>Nangang</b>	0	1	0	0	45	0	0	0	2	34
<b>Wanhua</b>	0	2	0	0	0	0	0	0	4	114
<b>Shilin</b>	1	2	25	0	90	1	3	98	4	105
<b>Beitou</b>	0	5	355	287	300	2	1	37	8	220

Note 1. Outpatient clinics of hospitals: 6 branches of the Taipei City Hospital, 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: 5 branches of the Taipei City Hospital, Songde branch (Xinyi District), Zhongxing branch (Datong District), Renai branch (Daan District), Heping branch (Zhongzheng District), and Yangming branch (Shilin District) provide home care services.

## **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 2008, 15,400 patients had been followed-up; and a cumulative total for the year of 39,558 person-times had been home-visited.
- 2) Supervisory meetings on the care in community of psychiatric patients were held at the district health centers, totaling 47 sessions for 629 person-times of participants. Representatives of the police department, fire department, social affairs, schools, health administration, medical care and civic affairs had also been invited to these meetings for discussion and coordination on matters concerning care in community of psychiatric patients.

## **3. Emergency Care in Community of Psychiatric Patients**

- 1) In January through December 2008, the Songde Branch of the Taipei City Hospital had admitted 3,416 patients for emergency care. 1,859 of them were referred for outpatient care; 56 were referred for problems of internal medicine and surgery; 56 were referred to other psychiatric hospitals; 131 left hospital at own will; and 16 for other reasons.
- 2) To strengthen the emergency delivery network of patients, in January through December 2008, 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 137 person-times.

## **4. Support and Concerns to Families of Psychiatric Patients**

- 1) A respite care service for psychiatric patients is provided by the Department. In 2008, 40 psychiatric patients had utilized this service for a total of 518 days.
- 2) To strengthen care in community of psychiatric patients, in 2008, the Department and personnel of hospitals and the health centers joined together to conduct an assessment of problems of 1,095 psychiatric patients; held 185 sessions of community education for 2,930 person-times of participants; and organized 21 community supervision and case conferences for 144 person-times.

## 5. No More Insulting Names for Psychiatric Disorders

- 1) On June 4, 2008, a quality health examination campaign was held for 520 persons in the employment service and midway care project for the physically and mentally impaired in the psychiatric rehabilitation institutions.
- 2) On September 9, 2008, psychiatric patients in communities of Taipei City organized a joint team to take part in the 2008 Games of Friends of Midway Houses held in the Linkou Arena.

## 6. Control of Addictive Drugs

- 1) Seven medical institutions in Taipei City are designated as drug-addiction cessation institutions by the Department of Health, the Executive Yuan.
- 2) In 2008, clinical services and counseling on drug abuse had been offered 617 person-times at the drug-cessation medical institutions.



2008 Labor Safety Year campaigns and camps (BLS supervisor of the Xinyi District Health Center explains CPR to Director of the Labor Bureau)

## Chapter 3 Emergency Support and Rescue

### Section 1 CPR Training for the General Public and Training of Employees of Public Workplaces in CPR and AED

To set up in community a comprehensive "life chain," to allow the public to have correct concepts and skills of life-saving at time of accidents and injuries, and to build a safe community and workplace environment,



Certification of borough and neighborhood leaders for CPR practice by Commissioner Chiu on behalf of the City Mayor

the Department continued to promote

CPR training for the general public. Organizations such as the Taipei City Hospital, the 12 district health centers, hospitals and private sector organizations concerned (the Taipei Branch of the Red Cross Society, the R.O.C. Emergency Care Skill Promotion Association) joined together to train government employees, teachers and students of schools and kindergartens, volunteers, employees in service businesses (convenience stores, taxi drivers), neighborhood chiefs, apartment managers, the general public and aliens. Courses include introduction to emergency rescue, group demonstration of CPR, practice, and a written test. A total of 1,561 sessions had been held for 94,597 person-times of participants. Employees of convenience stores and taxi drivers further combined CPR training and suicide prevention together; and 6,639 persons passed the certification.

To encourage large-scale, densely populated public places of large flow of population to set up AED, and to supervise large public places that are willing to set up such device, in October 2008, two sessions of training on CPR and AED were held. A set of management regulations governing the installation of AED in public places was also formulated for the compliance of the public places.

Achievements in the training in CPR and AED are as follows:

### 1. CPR training

- 1) Convenience stores and taxi teams:  
Three chain convenience stores (the 7-eleven, OK Mart and Family Mart) of 333 persons participated in six sessions of the training. One session of training was held for 22 taxi drivers of the Taipei Satellites Company.
- 2) Neighborhood Chiefs  
The 12 district health centers had held 130 CPR training sessions for 5,877 neighborhood chiefs; 326 of them passed the certification. In a public citation held on December 22, 2008, five neighborhood chiefs were awarded.



Donation of AED; Commissioner Chiu accepts on behalf of the City Mayor donation of three AEDs by the Philips Co.



CPR plus AED training; assistants help in instruction in small groups (October 30, 2008)

Exhibit was held at the same time. In the training of neighborhood chiefs in CPR, training in AED will be added to set up a safe community network, and by promoting life-saving volunteers, to maintain the health of the public.

- 3) Managers of Apartments: 34 training sessions had been held for 407 managers of apartments.
- 4) To face the increasing visitors from the mainland China, workers at major tourist spots in Taipei City, employees of tourist hotels and department stores had been given training in CPR to provide CPR at time of emergency. On February 16, 2008, in collaboration with the Taipei City Government Labor Department, a booth for education was set up at the time of Labor Safety campaign for some 1,000 visitors.

## 2. CPR and AED Training

- 1) BLS-1 (Basic Life-Saving) Workers

On August 23-24, 2008, one training session in BLS-1 was held for 55 employees of the Taipei City Health Department, the Taipei City Hospital, and the 12 district health centers. Training in AED was added at the same time. All of them passed the examination.

- 2) Employees of Large-Scale Public Workplaces

On October 28 and 30, 2008, the Department held two training sessions in CPR and AED for 164 employees of the Taipei MRT, the Railway Administration, the Taipei International Airport, the National Palace Museum, the Taipei District Court, and the Taipei City Government. 147 of them passed the examination, at a rate of 90%.

## Section 2 Strengthening of Pre-Arrival and Post-Arrival Emergency Care Quality

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,



Meeting on the allocation of patients for emergency care and emergency responsibility hospitals by level (May 23, 2008)



the Emergency Operations Center (EOC) of the Department was officially integrated with the Taipei City Disaster Response Center as one unit for operation hoping 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 effects before and after arrival to the hospital.

In January through December 2008, the EOC of the Department had assisted the Taipei City emergency care responsibility hospital in the referral of 949 critical patients for care. On March 17, 2008, a coordination meeting on the reporting of bed occupancy, and on May 23, a meeting to reach a consensus on the designation of areas for responsibility hospitals was held to formulate relevant measures. Representatives of the responsibility hospitals and the fire department took part in these meetings to reach a consensus on cooperation. The upon-arrival sorting of patients was practiced since June 1, 2008.

In the period between June and December, 716 cases had been sorted upon arrival. Of them, 267 cases agreed to the sorting (including 88 cases referred to the contracted hospitals, and 179 to the hospitals appointed by the patients).

## Chapter 4 Long-Term Care

### Section 1 Taipei City Long-Term Care Management Center

1. To face the urgent demands for long-term care, Taipei City began to plan for an urban-type long-term care model in 1995. In December 1997, the Department set up a long-term care management demonstration center to serve as a single window for the referral and counseling on resources of various long-term care services. Services of the center had met great approval of the citizens. Since 2007, in coordination with the long-term care ten-year plan,



Inauguration of the Taipei City Long-Term Care Management Center  
(April 7, 2008)

a Taipei City Long-Term Care Management Center and five district service stations were set up on April 7, 2008, to construct a long-term care service network integrating the health and the social welfare systems, and to serve

as the single window of long-term care resources in Taipei City, and thus to provide cases with continuing and comprehensive care, and to improve their accessibility to the long-term care services.

2. Services provided by the Taipei City Long-Term Care Management Center include counseling, home-visiting and referral of cases, long-term care (home care and day care), home nursing care, home rehabilitation (physical and occupational therapy), dietitian services, auxiliary aids service, food service for the elderly, transportation service, and service at the long-term care institutions. Cases are assessed by the care-manager in the district to provide them with tailor-made long-term care services.
3. It is hoped that since the establishment of the Taipei City Long-Term Care Management Center, more can be done for the government to fully execute its responsibility in the care of the public, to integrate private sector care resources, and thus to provide the public with perfect and comprehensive long-term care services, and to build a sound long-term care system in Taipei City. Training programs are also organized for home caregivers and supporting groups. Home caregivers will then have more support and concerns to minimize their burdens and stresses.

## Section 2 Home Care

1. To upgrade the quality of home care and to improve home care skills, and health education and counseling for the main caregivers, subsidies have been made to the home visits of home care professionals. In 2008, there were 10 home care institutions providing four kinds of professional home visiting services for 1,303 person-times.
2. To provide the citizens with more convenient, humanistic, comprehensive and continuing 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 2008, the five long-term care service stations continued to provide services in case assessment, visits by professional teams, and case management and referral. Of the total 2,137 cases managed, 1,923 cases had been managed for long-term care.
  - 2) Training is conducted for home caregivers to upgrade their knowledge and skills. Supporting groups for home caregivers are set up to reduce pressures of families and to provide cases with high-quality care. In

2008, 20 training sessions had been held for 1,253 home caregivers; and five sessions had been held for the home care supporting groups for 271 participants.

- 3) To reduce the burdens of the home caregivers of low and medium income families, to reduce the burdens of the tracheotomy patients in long-term care 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 2008, a total of 53 tracheotomy patients for 569 person-times had been subsidized; of them, 41 (452 person-times) are from low-income families, and 12 (117 person-times) are from medium-income families.

### Section 3 Institution-Based Respite Care Services

To reduce pressure of home caregivers, at times when caregivers should be off-duty temporarily for medical care, traveling abroad, or short rest, full-time care institutions can help them care for the patients temporarily. 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 at the same time can be exposed to different care experience. In 2008, 90 patients in 757 person-times had been cared.

### Section 4 Rehabilitation Services in Community

1. To improve the mobility of the disabled patients, and 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. These community rehabilitation projects were initiated in October 2004, initially in Datung, Xinyi, Wanhua and Neihu districts, and were later extended to all outreach district clinics of the Taipei City Hospital, to provide more accessible group therapy and health education services. In 2008, a total of 6,408 sessions had been held for 70,399 person-times.

### Section 5 The Angel Volunteer Services

1. To face the aging of population, to carry on the ideal of humanitarian concerns, and to realize the spirit of mutual help in communities, long-term

care volunteer services are promoted. Through recruitment of volunteers, training and education, assessment and rewards, volunteers thus participate in the community long-term care services to provide the disabled elderly and elderly living alone in Taipei City with community concern services such as household management, physical care, and accompanying them for medical care.

2. A volunteer long-term care project has been implemented by putting together resources of the public-interest groups and the 12 district health centers to help cases and families and to make up shortage in manpower resources. In 2008, a cumulative total of 4,138 volunteers took part in this project to provide services 17,066 person-times. Volunteers are entitled to the point-collection on the Wellness Card for the "health class" service or health examination. In 2008, some 30,166 hours had been earned by these volunteers.

## **Section 6 Music Healthcare for the Mild and Moderate Dementia Elderly**

To provide the mild and moderate dementia elderly in Taipei City with high-quality community care and to reduce the burdens of the family caregivers, the first project in the country to give music healthcare to the mild and moderate dementia elderly was initiated. Therapy is offered through music of various types together with aerobic dance, sign language, percussion, painting by memory, sensory function training, massage of acupuncture points, rhythmical dancing, performance and others. In total, 144 sessions had been held for 3,745 person-times.

## **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 citizens 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 2008, 243 cases had been handled, 14 cases fewer than that of 2007. Of them, 82 cases (33.7%) were for mediation of medical disputes; and of them, 24

cases (29.3%) had been successfully mediated, 4% more than that of 2007.

2. To improve the health of medical personnel, to make hospitals a healthy workplace and a 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



Presentation of the achievements of the music therapy for healthcare

patients, in the period between June 11 and September 1, 2008, 39 hospitals in Taipei City had been supervised and inspected of their medical care safety, and 18 healthy hospitals had been assessed. Of them, nine were rated excellent healthy hospitals, four outstanding, and five passing.

3. To realize and improve the service quality of primary care institutions, primary care institutions have been supervised and evaluated. Institutions evaluated include western medicine, dentistry, Chinese medicine and other medical institutions. In the period between April and October 2008, 1,239 western medicine institutions, 1,203 dental clinics, 403 Chinese medicine institutions, and 78 other medical institutions had been supervised and evaluated for a total of 2,923 institutions.
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 of medical care safety operation, in September through December 2008, an award plan to solicit proposals for the improvement of medical care safety quality was implemented in two stages. There were 25 entries. In the first stage review of documents, 15 of them passed the review. In the second stage of presentation, five proposals were selected and cited at the public presentation. The works are posted on the website of the Department for mutual learning and experience sharing.

Using the 2008-2009 goals of patient safety advocated by the Department of Health, the Executive Yuan, as themes, the Department, in collaboration with the medical centers in Taipei City, had conducted seven sessions of training on patient safety for medical personnel for a total of 1,245 person-



Presentation of the nasal-gastric care plan for home care



Public participation in the patient safety week games

times. Community hospitals had conducted 221 monthly sessions of public education for 7,370 participants, and 224 sessions of public education on patient safety in communities for 17,217 participants. Two symposiums focusing on medical care safety at medical institutions, "patient-centered medical care," were held for 299 participants. To strengthen the importance of hand-washing, a campaign on "Wash Hands and Stay Healthy" was held at the Sun Yat-sen Memorial Hall to educate the public on the correct way of hand washing and thus to control infections.

5. Organ donation is actively promoted. Medical institutions and personnel are encouraged to establish procedures of organ donation. Two symposiums on organ donation and transplantation had been held for 433 medical personnel. To improve the knowledge of the public on organ donation and encourage their participation, 25 lectures on organ donation and transplantation had been held at the 12 district health centers by community medical care groups, volunteers and religion groups for a total of 1,286 participants. To advocate organ donation and to improve the sign rate of the organ donation agreement card, a set of procedures waiving fees of organ donors from using public funeral facilities, and a set of guidelines on commendation of organ donors have been formulated. In the provisions, the signing of the organ donation agreement card is considered one of the items of point-collection on the Wellness Card. A ceremony to thank organ donors was held at the Taipei Veterans' General Hospital to express appreciation to the great love of organ donors.



Activities to encourage organ donation and transplantation



Recipients of organs expressing appreciation

## 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 2008, there had been 14 nursing homes, 31 home-care institutions, and 33 post-partum nursing care institutions. Inspection, management and supervision are conducted constantly to upgrade their service quality. In addition, the nursing care institutions under the Social Affairs Department are assisted to offer the public with continuing 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 3 and November 26, 2008, to amend indicators for the assessment of the quality of psychiatric rehabilitation institutions and their awards.
2. In the period August 1 through September 30, 2008, on-site inspections had been made to 47 psychiatric rehabilitation institutions.
3. A certification ceremony was held on December 5 at the City Hall to certify four community rehabilitation centers and 10 midway houses for their excellent performances.

## Section 4 Registration for Practice of Medical Personnel and Training

1. By December 2008, there were in Taipei City 40 hospitals of all kinds and

2,958 clinics, with a total of 20,853 beds. There were 11,122 physicians registered for practice, giving 42.40 physicians per 10,000 population. There were 52.40 acute and general beds per 10,000 population. Medical care resources in Taipei City far exceed those of other counties and cities.

2. Social resources are consolidated, and practice registration of medical personnel is strengthened to enhance work efficiency.

1) To simplify administrative procedures, to make services more convenient to the people, and to make it easier for medical personnel to register their changes of status, applications are accepted and processed upon receipt at the windows of the Department and its inspection teams. Various professional medical associations in Taipei City are also authorized to accept applications to make services more convenient. Associations and medical institutions are asked to explain laws and regulations to those applying for registration or revocation of practice licenses to help them understand the relevant laws and regulations and thus to avoid violations of laws.

2) The operational procedures for application for the registration of practice and changes of status of medical personnel have been formulated and amended. Electronic application forms and flow-chart on the standard operational procedures for the registration of practice, suspension of practice, termination of practice, loss, changes and renewal of licenses have been produced and posted on the website of the Taipei City Government for public announcement to provide the public with correct information and convenient services, to expedite the processing, and upgrade service quality (website: <http://www.mytaipei.tw/index.html>).

3) Status of the registration of medical personnel

(1) Western medicine physicians, 9,119; Chinese medicine physicians, 738; respiratory therapy technologists, 253; medical laboratory technologists (technicians), 1,841; occupational therapy technologists (technicians), 324; physical therapy technologists (technicians), 765; medical radiology technologists (technicians), 1,029; professional registered nurses (registered nurses), 23,103; totaling 39,679 medical personnel of all kinds.

(2) Registration of changes of practice commissioned out to 10 professional associations: the dentists association had processed 264 applications; the Chinese medicine doctors association, 176; the respirator therapists association, 117; the medical laboratory



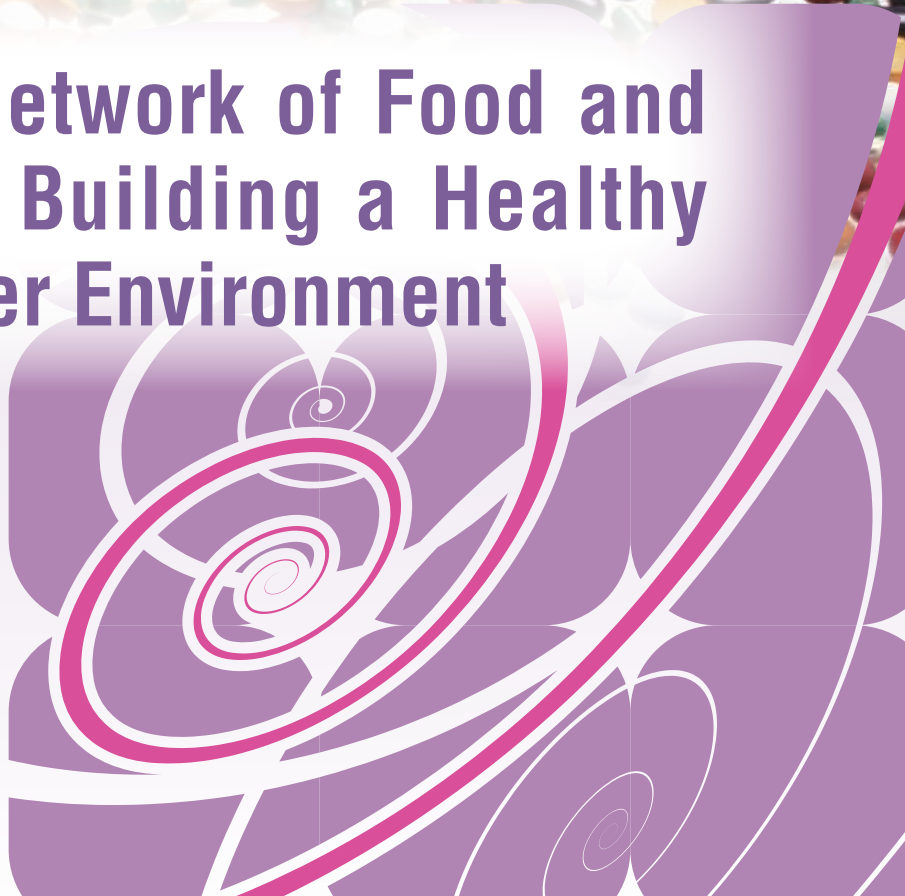
technologists (technicians) associations, 435; the physical therapy technologists associations, 194; the physical therapy technicians associations, 79; the medical radiology technologists associations, 366; the professional registered nurses and registered nurses associations, 9,528.

- (3) Throughout the year in Taipei City, a total of 17,091 applications for changes of practice had been processed; of them, 11,158 were processed by the commissioned associations, accounting for 65.3% of all.
- 4) Functions of the report supporting system of medical personnel are upgraded.
  - (1) A new function, "overdue reminder," is added. The system will, a month prior to the end of the support, automatically remind the medical institutions, and to send e-mail to the original applicants to renew applications. During the year, a total of 6,261 e-mails had been sent.
  - (2) A "satisfaction survey" function is added to understand the opinions of the public, and to improve service quality. The approval rate of the public is higher than 90%.
  - (3) By linking to the medical personnel database of the Department of Health, the Executive Yuan, the operational procedures are simplified. Once the ID number is keyed in, the personal information of the medical personnel concerned appears immediately. The time required for medical personnel to report is shortened and the accuracy of reporting is enhanced. The City Health Department can also use the medical personnel management system of the Department of Health, the Executive Yuan, to search for the report of medical personnel from other counties and cities supporting medical practice in Taipei City for more efficient management of medical personnel, better understanding of the status of medical resources in Taipei City, and more effective allocation of medical personnel.



## Part 4

# Safety Network of Food and Drugs – Building a Healthy Consumer Environment



## Part 4 Safety Network of Food and Drugs – Building a Healthy Consumer Environment

### Chapter 1 Establishing a Joint Inspection System – Strengthening the 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 2008, 12 cases of counterfeit drugs, 16 cases of prohibited drugs, and 5 cases of illegal medical devices had been seized, and 56 violations of regulations had been fined.



Vendors in Tongyuan Market seized for sales of illegal drugs

##### 2. Strengthening Quality Testing for Drugs on Market and Inspection of Labeling on Packing

- 1) Monitoring of the quality of drugs is strengthened. 448 cases of drugs on market and food in capsule and tablet forms had been sample-tested; of them, 24 were found unqualified and were processed by law.
- 2) 13,718 drugs on market had been checked for their labeling on packing. Of them, 177 failed to meet regulations and were 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 had been inspected for 4,915 firm-times. 10 of them were found in violation of regulations and were processed by law.

- 2) Places not permitted for the selling of drugs had been inspected for 2,621 firm-times to see if they manufactured and sold illegal drugs.
- 3) A special project for the inspection of sex shops was conducted to inspect 111 firm-times. 14 of them were found violating regulations and were processed by law.

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

##### 1) Special Project Inspection

On September 13, 2008, the dairy products of the Sanlu Company on the mainland China were found to be adulterated with melamine. The Department, acting on the cooperative function of the Northern Taiwan Food Safety Network, traced back and cleared the flow of 23 packs of the Sanlu dairy products distributed through 14 food dealers. More action was taken later to sample-test further incidents of melamine contamination in the King Car products, contamination of a small amount of melamine in Nestle and Klim milk powder produced in Heilungjiang of China, and egg powder contaminated with melamine to clear the doubt of the public. In 2008, test reports of 692 cases in 10 batches were made; of them, 19 were detected of melamine contamination.



Destroying Sanlu milk powder together with the Taipei County Government (October 2008)



Results of testing of melamine in Nestle milk powder announced (October 2008)



Sanlu milk powder recalled and sealed up (September 14, 2008)

## 2) General Sample Testing

In 2008, 4,477 cases of food on market had been sample-tested to find 516 in violation of regulations. In the year, special project sample-testing was also conducted for 25 cases. Of those sample-tested, 619 cases were vegetables and fruits (including tea leaves and organic vegetables and fruit), 565 cases were gifts on special festivals, and 504 were beverage, ice products and their flavors. Of those unqualified by sample-testing, bean products (32.5%) and damp rice products (31.1%) were the most. By investigation, the two products were found to come from neighboring counties and cities. The bean products in violation of regulations were sold primarily by illegal vendors clustered around the large-scale traditional wholesale markets in Taipei City. For this, the Department specifically set up a night inspection and sample-testing special project focusing inspection of the mobile vendors of bean products around the Huannan Market. In total, 20 vending cars had been investigated for the sample-testing of 55 products for preservatives and hydro dioxide. 24 of them were unqualified, giving a failure rate of 43.6%. Dealers were ordered to remove the products from shelves immediately, and were referred to the health bureaus of the sources for processing.

## Section 2 Training to Improve Quality of Inspection

1. To improve the practice and skills of inspectors, in 2008, 15 sessions of training on laws and regulations on food and drugs and practice of inspection had been organized for 941 person-times of participants.
2. To upgrade skills and operation of the newly added function of the joint inspection system, the sample-testing and inspection of labeling (for foods, drugs and cosmetics), a training course on the revised edition of the joint inspection system was held in February 2008, for 106 inspectors.
3. In November 2008, a training course on the operation of the



Drill on the operation of the joint inspection management system

new joint inspection and management system was held for 83 inspectors.

4. To realize the implementation of the Tobacco Hazards Prevention Act, on November 13-14, 2008, a training course on the inspection and seizure of illegal and inferior tobacco products was held for 130 participants.



Training on the inspection of illegal and misbranded tobacco products

5. In April 2008, an on-job workshop on the identification and differentiation of medicinal materials was held. Experts in herbal medicinal materials were invited to teach participants skills in the differentiation of various raw and herbal medicinal materials on-spot at the Medicinal Botanical Garden in Neishuangxi. 73 participants took part in this workshop.

## Chapter 2 Management of Pharmaceutical Affairs

### Section 1 Inspection and Examination

Inspection of the practice of pharmaceutical personnel in clinics and pharmacies (drug stores) and examination of the labeling on the packing of drugs:

1. Inspection had been made of pharmaceutical personnel employed by clinics and pharmacies (drug stores) to see if they dispense medicines in person and if practice license is presented. In 2008, inspection was made to 912 pharmacies, 2,817 drug stores (dealers), and 2,847 clinics, totaling 6,576 firms.
2. Inspection had been made of medical care institutions (including Chinese medicine medical care institutions) and pharmacies to see if the labeling on the packing of medicines contains all items required in the regulations of Article 19 of the Pharmacists Act, Article 14 of the Physician's Act, and Article 66 of the Medical Care Act. In 2008, inspection was made to 745 pharmacies and 1,600 medical care institutions, totaling 2,345 firms.
3. Management of Controlled Drugs

## Part 4 Safety Network of Food and Drugs – Building a Healthy Consumer Environment

- 1) By the monthly sales reports submitted by institutions and dealers, the flow and use of controlled drugs are traced and inspected. In total, 2,148 firms had been inspected and 2,016 firms had been audited and inspected, to find 10 in violation of regulations. Each was fined NT\$ 360,000.
- 2) In June and July 2008, five workshops were held on laws and regulations related to controlled drugs for institutions and dealers applying for license the first time, making changes on their registration, or dealers not registered online, to help them understand the relevant laws and regulations and the process of online application.



Discussion at the workshop on the management of controlled drugs

### 4. Management of Cosmetics

- 1) Products on market had been sample-tested for 159 cases; of them, 25 were disqualified, and 18 were referred for processing by law.
- 2) Labeling of cosmetics on market had been inspected for 13,525 cases. Of them, 395 failed to meet regulations, and 141 were fined for violation of regulations.
- 3) To make people understand more about illegal cosmetics, a commercial, "watch for black-heart cosmetics, be careful of exaggerated effects, labeling should be clear, dial 2720-8777 Taipei City Health Department Service Line for help," had been broadcast at the MRT, the Parking Management Division, and on public and private radio networks.
- 4) In May through August 2008, at the Kunming Branch of the Taipei City Hospital and the 12 district health centers, five workshops for 469 participants from 386 cosmetics firms were held.



Inspection and seizure of illegal cosmetics together with the Investigation Bureau (January 24, 2008)

## Section 2 Census of Pharmaceutical Dealers and Pharmacies

1. In accordance with regulations of the Pharmaceutical Affairs Act, census of pharmaceutical dealers and pharmacies is conducted. In 2008, census had been made for a total of 10,465 firms. Of them, 1,039 pharmaceutical dealers could not be traced; their licenses were revoked accordingly.
2. To improve the professional knowledge of pharmaceutical dealers, pharmacies and pharmaceutical personnel, in 2008, 10 workshops had been organized for 750 pharmaceutical dealers, pharmacies and pharmaceutical personnel.
3. To improve the service quality of pharmaceutical personnel and provide opportunities of exchange between the academic, government and industries, on December 27, 2008, a meeting to demonstrate the efforts of the overall services of pharmaceutical industries and a symposium was held by the Department in collaboration with the Taipei City Pharmacists Association.



Participants listen carefully to the current status of the gas industries for medical use



Pharmaceutical personnel at a symposium

## Chapter 3 Management of Food Sanitation

### Section 1 Inspection and Examination

1. 8,991 public eating places and 1,468 food stands in night markets in Taipei City are placed under management. In the year, 22,430 firm-times of sanitary inspection and 1,810 firm-times of supervision had been made.
2. In 2008, 104,194 labeling of food had been examined to find 868 in violation of regulations, at a failure rate of 0.8%. Of them, 226 cases had been processed by law. The violations are, overdue of valid date, 56 cases;



labeling incomplete, 183; nutrition labeling not meeting regulations, 370; and exaggerate and untrue labeling, 103 cases.

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

1. 271 food industries (including 23 boxed lunch industries, 28 cafeterias around schools, 30 school lunch programs, 8 catering restaurants, 87 restaurants for, 57 schools commissioning out for lunch, 31 tourist hotels, and 7 central kitchens) are placed for management under the maintenance of public safety plan. In 2008, inspection had been made for 1,891 firm-times.
2. In 2008, 159 sessions of lectures on sanitation had been held for 8,799 managers of restaurants in the food safety and public safety plan. They included 10 lectures for the certification of 900 C-grade Chinese cooking technicians; two lectures for the certification of 130 B-grade Chinese cooking technicians; 62 lectures were for 3,264 cooks who have already had certificates. Information on these lectures for the certification of C-grade, B-grade and cooks with certificate 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 application.
3. Throughout the year, the food safety light of Taipei City, except in the first quarter the light was yellow-green, had been green. Index items of the food 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, and also in consideration of seasonal variations and effective numbers, food safety indexes are compared by each season. They are calculated using the social indexes of the Directorate General of Budget, Accounting and Statistics of the Executive Yuan. Data are first converted by factor analysis to remove differences in the units of indexes to make them comparable. Weights are then calculated, and the index value is worked out by the weighted averages. For each index item, the 2000-2007 data are used to calculate the mean of the population ( $\mu$ ) and standard deviation



Workshop for employees of food industries

(σ). The 2008 data are then matched to the safety light table to express in terms of light (green, yellow-green, yellow, yellow-red and red), and their corresponding light value (Li). The color decided by the total values of indexes is for risk communication and advance warning. This system is the first one in the country set up by health organizations. The light is reported regularly at the public security maintenance supervisory 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 June 26, 2008. Course contents include food labeling, skills in inspection, on-site visit to practice the inspection of overdue food products, and management of violations.

## Chapter 4 Building a Healthy Consumer Environment

### Section 1 Management of Advertisements of Drugs, Cosmetics and Food

1. Illegal advertisements are banned. In 2008, 547 illegal advertisements on drugs, 1,892 on cosmetics, and 1,533 on foods, totaling 3,972 cases had been found. Of them, 60 advertisements on drugs, 596 on cosmetics, and 368 on foods, totaling 1,024 cases, all in violation of regulations, had been processed to stop exaggerate and untrue advertisements, and thus to protect the rights and health of consumers, and at the same time, to minimize disputes in consumption.



Training of volunteers in food sanitation

2. Three workshops for 426 pharmaceutical dealers, cosmetics and food manufacturers and employees of the media were held. At the workshops, principles regarding the recognition and banning of illegal advertisements were explained to improve the dealers' capability in self-review and self-

management, and to reduce the number of illegal advertisements.

3. News are released timely to remind consumers not to buy products of illegal advertisements and thus to end up in losing money and harming health. Two pieces of news had been released as follows:

- 1) "The top illegal advertisements found in Taipei City in the year 2007 are cosmetics; and food, the next."
- 2) "Provisions of the amended Food Sanitation Management Act are that, exaggerate and untrue labeling of food and advertisements shall be fined up to NT\$200,000."



Industries listen carefully to regulations governing advertisements

## Section 2 Five Serves of Vegetables and Fruit a Day

1. In 2008, education on national nutrition had been promoted; and a community education program on "healthy diet – five serves of vegetables and fruit a day" had been executed. The results were, 233 health lectures for 17,794 person-times; health counseling line for 748 person-times; and 50 promotional activities for 39,577 person-times.

2. A presentation on the "five serves of vegetables and fruit a day" campaign was held on November 26, 2008. At the presentation, a chef was invited to prepare two vegetable dishes; the Taipei City Boxed Lunch Commercial Association provided 1,200 healthy vegetable-based boxed lunches for the public to try; the Taipei City Hospital Dietitian Department offered healthy juice prepared from three vegetables and two fruits. Dietary



Presentation of achievements of the "five serves of vegetables and fruit a day" campaigns



The Taipei City Hospital promotes healthy diet

counseling was offered at the same time; and the district health centers organized activities on health fitness. A total of 1,300 persons took part in this activity.

3. Nutrition education in community was promoted together with the Taipei City Hospital. Various activities of lectures, seminars, interviews were held in and out of hospitals to promote the five serves of vegetables and fruit diet. Upon request, nutrition education activities had been held for 177 times; and also held at own initiative activities for 137 times.



A special interview: five serves of vegetables and fruit a day

4. Videos on healthy diet are made and broadcast. In the year, one 30-minute commercial, one interview of the City Mayor, four topic-oriented talks, four news releases on the presentation meeting on five serves of vegetables and fruit a day, one interview of those certified for the self-management of sanitation, and 30 commercials on the new dietary movement had been broadcast.
5. A questionnaire survey of employees of the Department on their dietary habits and intake of vegetables was conducted.

### Section 3 Promotion of the Healthy New Dietary Culture

1. Inspection on the labeling of calories and food components on the healthy boxed lunch in schools has been conducted. In 2008, 464 pieces of boxed lunch of 155 manufacturers had been inspected. Recommendations were: 1) the amount of meat should be reduced; more deep-green vegetables should be added; use less deep-fried and processed food; the recommended daily allowances of the six categories of food should be observed; 2) nutrition education for students and parents should be strengthened to encourage students to accept boxed lunch rich in vegetables, and less meat and fat.
2. On April 16, in collaboration with the Taipei City Bakery Association, an activity, "mothers cook nicely," was held. In the activity, the Department supervised 26 industries in Taipei City to make mother's day cake of no trans-fatty acid.

3. Discs on "happy life with five serves of vegetables and fruit a day," "healthy diet, three less and one more" and "trans fatty acid" have been produced and distributed to the branches of the Taipei City Hospital and schools to promote healthy diet.
4. A press conference was held to promote healthy diet and to realize healthy eating habit. News releases on "healthy hot pot," "healthy dumplings on the Dragon Boat Festival," "healthy diet during the entrance examination season," "no coal for barbecue on the Moon Festival" and "a presentation meeting on the five vegetables and fruit a day" had been distributed.

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

The OK certification system for the self-management of sanitation has been promoted. 35 restaurants in the Zhuzihu area of Yangmingshan, 65 industries manufacturing noodles, 105 bakeries, 106 supermarkets, 42 restaurants catering for parties, 233 restaurants at tourist spots (47 in the Taipei 101 Building, 29 in the Merimer recreation center, 62 of the Shilin Night Market, 52 of the Huaxi Night Market, and 43 in the Raohe Night Market) have passed the certification for self-management. By the end of 2008, 3,745 firms in Taipei City had passed the certification.

## 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 2008, a total of 4,691 cases reporting frauds in drugs, cosmetics, foods and tobacco hazards had been received.
2. To protect the rights of consumers, and to make available to the public channels for complaints, in 2008, 359 disputes had been received. Of them, 189 had been successfully mediated. The 87 cases not mediated successfully had been referred to the Consumer Protection Officers of the Council of Legal Affairs, Taipei City



Certification of enterprises in the self-management of sanitation

Government, for further processing. 33 cases had been referred to other counties and cities for handling. 40 cases, through supervision of the Department, reached some agreement and the complaints were withdrawn.

## Chapter 5 Building a Healthy Safe Drug - Use Community

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

1. In 2008, educational activities on safe drug use and control of drug abuse had been held for 189 sessions for 21,149 participants.
2. On May 31, 2008, in collaboration with the Taipei City Education Department, anti-drug booths were set up in the Freedom Square. Activities such as displays of posters, game and quiz on risks and control measures, and distribution of educational materials were organized. Pharmacists of community pharmacies were also present to provide counseling services.
3. On August 9, in collaboration with the Songyang Social Welfare Foundation, an anti-drug campaign was held in Ximen. Booths were set up for quiz and distribution of educational materials. Pharmacists of community pharmacies were present to offer free counseling on smoking-cessation. Around 300 people took part in this activity.
4. In coordination with the 2008 special project for adolescents during summer time promoted by the Department of Health, the Executive Yuan, a series of activities had been held during July and August on the control of drug abuse in communities, for a total of 44 sessions for 3,196 person-times of participants. Also, in coordination with the joint



Booths at the anti-drug campaigns (May 31, 2008)



Booths at the anti-drug campaigns (August 9, 2008)

inspections of the Commerce Division, education on the control of drug abuse was given at special sites for a total of 43 sessions for 852 person-times.

- In coordination with the "washing hands more often to stay healthy" campaign held during the patient safety week, educational activities of quiz and distribution of educational materials were organized on October 8 at the Sun Yat-sen Memorial Hall for some 200 participants.
- To improve the knowledge of the public and the adolescents about safe drug use and control of drug abuse, on November 2 at the Xinyi District, an innovative cheers group contest to say no to drugs was held. Adolescent groups were invited for some innovative shows and parades. Organizations concerned were also invited to set up booths to promote the "five vegetables a day," "tobacco hazards prevention," "release of refillable prescriptions for chronic diseases," "safe use of drugs" and "control of drug abuse" themes. These activities had the high approval of the public.



Booths on the safety of drug use and release of chronic disease prescriptions (October 8, 2008)



Anti-drug innovative cheers groups contest (November 2, 2008)

## Section 2 Release of Prescriptions and Medicine Home Delivery Services

- In coordination with the Department of Health, the Executive Yuan, the separation of prescribing and dispensing practices has been promoted. 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 Hospital took the initiative to release prescriptions. This practice is continued through annual regular inspections and evaluation of medical care institutions and routine census of clinics and pharmacies.
- In coordination with the prescription release policy, home delivery of medicine services is continued. Together with the Taipei City Pharmacists Association,

the Assistant Pharmacists Association, and community pharmacies, teams of chronic disease prescriptions are set up. Through the teams, community pharmacies provide free home delivery of medicine services. In 2008, 336 community pharmacies joined the program.

3. Release of prescriptions: In 2008, the Taipei City chronic disease prescription teams had dispensed prescriptions released by the medical care institutions and delivered medicines to home. Pharmaceutical care in community was significantly promoted.
  - 1) Safe use of drugs and counseling on drugs: People bring their prescriptions to community pharmacies for medicines. In the course, patients and the pharmacists have time for communication; they are more accessible to better counseling services on safe drug use and pharmaceutical matters. In 2008, community pharmacies in Taipei City had dispensed 635,687 refillable prescriptions for chronic diseases, and 24,031 refillable prescriptions for non-chronic diseases, totaling 659,718 prescriptions. The holders of these prescriptions had also been given counseling in pharmaceutical matters at the same time.
  - 2) Savings in medical costs: at the rate of registration fee of NT\$100 and treatment fee of NT\$360 at medical centers, and registration fee of NT\$50 and treatment fee of NT\$240 at regional hospitals, the total medical costs saved through the dispensing of refillable prescriptions for chronic diseases by community pharmacies would amount to NT\$256,923,420.
  - 3) Convenient and time-saving: Service teams scatter around in all districts. People can have their prescriptions filled any time at any neighboring pharmacies. They don't need to register and stand in long queue for medicines. The practice is definitely more convenient and time-saving.
  - 4) Home delivery of medicine to care for people of the less privileged groups: community pharmacies home deliver medicines to the retarded, mentally impaired, physically disabled, patients of stroke, the elderly living alone, and others assessed necessary. In 2008, community pharmacies in Taipei City had delivered medicines to home for 27,822 person-times.

### **Section 3 Smoking-Cessation Counseling Stations in Communities**

1. In 2008, the Department continued to promote community pharmacies



providing professional smoking-cessation counseling services. 29 more smoking-cessation counseling stations had been set up (totaling 176).

2. A training course of 16-hours for pharmacists in the management of smoking-cessation in community and for the establishment of community smoking-cessation counseling stations was organized for 130 pharmacists.



Award to outstanding smoking-cessation counseling communities



Training in 16 hours on smoking-cessation stations

3. In 2008, 594 person-times (including those followed-up in 2007) made use of the smoking-cessation counseling stations; home visits were made 433 person-times; and 117 persons accepted the smoking-cessation care.

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

1. A group of pharmacists were trained in long-term care; and 11 symposiums (monthly) on pharmaceutical services in long-term care had been held to train 186 pharmacists. Two inspections had been made of long-term care institutions in their early stage of operation. 56 community pharmacists joined together to form a pharmacist long-term care team to provide the community people with counseling on drug use.
2. Management of safe drug use in long-term care institutions: 168 long-term care institutions had been visited for a survey on the management of safe drug use. Of them, 148 (88.10%) had pharmacists practicing in the



Training in 24 hours for pharmacists in long-term care

institutions. In 132 of them, services were provided by pharmacists of Taipei City.

3. Pharmaceutical affairs in long-term care: Pharmaceutical affairs include assessment of pharmaceutical care and recommendations, filing of pharmaceutical records, management of safe drug use, recalling of drugs, instruction on drug use, and health education. The pharmacist long-term care team had visited 93 institutions for service to 896 cases. Of these cases, 796 are under institution care; and 100, under home care.
4. On December 17, 2008, at the Zhongxing Branch of the Taipei City Hospital, a presentation of the results of the pharmaceutical services in long-term care project, the monthly meetings, the pre-operation supervision of pharmaceutical service, visits to the long-term care institutions for supervision on the management of safe drug use, and the establishment of a management system for the pharmaceutical services in long-term care was held.



Presentation of the achievements of the long-term pharmaceutical care services

## Chapter 6 Laboratory Testing

### 1. Strengthening Laboratory Testing Services, and Upgrading Capacity of Laboratory Testing

Testing for food sanitation, sanitation of business establishments, drugs (Chinese medicines adulterated with western medicines), cosmetics, and clinical testing (for amebic dysentery) are conducted. In 2008, 113,705 food items had been laboratory tested; 11,973 business establishments had been tested for their sanitation; 65,366 Chinese medicines had been tested for adulteration with western medicines; 312 medical testing had been conducted; and 65,201 cases of testing requested or reported by the public had been made, totaling 256,557 cases.

## 2. Free supply of DIY reagents for food and cosmetics and free laboratory services

To protect the public from hazards of the "black-heart" food and cosmetics, free DIY quick reagents are supplied (including the diamond reagents and the cosmetics reagents). Two free laboratory services had been organized.

## 3. Free testing of dairy products for melamine – more services to the public

To face the incidents of Sanlu dairy products being contaminated with melamine, to protect the health of the public and the safe use of infant formulas, and to clear the doubt of the people, work began on September 19 to provide free testing services of melamine in dairy products. In total, 1,367 cases had been tested; of them, 187 were found to be contaminated with melamine. They were referred to the Food and Drug Division for further inspection and sample-testing to protect the food safety of the public.

## 4. Development of New Laboratory Techniques

To upgrade the skills and efficiency in laboratory testing, new testing techniques, "Filtering Membrane," for the testing of phenol in detergents on market, biphenyl in bamboo chopsticks, and E coli in hot-spring water, use of the liquid chromatograph tandem mass spectrometer for the testing of anti-oxidant in edible oil, enzyme immunoassay in the testing of amebic dysentery, and liquid chromatograph spectrometer in the testing of melamine in dairy products have been developed.

Sample-testing at work



HS-II rapid screening reagents



Testing for melamine contamination upon request of the public



**Part 5**

**Improvement of Municipal  
Hospitals and International  
Medical Care Service**

## Part 5 Improvement of Municipal Hospitals and International Medical Care Services

The Taipei City Health Department, with a view to promote international health and medical care services and international cooperation, has worked closely with teams of the Taipei City Hospital to promote international medical support. Major activities include:

### **1. 2008 Public Health and Medical Care Aid to Ulaanbaatar City of Mongolia**

14 members of a team of the Department and the Taipei City Hospital visited Ulaanbaatar City of Mongolia the fifth time on September 8-14, 2008, to provide medical care and health examination services to citizens of the City. The team brought with them 100 sets of blood sugar testing device and 800 cases of blood sugar test paper worth NT\$ one million, and 100 kinds of medicines worth NT\$ one million donated by some noted pharmaceutical companies and transported free-of-charge by the Taiwan DHL Express. Medical care services were provided; and medicines were donated to the local health authorities. A symposium on health promotion in Taiwan and Mongolia was held for participants to share the experience of Taipei City in the promotion of public health in the past years.

### **2. 2008 Community Health Education for Tibetans in India**

The Department and the Taipei City Hospital invited three medical personnel from the Tibetan communities in India for training in health education on September 8 through October 31 at the Zhongxing, Renai, Heping and Yangming branches. They are expected, upon their return, to provide services in local hospitals to help more of the local people.

To improve the professional knowledge of medical-related personnel in Taipei City, and to upgrade medical standards, the Department, together with the Taipei City Hospital, medical universities, medical professional associations, and the medical centers, has organized several international health and medical conferences. Some of them are:

On January 12, 2008, a symposium, "breaking-through promotion of cross-discipline medicine" as part of the series of Taipei Healthy City Forum was held at the Taipei Veterans' General Hospital. On October 17-18, an international conference on the prevention of cervical and breast cancer was held. On December 6-7, an international conference on healthy city – forming clinical research in public health, was held at the Renai Branch of the Taipei City Hospital.

In 2008, several medical schools and groups had been subsidized to organize international conferences. Some of them were the R.O.C. Neurology-Radiology Society, the R.O.C. Ophthalmology Society, the R.O.C. Immunology Society, the R.O.C. Cleft Palate and Maxillofacial Society, the R.O.C. Medical Students Exchange Association, the Taiwan Medical Information Association, and the Taiwan Elderly Acute and Critical Disease Association.

Taipei City, as the political and economic center of Taiwan, is no longer a domestic city. Her internationalization is an important part of her urban development, and city diplomacy is now one of the responsibilities of the City. To meet the trend of international development, and to match toward a healthy city of global standard, efforts have been continued to promote international exchange in health and to actively conduct the marketing activities of a healthy city.

To promote public health and develop international cooperation, the Department has asked the Taipei City Hospital to actively advance, in coordination with the policies of the Department, international medical aid. These projects include medical care services to residents of Ulaanbaatar City of Mongolia, and training in health education of Tibetans in India. To develop medical personnel of international perspectives in the Taipei City Hospital, the Department has formulated and executed a program for the overseas training of medical personnel since 2007. By the end of 2008, 21 persons had been sent abroad for training; of them, four had completed their training.

## **Chapter 1 Promotion of International Cooperation and Exchange in Health**

### **Section 1 Subsidies to 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 medical centers, health and medical-related associations and societies, universities and colleges, research institutes, and public-interests corporations to hold in Taipei City health and medical-related international conferences. In 2008, subsidies had been made to the R.O.C. Neurology-Radiology Society, the R.O.C. Ophthalmology Society, the R.O.C. Immunology Society, the R.O.C. Cleft Palate and Maxillofacial Society, the R.O.C. Medical Students Exchange Association, the

Taiwan Medical Information Association, and the Taiwan Elderly Acute and Critical Disease Association.

## Section 2 Operating International Medical Support

### 1. Public Health and Medical Care Aid

The cooperation program in medical care aid with Ulaanbaatar City of Mongolia was continued in 2008. On September 8-19, 2008, a team visited for the fifth time the sister-city of Ulaanbaatar and Khovd Aimag Province of Mongolia to provide medical care aid, health education and environmental sanitation. In the course, visits were made to the Mongolian Bureau of Disease Control, the First Hospital, the Public Health University, the Taipei Trade and Economics Representative Office in Ulaanbaatar, the Ulaanbaatar City Government, the Ulaanbaatar Health Department, the Chingeltei District of Ulaanbaatar City, the West Diagnosis Center of Khovd Aimag Province, and the Mongolia and Pacific Exchange Association, to help local health authorities assess the health status of the people, and to further understand the needs of health authorities. Meetings were held to review follow-up activities in medical affairs, public health, hospital administration, health examination, laboratory testing and care techniques, and training of professional workers. Individuals concerned were also invited to the Deaflympics and the 2010 Taipei Floral Fair to realize city diplomacy.

Meanwhile, a bilateral symposium together with the Ulaanbaatar City Health Department was held to learn about the strategies and achievements in public health of both parties and the prevention and control of hepatitis. An agreement on cooperation was signed between the Ulaanbaatar City Health Department and the Taipei City Health Department. To realize the commitment of the Taipei



The Mongolian health team taking photo with City Mayor Hao



City Mayor Hao presenting a flag to the Mongolian health team

City Hospital in 2007, a number of growth hormones and blood sugar devices were donated to the Ulaanbaatar City Health Department to help children of retarded development and diabetes patients. To help Mongolia develop medical manpower, a memorandum of understanding was signed between the Taipei City Hospital and the Mongolian Health University with a view to provide, through the teaching resources of the National Yangming University, students and faculty of the Mongolian University with opportunities for professional training in Taiwan.

The Taipei City Hospital, through city diplomacy and medical care services, cooperation in public health, health examination and treatment of patients, has effectively helped Ulaanbaatar City promote quality of their medical care services and public health on one hand; has also promoted Taiwan's leadership in international health issues, improved Taiwan's international image, and placed Taiwan's medical profession on the global stage.

## **2. Training in Health Education for Tibetans in India**

In 2008, the Mongolian and Tibetan Affairs Commission of the Executive Yuan were requested to help coordinate with Tibetans in India, to once again invite medical-related personnel from the Tibetan communities for training in the Taipei City Hospital.

The training lasted for eight weeks, focusing on internal medicine, control of communicable diseases, dentistry, dermatology, general surgery, medical technology, community nursing care, and family medicine. A full-time physician, nursing personnel and technologist were assigned for each subject. During the course, students were exposed to the teaching of medical theories, outpatient clinic care, home nursing care, health education and clinical practice, to help students develop some general knowledge of medicine, and understand the importance of health education. The effect of teaching and learning was further enhanced by field practice and operation.

The purpose of this training project is, by providing the Tibetan medical personnel in India with a comprehensive training environment, to help them learn about some general theories of medical care, medical and health education, and nursing care, and thus to upgrade their self-care capabilities and knowledge and skills in helping the care of patients. Upon the ideals of international exchange in health and city diplomacy, the Taipei City Health Department and the Taipei City Hospital hope to provide through this practical cooperation and exchange the Tibetans with some primary skills of diagnosis, first aid and care, and to allow Tibetans to fully enjoy quality medical care same as that of Taipei



City. More will be done in the future to promote medical exchanges with the international society to demonstrate Taiwan's willingness and capabilities in medical cooperation.

### **Section 3 Development of Quality Medical Management Manpower in the 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 centers of the Taipei City Hospital are selected for training on new medical technologies in the US; for doctoral or post-doctoral research in their specialties; or to participate in international research projects. Upon their return, they are posted in the special-feature centers to upgrade the quality of medical care services and teaching and research, and to expand service items.

A pilot project for four years is tried out for the period between January 1, 2007 and December 31, 2010. Each of the training 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 physicians. They were sent for advanced training at the San Diego Campus Medical Center of the University of California, the Cardiovascular Center of the Massachusetts General Hospital of Harvard University, the Ophthalmology Center of the San Diego Campus Medical Center of the University of California, the Medical Image Center of the Pennsylvania University Medical School, the Geriatrics Center of the Johns Hopkins Medical School for training in comprehensive care, and also training in the psychological care of psychiatric problems in the United Kingdom.

In 2008, the Taipei City Hospital recommended 15 candidates. Thus far, one of them has been to Baltimore for training in the prevention and care of addictive diseases.

### **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 all legally registered hot-spring industries to promote the development of industries on one hand, to encourage the public to take action to maintain their own health, and at the same time, to enhance their motivation and participation in health examinations to early detect diseases for adequate early treatment.

In 2007, the marketing of the health-tourism products was not as good as expected; the Department took initiative to improve the plan, and proposed a collaborative project between the Yangming Branch of the Taipei City Hospital and the Ritz Hotel Group. The proposal was reviewed and approved at the 2008 meeting of the Taipei City Health Tourism Products Review Committee. In the first trial sales of two months duration, 58 persons had purchased the products. This result gave the staff of the Health Examination Center of the Yangming Branch much encouragement; and aroused the interest in this matter of the Renai Branch and the Corporate Chen Hsing Medical Rehabilitation Center to join in the collaboration with the Ritz Hotel Group. The Taipei Municipal Wanfang Hospital also took part in this pilot project together with the Wulai Holiday Hotel by developing several products. The collaborative mechanism with the recreation industries in Taipei City had thus been completed.



Promoting hot-spring and health examination and Chinese medicine acupuncture point therapy at the Taipei International Travel Fair



Promoting hot-spring and health examination at the Taipei International Travel Fair



Promoting hot-spring and health examination at the Taipei International Travel Fair

These collaborative projects were reviewed and approved at the second meeting in 2008 of the Taipei City Health Tourism Products Review Committee.

The project is marketed through the health tourism web, e-bulletin, the Health Journal, and press conferences of the Department, websites of the participating hospitals and hot-spring industries, the Taipei City Pictorial, and through activities such as "discover Taipei" and "love for hot-spring." On October 31 through November 3, the Yangming Branch and the Renai Branch took



Hot-spring managers promoting the Beitou hot-spring and health examination deal

part in the 2008 Taipei International Travel Fair to exhibit products of hot-spring health-tourism, to advocate and accept appointments for health examination. In the four days, 556 persons had made appointments. The Corporate Chen Hsing Medical Rehabilitation Center participated in the 2008 Taipei International Medical Fair, and in four days, had 65 appointments. Health examinations are arranged by the hospitals. In 2008, 185 sets of products had been sold out; the growth in number was significant.

Tourism-cum-medical care can benefit both tourism and medical care services at the same time. The development in hot-spring and healthcare industries in Taipei City will help in the design of commercial products, promote the coalition of different industries, and thus enhance the market for health examination and hot-spring. The tourism industries are likely to be encouraged to take part in all kinds of travel fairs and medical fairs to reach more Chinese around the world, and more Japanese and mainland Chinese tourists to visit Taiwan. Health examination for the high-echelon Chinese will definitely bring about more benefits. The tourism-cum-medical care service will certainly be the star industry of the future.

## 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 in 2008 378 press releases; all of them were printed on newspapers. 74 of them were repeatedly printed by more than three newspapers at the same



"Healthy City" quarterly and e-paper



"Public Health of Taipei City Annual Report 2007"  
e-book of compact disk

time. To promote the concepts of Taipei City being a healthy city, in addition to compiling and translating reports, the Department also 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 since March 2007, an appendix to the Quarterly, the Taipei e-paper. The e-paper is circulated 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 goal 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 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 retrenchment of the government, simplification of organization, wastes of resources in the repeated investments in medical

care institutions, restrictions of the global payment system of the National Health Insurance, and the intense competition of the medical care market, the Department began the restructuring of organization in 2005 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 3,657 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 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 district health centers a citizen-centered public health and medical care system. The Taipei City Hospital is also actively engaged in communicable disease control, control of chronic diseases, genetic health promotion, 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 medicines to chronic patients" and "full responsibility care" are offered. Action has also been taken to promote marketing of health, and to realize health promotion services to attain the goal of becoming a center for community health.

Achievements in 2008 are illustrated under the subtitles of 1. integration of medical care, development of special-feature medical and public health centers, 2. promotion of community medical care and public health, 3. domestic and international medical support, 4. total care system, 5. separation of prescribing and dispensing practices, and release of prescriptions, 6. convenient services to the public, and 7. medical care quality and patient safety, as follows:

### **1. Integration of Medical Care, Development of Special-Feature 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 in public health and medical care of each branch are as follows.

### **1) Zhongxing Branch**

#### **(1) Air rescue**

Since 1998, cooperation in medical care has been established with Lienchiang County. Services include regular support of medical manpower, and tele-medical care. Upon instruction of the City Mayor to provide high-quality medical care services, since 2005, air rescue and referral of patients have been provided. The first patient was evacuated on October 16, 2005. The major tasks at present are to help Matsu Island in air-rescue and referral of patients to the Taipei City Hospital. In 2008, 37 patients had been rescued.

#### **(2) Ophthalmology Center**

- Cornea transplantation center: transplantation of cornea is offered; in 2008, free cornea transplantation had been made to 12 cases of poor families.
- Vision promotion and pediatric ophthalmology center: in 2008, 2,274 person-times of pre-school age children had been examined for the prevention of myopia.
- Photodynamic therapy: the new photodynamic therapy technique is brought in from the US to successfully operate on four cases.
- 25G seamless retina injection: the first case in the country of seamless retina injection was successfully performed in June 2005; in 2008, 90 cases had been operated.
- Community ophthalmology center: support to the outpatient care of the Lienchiang County Hospital.

#### **(3) Orthopedics Center**

Advanced microsurgery techniques are completed. The Center is now a technical supervisory center for the training of specialty physicians in orthopedics or neurosurgery in the spinal cord artificial disc or joint replacement. The computerized navigation system is brought in for the artificial knee joint surgery to improve the prognosis of joint operation.

### **2) Renai Branch**

- (1) Research and Development Center for Cancer Control and Prevention  
Medical care resources of the Taipei City Hospital teams are consolidated to, through joint research on the treatment of cancer, two-way

referral, and education and training, establish 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 provide services in cancer screening through precise examination by CT scanning, MRI and tumor markers. Meetings on



55<sup>th</sup> anniversary of the Renai Branch

Meetings on cancer care and with patients are held. In 2008, 4,193 women had been screened for breast cancer; 9,134 women for cervical cancer; 29,708 persons for colon-rectum cancer; and 29,661 persons for the screening of oral cavity cancer. In addition, 11 sessions of meetings with friends of cancer patients for health education had been held for 656 participants.

#### (2) Liver Center

An excellent diagnosis and treatment team of liver cancer has been formed through close collaboration with the ultrasound diagnosis, liver cancer internal medicine, radiology, pathology, digestive surgery, blood tumor and radiology tumor departments. A Care for Liver clinic is operated 12 times a week, for 6,646 patients in 2008. A database on friends of liver disease patients is set up to follow-up the return visits of patients. Currently, there are 91 members in this group.

### 3) Heping Branch

#### (1) Research Center for Disease Control and Prevention

The Center is the most important institution of infectious disease control in northern Taiwan since the outbreak of SARS, and is the responsibility hospital for infectious diseases designated by the central government and is also the core responsibility hospital in the infectious disease control medical care network. 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. On July 5 and July 19, 2008, courses were organized for training on the infectious disease control medical care network. Large-scale drills on

emergency risk response (including on-site flow route drills, practice, and risk management) were held on May 27 and November 6. International visitors from Mongolia, Indonesia, Vietnam and Hong Kong have visited the Center.

(2) Tuberculosis Care Center

The Center won the first prize of the excellent tuberculosis control regional hospital in Taipei City in 2008; the Center's tuberculosis case management worker won the first prize of tuberculosis case manager. In 2008, 151 suspected tuberculosis cases at outpatient clinics had been reported; 275 patients had been placed under hospital care, and 37 had been referred within the hospital, totaling 312 patients cared in hospital. The total days of hospital stay during the year was 9,051 person-days. The Center provides professional isolation care and quality medical care for tuberculosis patients. On April 15, May 13, June 14 and July 31, lectures on the prevention and control of tuberculosis were held in communities. On the World Tuberculosis Day of March 29, a campaign to fight against tuberculosis was organized by the Department.

(3) Cosmetic Medical Center

A professional medical team comprised of specialists in dermatology and plastic surgery provides services in cosmetic medicine through a cosmetic medical treatment room. In 2008, an acnes special clinic was started. In 2008, a total of 21,707 person-times had been served by the Center. Service items include:

- i) skin treatment with fruit acid and collagen, and intervention with vitamin C;
- ii) laser treatment and micro-dermabrasion;
- iii) high pressure oxygen treatment;
- iv) plastic cosmetic surgery.

**4) Yangming Branch**

(1) Community Medicine Center

By the basic principles of the World Health Organization and upon the "three levels, five stages" framework of prevention, a comprehensive community medical care system has been established for preventive health, health promotion, disease screening, adequate medical care, restriction of disabilities, and long-term care. The system includes all-in-one physical examination for adults in community, 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 aid 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, speech training, assessment and training of swallowing). In 2008, 40 rehabilitation beds had been set up to serve 81,674 person-times of patients.

5) 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 occupational medicine has been promoted. A reporting system for occupational diseases and injuries has been set up to monitor the reporting process and quality on occupational diseases by the Taipei City



23<sup>rd</sup> anniversary of the Yangming Branch



Inauguration of the post-partum nursing care home at the Zhongxiao Branch

Hospital system, to integrate cases of occupational diseases reported by the various branches and to follow-up abnormal cases. Currently, there are 56 cases under follow-up management. In 2008, 23 sessions of activities on health promotion at workplace had been organized.

(2) Heart and Vascular Center

The Center, by constant advancement, has sought for the ideal of comprehensive health, and devoted to quality health examination and medical care, and to realize the art and science of modern medicine. By building a warm and comfortable environment, the creativity of the staff is aroused. They are also encouraged to promote physician-patient relationship and confidence to build a solid foundation for the development of medical care. In 2008, 851 person-times of individuals had been examined for total cardiovascular health.

(3) Oral Health Care Center for the Disabled

A dental clinic administering general anesthesia, the first one in the country, was set up. In 2008, 1,717 person-times of the disabled had been cared at the clinic; and 30 were given general anesthesia, for a total of 1,747 person-times. Through unions and professional societies, community dentists are encouraged to join the program to offer oral health education to inmates of special care institutions and nursing care institutions, and to promote the concept of "prevention prevails over cure." Weekly book-review and case conferences are held, and various symposiums are attended to pursuit new knowledge and to upgrade dental care standards.

(4) MND/ALS Care Center

To meet the special needs for medical care of the MND/ALS (motor-neuron disease and amyotrophic lateral sclerosis) patients, a team of specialists in neurology, thoracic medicine, rehabilitation medicine, dentistry, specialty nurses, respiratory care therapists, rehabilitation therapists, psychologists, and social workers is formed to provide the patients with comprehensive and humanitarian medical care in their process of functional degeneration to preserve their life value and dignity. At present, there are 36 beds. In 2008, 7,097 person-times of such patients had been served at a bed occupancy rate of 96.06%. The service won the national bronze medal for service quality.

(5) Urological Center

Professional workers provide all-directional services to the public, conduct

training for physicians, nurses and other professionals in urology, and develop teaching and research in urology. There are the laparoscope and micro-surgery center, care center for dysuria, care center for stones, treatment of infertility and sexual dysfunction for men, urinary center for women and children, and tumor center. In 2007 and 2008, the Center won the national medal for quality. The Center is also an important training center in Asia for laparoscope.

## 6) Branch for Women and Children

### (1) Women and Children and Medical Genetics Center

The Branch has 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 patients of genetic and rare diseases, control of cancer of women (including breast cancer and cervical cancer). In the control of women cancer, on October 18, 2008, an international symposium on the prevention and control of cervical cancer and breast cancer through screening, early diagnosis and new treatment technologies was held for 178 physicians and nurses. On October 25, 2008, a symposium focusing on genetic counseling for congenital and metabolic disorders through screening was held for 120 participants. A hotline for adolescent girls is set up for counseling to young girls on reproductive health, for 49 person-times in 2008. In December, the Center became part of the "Happy No. 9" adolescent-friendly reproductive health service clinic project of the Bureau of Health Promotion of the Department of Health, the Executive Yuan, to provide the adolescents with health education, counseling and medical care in a convenient, friendly and privacy-protected environment.

### (2) Taipei Child Development Assessment and Early Intervention Center



"Love for Women and Children" at the Women and Children Branch

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, speech therapy, psychology, vision, hearing and nursing, and special education and social work as well. In 2008, services had been offered to 1,690 children for first diagnosis, and 4,300 children for return visits. 11 sessions on parent education and five sessions of training for professionals had been held. An international symposium on Asperger Syndrome was held on October 26 for 400 participants.

## 7) Songde Branch

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

The major functions of the Center 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 psychiatry departments of hospitals, medical professional societies, research institutes of universities, and international institutions. In collaboration with the police and fire authorities, hospitals, the campus supervision systems, and the community mental health centers, a care system for suicide attempts has been set up. In 2008, 14,652 suicide attempts had been reported and registered.

### (2) Psychiatric Center

A core hospital of the national psychiatric care network, the Center, in collaboration with 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.



Inauguration of the Songde Branch Addiction Control Center

- (3) Research and Development Center for the Prevention of Drug Addiction  
The Center was inaugurated on April 15, 2008, at the fifth site (the original Xiangshan site) of the Songde Branch. Researchers in drug and alcoholic addiction were collected together to provide clinical services to drug addicts, to organize training for medical personnel in the control of drug addiction, and to conduct research on relevant issues, and thus to gradually improve the quality of medical care for drug addicts.

#### 8) Branch for Chinese Medicine

- (1) Research and Development Center for Chinese Medicine  
To upgrade the standard of Chinese medicine, and 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 2008, three papers had been published in domestic and international journals; 11 lectures on health-oriented diets had been organized; and three sessions of evidence-medicine training had been held.
- (2) 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 Shuanxi. Health promotion through Chinese medicine in daily life will be promoted in communities. In 2008, 37 pieces of news had been released; 243 radio and TV broadcasting on health promotion through Chinese medicine had been made; 222 sessions on health promotion through exercise had been organized; 102 lectures had been given; and 23 clinics had been held.

#### 9) Linsen Branch

To provide more medical care services, beginning in October 2008, clinics on hepatitis, pain and metabolic disorders focusing on the commonly seen disorders of the nationals, hepatitis, sleep disorders from stress and overwork, and long-lasting pain, have been set up to integrate Chinese and western medicines in the care to replace the current care by Chinese and western medicines alone separately. On October 2, 2008, 17 beds



Easy Card for residents of the Linsen Branch

for the joint care by Chinese and western medicines were set up; the number of beds was extended to 27 on December 30. This practice uses Chinese and western medicines equally to provide the patients with the best treatment through clinical visits and regular case conferences. In the initial stage of operation, focus will be placed on the prognosis of patients of cerebrovascular diseases, hepatitis, serious degenerative arthritis, or serious sciatica, who either cannot or are unwilling to go through operations.

#### **10) Kunming Branch**

##### **(1) Research and Development Center for Sexually-Transmitted Diseases and AIDS**

To improve the knowledge of the public on STDs and AIDS and thus to reduce their infection rates, the 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 2008, testing of 21,332 cases for AIDS virus and syphilis antibody had been made; 28,950 person-times of STD and AIDS cases had been placed under management; 164 sessions of educational activities had been held in communities and schools; 229 lectures had been organized focusing on the eight special businesses; and 926 educational meetings had been 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 2008, 202 sessions of educational activities had been organized for 14,723 person-times (including 29 sessions for 8,988 person-times on campus, 105 sessions for 2,060 person-times in communities, three sessions for 134 person-times of the special groups, 65 sessions for 3,541 person-times of contacts). 590 sessions of screening had been held for 23,267 person-times (including 167 sessions for 5,970 person-times of the high-risk groups; the primary detection rate for the high-risk groups was 0.22%, and the prevalence rate was 0.10%). 300 sessions of screening were held in communities for 4,096 person-times (the primary detection rate of contacts was 0.17%; the prevalence rate was 0.17%). 1,558 tuberculosis patients were placed under management (including 894 open cases, 593 non-open cases, and 88 cases of other tuberculosis).

By December 2008, 1,000 cases had been placed under management; and 717 newly registered cases were put on the DOTs care, at a rate of 85.5%.

## **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 for residents of the communities will be realized, and the Taipei City Hospital will be used as a center for the development of a "community-based medical center."

### **1) Implementation of Public Health Programs and Health Promotion**

#### **(1) Health Promotion in Community 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 and their outpatient clinics to execute the medical care missions designated by the government. Since March 2008, various public health services, including health examination for the elderly, have been provided. In 2008, 28 sessions of the multi-phase preventive healthcare screening had been held for 5,305 person-times; 44 sessions of integrated preventive healthcare services in communities, 29 sessions of integrated screening in remote areas for 2,739 person-times, 821 sessions of integrated screening in community for pre-school age children, and 205 sessions of immunization against influenza for junior and senior high school students had been conducted.

#### **(2) Health and Medical Care Win-Win Project**

The project began on a trial basis on July 1, 2007, by the Department in collaboration with the 12 district health centers, community mental health centers and the Taipei City Hospital. Residents are encouraged to accept immunization, screening for the five leading cancers, screening for the three-highs, participate in health lectures, and work as volunteers for health promotion. By doing so, they can accumulate credit points on the Wellness Card, and after certain points, they can avail themselves to the free healthcare services such as health lectures and health examination at the Taipei City Hospital. In 2008,

2,390 persons had availed themselves to these free services, 2,066 persons for registration fee waiving, 64 for health lectures, 88 for primary health examination, 97 for secondary examination, and 75 for advanced examination.

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

The Yangming Branch of the Taipei City Hospital continued to plan and execute this project. Included in the project are integrated medical care services at the Yangming Nursing Home, 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 integrated vision clinics are held for the 270 students of the School for the Blind with severely impaired vision; and dental examination and basic healthcare services are offered to 354 students of the School for the Mentally Retarded and 399 students of the Yangming Nursing Home.

(4) Methadone Project

The Taipei City AIDS care center for drug addicts is set up to operate a Methadone outpatient clinic and to set up an information system for case management. The Kunming Branch began the Methadone clinic on November 27, 2006, with a view to reduce the harms of drug addicts. Assistance is given at the same time to the Army Beitou Hospital, Tri-Service General Hospital, the Yangming and the Songde branches to set up Methadone clinics and for the training of nursing personnel. In 2008, the Kunming Branch had provided medicines 39,006 person-times. The Songde Branch began the operation in March 2008. In 2008, it had provided medicines 11,351 person-times.

(5) "Health for All" through TV Channels

A healthcare TV program, the first one in the country, was started on April 5, at 5-6 hours every Saturday afternoon. Physicians are present to talk on certain diseases in lectures or dramas to help the audience understand the problems. The program began with mild diseases and moved on gradually to serious and fatal problems. In 2008, talks on 33 issues had been broadcast.

**2) Out-of-Hospital Outpatient Clinics**

Six branches, the Zhongxing, Renai, Heping, Zhongxiao, and Women and



Children, of the Taipei City Hospital continue to operate 16 outpatient clinics out of 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 each week 62 sessions of rehabilitation service in community, 22 sessions of mental health counseling, four sessions of pharmaceutical service, four sessions of nutrition counseling, and two sessions of nursing and health education.

**3) Establishment of the Health Center Internet System**

The System allows the out-of-hospital outpatient clinics to use the Hospital Information System (HIS) 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 improve their quality of medical care. The installation of the Picture Archiving and Communication System (PACS) protects the rights of patients to medical care at any location.

**4) Linking Community Pharmacies**

To save manpower, storing spaces 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 infection in hospitals. Pharmacists of the community pharmacies can at the same time offer counseling on the use of medicines. Community pharmacies also deliver medicines to homes of the elderly living alone, to the handicapped and disabled patients as well.

**5) Electronic Mobile Medical Care**

A two-way referral system is set up together with local nursing care institutions to provide mobile medical care services by which physicians go to patients rather than patients coming to see 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 2008, 2,152 person-times of patients had been cared.

**6) ATM for Prescription Release**

In coordination with the policies of the Department of Health, the Executive Yuan, since November 19, 2008, the Taipei City Hospital has promoted the ATM system for the release of prescriptions. The system is linked to some 200 quality NHI community pharmacies in Taipei

City and Taipei County. With the prescriptions released by the Zhongxing and the Yangming branches of the Taipei City Hospital, people can use the ATM system in three simple steps to request community



Prescription release ATM

pharmacies to dispense medicines. Medication becomes more convenient and fees for registration and co-payment are saved.

#### **7) Electronic Medical Care**

To provide citizens of the greater Taipei area with a warm, convenient, and quick medical care environment, and to reduce the costs of hospitals, the Taipei City Hospital, together with the Taipei City Smart Card Company and others, established a credit card for the payment of medical fees. In September 2008, at the Zhongxing Branch, 12 sets of payment machines and one set of value-adding machine were installed; in October at the Linsen Branch, 30 sets of payment machines and one set of value-adding machine were installed for the public to either pay medical fees and add value on their credit card to save time at the cashier counter.

### **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 to the international community.

(1) On September 8 through October 31, 2008, 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 8-19, 2008, a team visited for the fifth time medical

care institutions in the sister city of Ulaanbaatar of Mongolia and its neighboring towns to provide medical care support, health education and environmental sanitation. Field training in DMAT was also conducted at the same time.

## 2) Medical Support to Victims of the Sichuan Earthquake

The Wenchun area of Sichuan Province of China was attacked by an enormous earthquake of 7.8-magnitude at 2:28 p.m. on May 12, 2008. Upon instructions of the City Health Department on May 18, the medical team of the Heping Branch led by Dr Hong Shiqi was ready within 12 hours to set off for medical support in Sichuan during the period May 20-26.



The Mongolian medical team



Taipei medical rescue team in Sichuan disaster areas



Taipei medical rescue team cares for victims of the earthquake in the Sichuan disaster areas

## 3) Care of Residents on Offshore Islands

Care of residents on offshore islands is continued. 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 2008, 280 person-times of physicians had provided care in 1,110 clinics sessions.

## 4. Total Care System

Under this system, during patients' hospitalization, their daily life activities

are attended to by ward assistants, and their nursing care is executed by professional nursing personnel, and thus to guarantee 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, and to improve the approval rate of patients and families. In a way, national productivity can be improved now that fewer people leave jobs to care for their family members. At the same time, more jobs have been created (some 400 ward assistants). Before the implementation of this system in July 2003, the rate of family members attending to patients was 70.6% on average; it went down to 21.59% in 2008.

## **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 pharmacists 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 common 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 the handicapped and disabled patients as well.
- 5) In 2008, a total of 368,356 refillable prescriptions for chronic diseases

had been issued; this was 72,003 prescriptions more than that of the same period of the year before, at a growth rate of 19.55%. Prescriptions had been issued to 29.0% of chronic patients; this was 5.9% more than what it was in the previous year. In total, 329,845 prescriptions (that is, the number of prescriptions released) had been dispensed at community pharmacies. This was 38.16% of all prescriptions issued for chronic diseases; and was 0.94% less than that of last year. Community pharmacies around the country had also delivered medicines to homes 13,642 times in the year.

## **6. Convenient Service to the Public**

### **1) The Call Center**

Services are provided 24 hours. The Center is also linked to the Taipei City Government Call Center. People can dial 1999 extension 8888 to access to the services of the Taipei City Hospital Call Center. In 2008, 451,730 person-times of calls had been processed. Of them, 376,884 calls were for registration, accounting for 83.43% of all.

### **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 added. Stops are also set up at neighboring MRT stations for the convenience of the public. In 2008, 565,893 people had made use of this 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 in short messages. At time of emergency, the conditions of patients 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 who is issued a refillable prescription 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 2008, cross-branch services had been made 482,091 person-times.

## **5) Supervision on Public Services**

29 items of active and warm services are provided, including ordering taxis, providing toilet articles for 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 2008, 1,803,025 person-times of all kinds of services had been provided. Politeness of employees is promoted. A handbook on service manners and telephone manners has been produced. Training is conducted and telephone calls are supervised. Outstanding employees are regularly awarded.

## **6) Services by Translators**

Services in Vietnamese, Indonesian, and Cambodian are offered at the service counters and clinics in the Renai, Zhongxing, Heping, Yangming, Zhongxiao and Women and Children branches. In 2008, services had been offered 19,135 person-times. Of them, requests for help in medical care, for 10,860 person-times, were the most.

# **7. Care of Critical Patients**

## **1) Care of Critical Patients**

Care of severely and critically ill patients has been strengthened. In July 2007, a system to assign full-time physicians in ICUs was promoted; medical instruments were renewed; spaces were improved; and the number of ICU beds was increased (14 more in the Renai Branch, 16 more 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 Taipei City Hospital has set up respiratory care beds specifically for use of patients of respiratory failure and patients depending on respirators. The Zhongxing Branch set up on December 24, 2007, a respiratory care ward with 34 beds. In 2008, services had been given 81 person-times in 10,289 person-days. The Renai Branch set up on July 30, 2008 a respiratory care ward with 14 beds. In 2008, services had been given 24 person-times in 1,189 person-days. The Heping Branch inaugurated their ward on April 22, 2008, with 23 beds. In 2008, services had been given 76 person-times in 4,005 person-days.

## **2) Upgrading Quality of Clinical Care**

Several projects to upgrade the quality of medical care have been implemented. National quality contests are participated in. The branches had taken part in the 2008 National Quality Logo and Medical Quality in

Medical Biotechnology Award contest. The Zhongxiao Branch won the bronze prize in the "total care of motor-neuron disease patients." The Women and Children Branch won a prize on the "all-directional service for the screening of breast cancer." The Renai Branch won a prize on the "employment of the mentally impaired." The Yangming Branch won a prize on the "community medical care model in the 21st century." The Pharmacy Department of the Zhongxiao Branch won a prize on the "reducing error rate in dispensing" at the 9th Medical Care Quality Award.

### **3) Strengthening the Management of Medical Care Indicators**

To strengthen the management of medical care 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 in branches to collect data for indicators, and monitor and review them regularly. For branches 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 monthly, compared with other branches quarterly, and fed back to each branch for review and improvement. Since 2008, acting on the recommendations of the TJCHA and to meet the needs for quality improvement, 12 more items were added to the TQIP monitoring, totaling 30 items; and 5 more items were added to the THIS monitoring, totaling 25 items, to monitor from all directions and to strengthen the quality of medical care.

### **4) Promotion of Hand Sanitation**

In coordination with the policy of the Department of Health, the Executive Yuan, the hand-sanitation movement was made the theme of the patient-safety week for 2007-2008. Various innovative and improvement strategies for hand-sanitation have been promoted to make all hospital staffs place more importance on hand-washing. The hand-sanitation contest organized by the Taipei Medical Care Region was participated in; and the Zhongxing Branch won the prize of excellence. In the solicitation for logos, the Zhongxing and the Heping branches each won a prize of outstanding works.

### **5) Training on Quality Control**

Quality control activities have been actively promoted. In 2008, basic training on quality control circles, training of supervisors, and quality

circle supervision activities 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 the improvement of various services. To strengthen patient safety, basic and advanced courses on Root Cause Analysis (RCA) and on Failure Mode and Effect Analysis (FMEA) had been organized. A series of 11 training courses for seed workers in the reporting of unusual incidents and patient safety had been held. These training courses were also open to medical personnel of the Taipei Medical Care Region.

## Chapter 4 Outsource Operative Hospitals

### Section 1 Taipei Municipal Wanfang Hospital

Taipei Municipal Wanfang Hospital is the first municipal hospital commissioned out for management. The Hospital, with 732 beds, is commissioned out to the Taipei Medical University. By 2008, the Hospital had been in service to the public for 12 years with high-quality medical care and public health services. Major achievements in 2008 are as follows.

#### 1. Medical Care and Services

- 1) Providing top-class professional medical care services
  - (1) An International Liaison Center is created to offer international medical



1



2



3

Elephant-foot patients under care at clinic 1~3



- care services.
- (2) A Telecare Service Center is established to set up an integrated service network to provide comprehensive services in emergency care, home care, management of chronic patients and health management.
  - (3) A cancer center is established to integrate teams of eight major cancers. In 2008, the Center passed the certification of the quality of cancer care.
  - (4) An artificial skin laboratory and an artificial skin bank are set up to develop various kinds of artificial skins for the care of wounds.
  - (5) A lymph circulation care center is established to provide operations on the lymph circulation impairment of lower limb for the benefit of elephantiasis of lower limb patients.
  - (6) Professional teams in vascular surgery, metabolism and the hyperbaric center are joined together to provide integrated care of diabetic feet.
  - (7) A control and care center for tuberculosis in the southern part of Taipei.
  - (8) A core hospital of MDR-TB (multi-drug resistance, tuberculosis) in the Taipei Area, the Hospital also participates in the Preserving Effective Tuberculosis Treatment Study – Taiwan (PETTS-Taiwan) project directed by the US CDC.
  - (9) The largest database in the country on head trauma and also a control team.
  - (10) Integrated stroke control services in community are provided following the US stroke control model.
  - (11) A stem cell center is established in collaboration with the Taipei Medical University for clinical and basic research.
  - (12) A drug counseling center is established to provide patients with comprehensive information on the safe use of drugs.
  - (13) The Hospital passed the accreditation of the Joint Commission International (JCI) in 2006. Since then, a tracer methodology has been promoted. The Deputy Director of the Hospital and a team of members in medical care, nursing, infection control, pharmacy and patient safety trace a specific ward periodically to provide patient-centered medical care services.
  - (14) The Hospital passed the certification of the College of American Pathologists Laboratory Accreditation Program (CAP-LAP) in 2007 to provide professional laboratory testing.

- (15) 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.
  - 4) The Hospital has passed the certification of ISO 22000 and the HACCP (Hazard Analysis Critical Control Point). Work continues to provide dietary services of international standard in the Hospital.
  - 5) In addition to providing services in the discharge plan of patients, their follow-up and home care, health lectures are held regularly to answer queries of the public on health issues. In 2008, 339 sessions of lectures had been held. Volunteers in the lobby lead the public for physical exercise to build a healthy living environment.
  - 6) In collaboration with the Ritz Management College, a special project on innovative thinking and heartfelt service is promoted to improve service quality. Training is organized specifically for personnel at the registration and pricing counters and nursing personnel in clinics. Patients under hospital care are presented with birthday cakes and cards to remind them of their birthday.



Walking for the promotion of safe drug use (May 2008)

## 2. Teaching

### 1) General Medical Education

The Internal Medicine Ward of the Hospital is subsidized for three consecutive years to set up a demonstration center for teaching in internal medicine sponsored by the Medical Education Society; the Hospital is also subsidized for the training of medical students in general

## Part 5 Improvement of Municipal Hospitals and International Medical Care Service

medicine after graduation sponsored by the Department of Health, the Executive Yuan.

- 2) With reference to the six areas of skills developed by the US ACGME, training programs for medical residents are formulated and evaluated.
- 3) Clinical skill centers are set up. Teaching models and software are established to develop simulation-operated teaching curricula. An experimental surgery is set up for experiment on animal operations. Training in operation on animals is given to residents and medical students under practice.
- 4) A teacher development center is set up for the overall training of the teaching faculty. By the end of 2008, 98% of the attending physicians of the Hospital had taken part in the basic course of CFD. It is regulated that all resident physicians, before they are promoted to attending physicians, shall finish training in CFD. For the newly recruited teachers, the Taipei Medical University and the Wanfang Hospital offer training in CFD for them.
- 5) For six consecutive years, the Hospital has won the Innovative Teaching Award of the Taipei Medical University to confirm the teaching of the faculty.
- 6) In coordination with the international cooperation programs



1. Health screening and Chinese medicine care in Mingxing community (May 2008)
2. Screening for oral cavity cancer (June 2008)
3. Blood pressure testing for residents of Wanmei borough (September 2008)
4. Walking in Wenshan District (October 2008)

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 is as follows.
  - (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 care of patients in hospital. The mini-CEX, DOPS, OSCE, and other 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 and care of patients in hospital. Objective methods are used in 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. Objective methods are used in the evaluation of teaching.
  - (4) Since January 2008, each resident and practicing medical student is established a personal portfolio of learning process to evaluate the teaching of each department on one hand, and to review individual learning process. Contests of portfolios are held, and excellent works are awarded.
  - (5) The Hospital is subsidized by the Department of Health, the Executive Yuan, for the training of physicians and other medical training.

### **3. Research**

- 1) Clinical teaching and research is encouraged; integrated research projects are promoted.
- 2) Six research groups in clinical medicine, biotechnology, medical information, medical care quality, medical care services, and teaching are established. Professor Wang is invited to help integrate the cancer center team of the Hospital to upgrade the cancer service quality.
- 3) A joint laboratory for clinical medicine is set up. Budget is allocated for research. Physicians and medical personnel are encouraged to conduct collaborative research with the teaching faculty in basic medicine of the Taipei Medical University.
- 4) A cancer center laboratory is set up. Physicians of the Hospital are encouraged to conduct cancer research.

5) Library facilities and collections

Services of the Library include check-in and out of books and journals, lectures on electronic resources, education on use of library, reference and counseling, inter-library cooperation, photocopy of documents, SDI, reference books assigned for teaching, and core library collections. In addition to the 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 for 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 regarding the commissioning out of management to private sectors to contain public funds and feedback to the society, and also regarding the objectives of the teaching hospital affiliated to the Taipei Medical University of serving the community, teaching students, and strengthening research, the Municipal Wanfang Hospital has invested a large 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. Activities are summarized as follows.

- 1) Infected specimens are collected and tested.
- 2) Continuing education on the control of communicable diseases is provided.
- 3) Control of avian flu: 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 are formulated for reference and execution by the Hospital staff. In coordination with the health authorities, training in the control of avian flu has been conducted. In 2008, 25 sessions of such training for employees had been organized for a total of 3,997 person-times.
- 4) In coordination with the Pap smear test, screening services for breast cancer and cervical cancer have been provided.
- 5) Pre-marital and pre-pregnancy health examination is provided.
- 6) Pre-natal genetic diagnosis is provided.
- 7) Psychiatric care is provided.
- 8) Social work services for psychiatric patients are offered.

- 9) Services in clinical psychology are available.
- 10) Services in occupational therapy are offered.

## **5. Health Promotion**

The Hospital passed in 2005 the review of the World Health Organization to become the first certified Health Promoting Hospital (HPH) in Asia. With this successful experience, more medical care institutions in Taiwan will be encouraged to march on to the international stage. The procedures taken by the Municipal Wanfang Hospital in applying for the certification of the WHO are 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 a Health Promoting Hospital promotion team of international standard.
- 2) Following the suggestions of the WHO, 20 health promoting hospital special projects were decided; and 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 originated from 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 to health and medical care services needed.

## **6. Emergency Disaster Rescue Center**

- 1) The Hospital, being close to the Wanfang Interchange of the North Expressway No. 2, and is also a stop of the MRT Muzha Line, is adequately located in terms of traffic and also 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 unified command and liaison center is set up to plan for the flow of

emergency care. There are clear-cut information management processes and computerized information facilities. Cases are reviewed afterwards for reference in meeting with sudden incidents in the future.

- 4) New facilities are brought in to upgrade the standard of operation, and to provide the public with high-quality emergency medical care.
- 5) Support to air rescue: to make medical support and transfer of patients smooth, the Hospital and the International SOS (an AEA company) work together to install a heliport on the 14th floor of the Hospital for the transportation of patients for emergency care to give patients most timely and professional assistance.
- 6) The Hospital is in full coordination with the Taipei City Government 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: in coordination with the management 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 MRT 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 the northern and southern regions of Ilan County in emergency care.

## 7. Achievements in Patient Safety

The priority plan in the improvement of the Hospital in 2008 is to construct a patient-centered medical care quality-service system.

- 1) The Hospital has taken 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 national symposiums on patient safety; participated in the planning of healthcare programs for residents of remote areas and offshore islands prepared by the Department of Health, the Executive Yuan; and made all efforts to strengthen medical care safety and convenience of information in remote areas. To understand the use of medicines by patients out of hospital, and to upgrade patient safety and reduce wastes in drug use, the Hospital and

the Taipei Branch Bureau of the Bureau of National Health Insurance joined together to set up a Medication Reconciliation Information System (MRIS). The Hospital is the first one in the country to set up such System, and is made a demonstration hospital on patient safety to promote this System throughout the country.

- 2) The Hospital is now a demonstration hospital on patient safety.
- 3) A patient safety information system is set up. Five patient safety information systems have been developed. They are:
  - (1) Drug-Drug Interaction Reminder (DDI);
  - (2) Surgical Patient Safety System (SPSS);
  - (3) Adverse Event Reporting System (AERS)
  - (4) High Risk Results Reminder (HRRR); and
  - (5) Radiofrequency Identification (RFID).

In 2008, more systems had been developed:

- (1) Fall Prevention Information System (FPIS);
- (2) Response platform of the High Risk Results Reminder;
- (3) E-Handoff Electronic Exchange series;
- (4) Message platform at nursing stations (PHS electronic online consultation);
- (5) Profiles of drug use.

## **8. Bilingual Services**

- 1) Six principles
  - (1) Accessibility: to provide aliens with a friendly medical care environment; to make available more information in English 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 destination.
  - (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 department, hospital



admission, registration, pricing, collection of medicines, laboratory testing, examination, floor plans, health education and the information counter.

- (2) Printed materials are in Chinese and English, including introduction to the Hospital, information concerning medical care, laboratory testing, diagnosis/certificate, drug bags, receipt, major diseases, and health education.
- 3) The Chinese-English handbooks such as process of medical care, social work services, and bilingual materials have been revised and enlarged.
- 4) Training of service people on the front line in English is conducted through oral drills and situation dialogue.

## **9. Multi-Language Services**

Aliens taking medical care in Taiwan, for language problems, often feel unsafe and inconvenient. Services that used to be provided in English are now provided in other languages as well to give aliens more adequate and safe medical care services.

- 1) Services are available on Mondays, Tuesdays, Wednesdays and Fridays.
- 2) Indonesian is used.
- 3) One translator is at service each day.
- 4) Thus far, 1,392 person-times of patients have been served.
- 5) Care service handbooks and educational leaflets in different languages have been produced.
- 6) Volunteers in different languages are at service.

## **10. International Exchange in Medical Care**

- 1) A mobile medical team visited the Marshall Islands from April 19 to May 4, 2008.
- 2) A mobile medical team visited Palau on August 11-23, 2008.
- 3) In coordination with the Ministry of Foreign Affairs' 2008 plan for the training of medical personnel from friendly countries, nursing personnel and radiology technicians from the Marshall Islands were accepted for training in September through December 2008.
- 4) The second mobile medical team visited the Marshall Islands on September 13-28, 2008.
- 5) Together with the Taiwan Roots Medical Association, a mobile medical team visited Sri Lanka for medical support on November 3-13, 2008.
- 6) On November 5, 2008, the Hospital and the Marshall Islands signed an agreement on the referral of patients.



1. Performing cataract operation on the Marshall Islands (April 2008)  
 3. Rehabilitation services offered by the mobile medical team in Palau (August 2008)  
 5. Opening ceremony of the training program for participants from friendly countries  
 7. Signing of an agreement on the referral of patients with the Marshall Islands (1) (November 2008)

2. The ENT group of the mobile medical team providing services in Marshall Islands (April 2008)  
 4. Mobile medical team performing operation at clinic in Haiti (November 2008)  
 6. The 2008 training of medical personnel from friendly countries plan: short-term training for nurses from the Marshall Islands  
 8. Signing of an agreement on the referral of patients with the Marshall Islands (2) (November 2008)

- 7) Dr Wang, member of the Burkina Faso medical team, visited the Hospital for training in obstetrics and gynecology ultrasound techniques on November 17-21, 2008.
- 8) A mobile medical team visited Haiti from November 23 to December 9, 2008.

## 11. International Medical Care Services

- 1) Participation in international medical care services
  - (1) Together with some 30 hospitals, the Hospital also takes part in the second-year phase of the plan for the promotion of international medical care services advocated by the Department of Health, the Executive Yuan, and its related activities.
  - (2) The Hospital, one of the seven hospitals, participated in the publication of the Taiwan edition of the US Patients beyond Borders.
  - (3) The Hospital actively participated in the international medical care activities organized jointly by the Department of Health, the Executive Yuan, the Foreign Trade Association, the Tourism Association, and the Taiwan Private Medical Care Institutions Association, including:
    - the 2008 Medical Travel World Congress on February 25-28, 2008, in Kuala Lumpur, Malaysia;
    - the Medical Expo in Yokohama, Japan, on March 16-20, 2008;



The Parkway Group of Singapore visiting the International Medical Center (November 2008)



Release of a new book, Patients without Borders in Chinese, at a press conference (July 2008)



Attending the CTM Fair in Shanghai (November 2008)

- the 2008 World Wide Health Taiwan on May 28-30, 2008;
  - trade groups' visit to China on June 22-28, 2008;
  - the Medical Tourism North Asia on July 29-31, 2008;
  - the Hong Kong Medical Fair on August 14-18, 2008;
  - the Taipei International Medical Fair on November 6-9, 2008;
  - the 2008 CTTM in Shanghai on November 19-23, 2008.
- 2) Measures associated with medical care for international patients
- (1) An international medical care website in English, Japanese, simplified Chinese and Traditional Chinese is set up and linked to the world community. Contents include items and sets of medical care services, information to patients, introduction to the medical teams, health education information, communication channels, introduction to Taiwan, etc. The web is updated regularly.
  - (2) A contract is signed with the Taiwan SOS to be a contracted service hospital.
  - (3) The process of hospital admission and items of care are formulated and promoted for international medical care.
  - (4) Multi-language services are provided. Examination forms, operation consent forms and educational leaflets are produced in English as well for international patients. A reception center, outpatient clinics and special medical care zones for international patients have been set up.
  - (5) In collaboration with other industries, tourism-cum-medical care services are provided.

## 12. Honors of the Year

- 1) In January 2008, license was renewed for the OHSAS 18001 occupational safety sanitary management system.
- 2) In February, the community medical care group won the outstanding prize for medical care quality.
- 3) In May, the International Medical Care Center passed the accreditation of the Department of Health, the Executive Yuan, on the internationalization of medical care.
- 4) In May, the Hospital passed the accreditation of the Department of Health, the Executive Yuan, on the traditional medicine specialty.
- 5) In June, the Hospital passed the certification of the cancer care quality.
- 6) In July, the Hospital was accredited by the Taipei City Hospital excellent as a healthy hospital.

- 7) In July, the Hospital was presented with the logo of Health Promoting Hospital by the Taiwan Health Promoting Hospital Association.
- 8) In August, the Hospital was accredited as a tumor training specialty hospital.
- 9) In September, the Hospital passed the accreditation of the Forum for Ethical Review Committee in Asia and the Western Pacific (FERCAP).
- 10) In September, the Hospital was certified as a mother-children-friendly hospital.
- 11) In September, the Hospital was accredited by the TJCHA as an excellent teaching hospital.
- 12) In October, the Hospital was designated by the Taipei City Health Department to hold demonstration on the rescue of mass casualties.
- 13) In November, the Hospital was awarded excellent by the TJCHA for innovative performance in patient safety.
- 14) In November, the Hospital was awarded excellent by the TJCHA on the promotion of hand-sanitation.
- 15) In December, the Hospital was awarded by the Wenshan District Health Center for patient safety.
- 16) In December, the Cyber Knife Center of the Hospital won a logo for biotechnology medical quality of medical care institutions.
- 17) In December, the Hospital as a health promoting hospital won the logo for biotechnology medical quality.
- 18) In December, the mobile medical information platform of the Hospital passed the accreditation for medical information management.
- 19) In December, the Hospital passed the accreditation for innovative information technology and patient safety.
- 20) In December, the Tuberculosis Center won the logo for biotechnology medical quality.
- 21) In December, the Health Management Center won the logo for biotechnology medical quality.
- 22) In December, the Clinical Trial and Research Center won the logo for biotechnology medical quality.

### **13. Publications**

- 1) Experience sharing on the recent JCI;
- 2) Listen to the Patients;
- 3) On Physician-Patient Relationship, from Theory to Witnesses by 50 Celebrities
- 4) Practice on Community Medicine

- 5) Practice on the Management of Medical Care Quality
- 6) OSCE Practice – A Guide to High-Quality Clinical Techniques
- 7) Resolving Problems of Medical Ethics
- 8) A Guide to the Clinical Diagnosis of Serious Brain Trauma

## **14. Conclusion**

Based on the concepts of "community-first, patient-oriented," the safety of patients is deeply rooted in the minds of employees of the Wanfang Hospital. By the 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 in the last 12 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 to 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 Taipei Municipal Guandu Hospital**

Taipei Municipal Guandu Hospital is the second municipal hospital that was commissioned out for management, by public solicitation in 2000, to the Taipei Veterans' General Hospital. 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, and to improve the care of 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. There are currently 45 acute general beds, 94 chronic general 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 2008 are summarized as follows.

### **1. The Hospital was accredited in 2008 as an excellent hospital by the Department of Health, the Executive Yuan.**

In 2008, the Hospital was accredited by the New Hospital Accreditation System as an excellent hospital of the highest scores in management, community care, and quality of personnel. The Hospital is always concerned with the safety and rights of patients. It was an honor once again to be accredited excellent by the competent health authority among all hospitals at the same level. In 2008, the Hospital also won several national quality awards as follows.

- 1) The first place in the district in the anti-tuberculosis campaign of the Taipei City Health Department;
- 2) Accredited excellent in the healthy hospital accreditation by the Taipei City Health Department;
- 3) The first place among all district hospitals in the immunization of the elderly against influenza organized by the Taipei City Health Department;
- 4) An excellent hospital in the health examination for the elderly sponsored by the Taipei City Health Department;
- 5) The first place among all district hospitals in the Pap smear screening for cervical cancer of the Taipei City Health Department.

## **2. The Hospital was accredited excellent by the Taipei City Health Department as a healthy hospital.**

In 2005, the Hospital was accredited an excellent healthy hospital and an excellent healthy workplace. Working on the ideal of building a community-based hospital and a healthy hospital, the Hospital once again was accredited an excellent hospital in 2008.

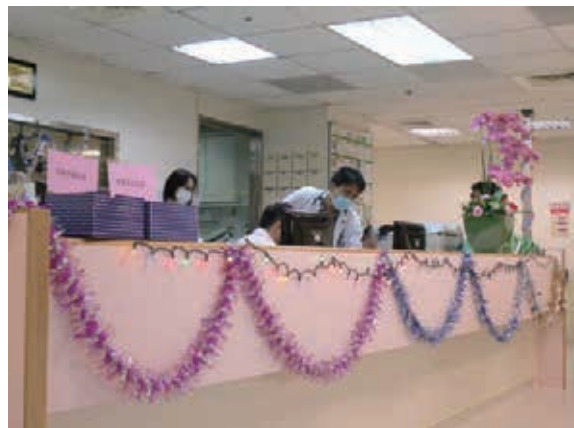
## **3. Establishing an integrated medical care services for the elderly**

Medical care of the elderly often focuses on the treatment of a single illness at one time. Specialists in the care of acute systematic diseases often fail to provide comprehensive care; they have to consult other specialists. This will, after discharge from hospital, make patients visit several departments at the same time to result in the wastes of medical care resources and the danger of repeated use of medicines; it would also increase the burdens on patients and their families. In 2008, with the subsidies of the Medical Care Fund of the Department of Health, the Executive Yuan, the Hospital began a plan to promote in a small-size hospital integrated medical care services to the elderly, with a view to establish a vertical integrated medical care service model for the elderly, including the establishment of outpatient clinics for the elderly, units for the acute care of the elderly (ACE units), and to provide comprehensive geriatric assessment (CGA), integrated shared care for the elderly, discharge

plan, and continuing home care and community concerns, hoping to improve the physical, mental, and social problems and activity functions of the frail elderly, and to provide the elderly with an adequate care environment. Comprehensive assessment gives accuracy to diagnosis, and helps in the selection of adequate treatment to either restore or maintain health. Prognosis can be predicted, follow-up of changes can be made, and care after discharge from hospital can be given through community networks to give the patients most adequate care.

Service items in this plan include:

- 1) Establishing wards for the elderly: 35 beds have been set for the integrated care of the elderly.
- 2) Establishing outpatient clinics for the elderly: the clinic will be open and operated by physicians qualified in geriatrics medicine for two sessions a week.
- 3) Establishing counseling teams for the elderly: the team includes physician, nursing personnel, pharmacist, dietitian, physical therapist, occupational therapist, speech therapist, social worker and clinical psychologist.
- 4) Providing the elderly with home care: four home-care nurses, upon referral of the hospital discharge team, visit the elderly at home regularly for home care and follow-up.
- 5) Providing the elderly with day care: 50 beds are set up for the day care of the emotionally impaired elderly after their discharge from hospital. Group physical and mental therapy services are provided by the day care team.
- 6) Providing institutional care: 92 beds are set in a nursing home to care for the elderly who are in relatively stable conditions though are unable to care themselves and their resources are limited. They are helped in their daily life by caregivers, nursing care by nursing personnel, and group and individual activities for recreation and therapy led by social workers. Physicians visit them regularly to assess physical changes and control of illness.



Setting up wards for the elderly to implement the integrated service care for the elderly



#### 4. Integration of Medical Care Resources

Action has been taken to actively develop community medicine and promote public health to attain the goal of preventive healthcare. To meet the health needs of the residents of the Guandu area, services in health promotion, protection, medical care and rehabilitation are provided. To go deep into the community, and to attain the goal of community health building, close cooperation is maintained with various medical care institutions and public-interests groups in the area to promote health promotion activities of all kinds. A community health promotion committee is set up to implement public health and preventive health education, to integrate resources of various departments, to give assistance to the district health centers, the elderly service centers, schools, nursing homes, women's associations, the Lions, and other organizations. Free health lectures, medical care, and health examinations are offered. To attain the goal of healthy community, health activities to activate the life of the residents are promoted. 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. Workshops 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 and 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 are promoted.



Services are provided in communities to attain the goal of community health building

## 5. The concept of "aging in community"

The Guandu community has the highest number of the elderly above 70 years in Beitou District. A large number of the elderly have at the same time 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



The Guandu Care Station welcomes visits of the elderly

skills to practice healthy life, and thus to help the community people build health in their daily life. In 2008, in coordination with the Healthy Life Plan of the City Health Department, action had been taken to train volunteers through skill development to prepare more seed workers for health building in communities. Local manpower resources are used to set up deep in the community "care stations" to identify problems of the elderly and the elderly living alone, and thus to respond to the call of the government of "aging in community" and to realize the ideals of "local people help locals." Major activities in 2008 are as follows.

- 1) In 2005, the first team of "community angels" was set up to help, in the past three years, medical personnel of 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. These angels have shown their concerns to the health of the elderly; they have met the approval of the community and the people.
- 2) In May 2006, the Hospital set up in the Guandu Junior High School the Guandu Care Station to provide the elderly 60 years and above once a week with various dynamic and static recreational activities, simple health screening, and care and counseling by physicians and pharmacists. In the past two years, 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. To continue the management of the Station, and thus to give the elderly more opportunities to learn in community and to promote healthy aging, the community angels of the Hospital will be involved to become the core manpower of the Care Station to establish a community self-management model, and to encourage the elderly to actively participate in the various health promotion activities of the Station to improve their life quality. At the same time, the physical fitness of the elderly will be improved through regular exercise to postpone the occurrence of diseases, to improve the quality of life, and to contain medical costs.

- 3) In 2008, in collaboration with the Health Promotion and Health Education Department and the Physical Education Department of the National Taiwan Normal University, and the Healthy Life and Successful Aging Association, a series of activities such as Xianggong and Taiji had been organized for the prevention of fall. A plan to improve bone density and sense of balance through the use of vibrator was implemented to realize healthy life. The muscle tolerance and bone density were tested before and after treatment for evaluation.

## 6. Promoting healthy community life through partnership

The community activating promotion group of the Hospital has, for several years, collaborated with local resources and organizations to formulate concrete strategies. Close collaboration is maintained with the local administration systems such as the Beitou District Administration Center, borough leaders, 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



Free examination for mothers on the Mother's Day

activities have been organized 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 of posters on 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.

- 1) Health promotion activities are organized in communities, such as promotion of the community concern activities and regular exercise, training of the muscle power of the lower limbs, prevention of fall, and thus to contain medical costs.
- 2) A communicable disease control information network is set up to promote skills in the control of communicable diseases and improve the disease control capabilities of the community.
- 3) A new diet culture is promoted among residents of the Guandu community. Weight-control classes are organized. By using community manpower resources, volunteers in community health promotion are trained.

## 7. Promotion of the community disease control counseling network plan

In 2008, under the supervision of the Taipei City Health Department and in coordination with the core missions and development specified in the pilot plan on the integration of services and resources of the public health (disease control) groups in community promoted by the Department of Health, the Executive Yuan, a Guandu-Tamshui community public health (disease control) group was set up jointly by the Hospital, the Beitou District Health Center, the Tamshui Health Station, and the Beitou Culture Foundation and other community medical care groups, to develop a community shared care network.

In 2008, in collaboration with the Obarni Memorial Foundation, a community disease control counseling network was set up. Community resources such as community pharmacies, borough offices, schools, service centers for the elderly, and nursing care institutions are consolidated to set up 20 disease control counseling stations to provide information related to disease control, and to report and refer cases of communicable diseases.

Some 50 persons, including volunteers, school teachers, pharmacists of community pharmacies, medical personnel of nursing care institutions, have been trained to be disease control seed workers. They are to use the



Promoting the concept of self-management of health during the community disease control campaigns

knowledge and skills learned to promote disease control in communities to realize disease control in community.

Achievements of the community disease control counseling network are: 1) establishment of the community disease control counseling network; 2) strengthening of the control of communicable diseases – strengthening of the preventive healthcare clinics; 3) attaining the ultimate goal of lively community by integrating community resources and reaching a community consensus; 4) establishing a convenient and accessible communicable disease control information network; 5) through integration of public and private sector resources to transmit to the public knowledge and skills of communicable disease control, and thus to manage together the community disease control network; and 6) development and use of educational materials and multi-media materials for disease control.

## 8. Development of special feature projects for adolescents

To help the adolescents develop health concepts and healthy behavior, for years, the Hospital has set up health clinics for adolescents, organized for teachers of primary schools and high schools workshops on relationship between sexes and prevention of depressive disorders. In 2008, upon the principle of "development prevails upon prevention; prevention is more important than cure", under subsidies of the City Health Department, special feature projects focusing on sex-education have been conducted to prevent the adolescent from the undesirable effects of sex on media, and to help them develop self-care capability in the management of their own health. Professional teams consisting of specialists in mental and physical health and community resources join together to go into communities and schools to offer the adolescents correct knowledge on health and to help them develop correct health behavior. Through education and screening of risk factors, and intervention with physical activities, it is hoped that the adolescents will develop correct and healthy concepts on sex.

Items of the project that have been completed thus far include: healthcare clinics for the adolescents, workshops on the assessment and management of learning impairment, workshops on sex education for the adolescents, lectures in schools on health promotion, lectures in schools on parent-children relationship, counseling services for adolescents, hot-line and e-mail services, etc.



Promoting sex education for adolescents



## 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. 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.

To improve the health of the citizens of Taipei City, free immunization against influenza is given to the elderly 65 years and above, medical and nursing personnel of medical institutions, young children under 2 years of age, employees of poultry industries, slaughtering houses, poultry transportation, slaughtering and sales of live poultry, and grades 1 and 2 children of primary schools. In 2008, immunization was extended to patients of severe illnesses and grades 3 and 4 children of primary schools. In 2008, a total of 256,201 persons had been immunized.

#### Section 2 Immunization of Children of High-Risk Groups against *Streptococcus pneumoniae*

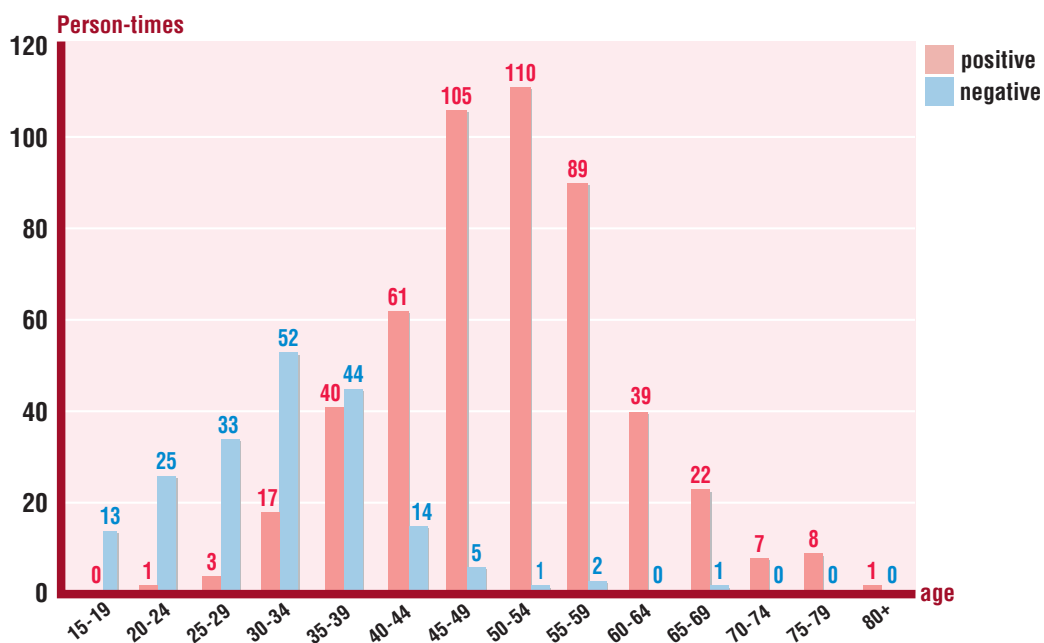
To improve the health and quality of medical care of young children, to reduce infections of young children in their process of growth, and to prevent them from the threat of *Streptococcus pneumoniae*, since November 20, 2006, children of indigenous peoples 2-5 years of age registered in Taipei City, children of low income families, children in nursing homes and severely ill young children have been given free immunization against *Streptococcus pneumoniae* to boost their immunity. On June 1, 2007, mentally and physically disabled children were included in the immunization; in August and mid-December 2007, immunization was further extended to children 2-3 years of age registered in Taipei City. By April 30, 2008, 4,990 children had been immunized; and the vaccines procured had been totally used.

#### Section 3 Hepatitis Control

1. Immunization of 2-6 years old children of indigenous peoples in Taipei City

against hepatitis A: by December 2008, immunization had been given 1,440 person-times.

2. Immunization of employees of food and beverage industries in night markets against hepatitis A: to provide tourists with good quality of consumption, a pilot project was tried out to immunize employees of the Raohe, Shilin, Huaxi and Ningxia night markets against hepatitis A. In 2008, 693 employees had been tested for hepatitis A antibody. The result is used to establish a hepatitis A prevalence database of employees in night markets. Certificates of immunity against hepatitis A have been issued to 503 antibody positive cases. Of the antibody negative cases, 167 had been given the first dose of vaccine. After immunization of the second dose, certificate of immunity will also be issued. This pilot project should improve the sanitary image of the night markets in Taipei City to help Taipei become a healthy city. Employees can also be waived from the repeated testing each year for hepatitis A antibody.



**Figure 2 Results of hepatitis A antibody blood in night market catering staff by age distribution**

## Section 4 Human Papillomavirus Immunization

Through immunization against cervical cancer, chances of diseases



associated with human Papillomavirus and their mortality rate can be reduced. The practice will also augment the effects of the Pap smear testing. The health of the female citizens of Taipei City is thus protected.

1. A meeting was held on November 20, 2007 to explain to the public the human Papillomavirus immunization.
2. Since December 1, 2007, free human Papillomavirus immunization has been given to junior high grades one through three daughters of women of high-risk groups and low-income families registered in Taipei City.
3. Various marketing strategies have been formulated to promote the immunization. Notices of immunization are sent to eligible women; they are reminded again through telephone calls, and followed-up. To make services more accessible to the eligible women, the affiliated outpatient clinics of the branch hospitals of the Taipei City Hospital and the 12 district health centers provide immunization.
4. By December 31, 2008, 145 junior high school girls had accepted the first dose of vaccine; the implementation rate was 72.5%.

## 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 jointly managed 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 in either emergency or outpatient clinics for the monitoring of their status of medical care and hospitalization. To meet the needs of the epidemic situations, on June 1 through September 23, 2008, a Taipei City Government Enterovirus Infection Control Response Team was set up for monitoring as the first priority.

Strategies for the control of enterovirus infection are:

#### **1. On-job training for medical and nursing personnel and health education in community on enterovirus infection control has been conducted.**

Resources of the public and private sectors are consolidated and through the use of media to provide correct information related to enterovirus infection to the public, medical and nursing personnel, caregivers in nursing institutions, and media workers. Development of good sanitary habits is encouraged; and the five correct ways of hand-washing are advocated.

## **2. Monitoring of the epidemic situations is strengthened; epidemic information is evaluated.**

Collection of both domestic and international information on enterovirus infection is continued to understand the situation of the infection, and to formulate response measures.

## **3. A mechanism for the emergency management of epidemic situations is set up.**

A comprehensive and effective disease control network is established to timely activate mobilization, provide timely and adequate services in medical care, laboratory testing, case investigation and counseling, and thus to reduce the number of deaths, and minimize the fear of the public over the infection. In 2008, two workshops had been held for disease control workers of the 12 district health centers, caregivers in nursing institutions, borough and neighborhood leaders, members of the caregivers associations, and members of the parent-teacher associations, for a total of 480 persons.

In disease control and monitoring, prior to the epidemic seasons (January through March and July through September), hand-washing facilities in primary schools, kindergartens and nurseries in Taipei City are inspected. In 2008, inspection had been made 2,564 firm-times. They all met the requirements. In accordance with regulations of the Recommended Standards for the Suspension of Class of Nursing Care Institutions in Taipei City due to Enterovirus Infection, Regulations Governing Suspension of Classes of Public and Private Senior High School and under and Kindergartens in Taipei City due to Enterovirus Infection, and Regulations Governing Suspension of Class of Nursing Care Institutions in Taipei City due to Enterovirus Infection, in 2008, 479 classes of the nursing care institutions had been suspended. For reported cases, the Disease Control Office of the Taipei City Health Department conduct disease investigation on campus, and offer health education on disinfection of environment and prevention of enterovirus infection to members of the schools and parents concerned. By analysis, the 2008 epidemics of enterovirus infection and serious complications were primarily caused by Enterovirus 71. Symptoms include high fever, weakness of limbs, rapid heart-beat, vomiting and spasms. Most of those infected are mild cases of herpangina and hand-foot-mouth diseases caused by Coxsackie virus A10, A4 and B4, and not by Enterovirus 71 that may result in serious infection.

## **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 2.17 in 2007; the incidence rate had declined from 74.68 persons per 100,000 in 1997 to 48.66, suggesting that tuberculosis is controllable and curable.

With increase in international tourism, more exchange between the two sides of the Strait, and mass bringing in of alien laborers, the frequent mobility of population may at the same time import people from 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 develop drug-resistance 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 become drug-resistant, the control will become more difficult. Analysis of the multi drug-resistant tuberculosis cases in Taiwan show that multi drug-resistance in Taiwan 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 plan (Directly Observed Treatment Short-course) to cases with special social problems; and to all sputum-positive cases in 2006, to improve the cure rate after diagnosis, and thus to effectively control the sources of infection in communities.



Counseling stations in community pharmacies for drug abuse and AIDS



Set of clean needle and syringe and educational materials

The DOTs plan is administered under the close collaboration of the medical care institutions, caregivers and patients. Under the supervision of the healthcare personnel or professionally trained caregivers, "medicines are delivered to home, taken by mouth, and caregivers leave only after medicines are taken," to ensure that each patient takes every pill following physician's order. In the long course of treatment, caregivers help patients regain health, and at the same time help the society eliminate one source of infection. In March 2008, in coordination with the training of caregivers of the Center for Disease Control of the Department of Health, the Executive Yuan, 99 caregivers had been trained. The DOTs has a plan to employ 45 caregivers, and 35 have been employed, at a rate of 77.8%. A Joint Disease Control Office of the Department has been set up; a DOTs team is set up in each of the ten hospitals, the National Taiwan University Hospital, Taipei Veterans' General Hospital, Wanfang Hospital, Cathy Hospital, Taian Hospital, Zhengxing Rehabilitation Center, Taipei Medical University Hospital, Shingkong Hospital, McKay 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 help solve problems of cases. In the DOTs teams of the ten hospitals, 107 physicians are available to provide counseling. In 2008, 428 sputum-positive cases had accepted the counseling and were placed in the DOTs plan. Of the 513 sputum-positive cases reported in 2008, 442 had been placed in the DOTs plan, at a rate of 86.2%. Reasons for not being included in the plan are deaths, having shifted to other clinics for care, or not taking medicines.

### **Section 3 Control of Dengue Fever**

In 2008, the number of imported confirmed cases of dengue fever had doubled. In August, a most serious indigenous herd infection of dengue fever occurred in the Shezi area of Shilin District. By December 31, 2008, 143 suspected cases of dengue fever had been reported. Of them, 69 had been confirmed cases of dengue fever either indigenous or imported by the Center for Disease Control of the Department of Health, the Executive Yuan. Measures taken to control the Shezi incident are as follows.

- 1. Resources of the police, environmental protection, the district administration center, health (district health center, mobile disease control team, and the Division for Disease Control and Prevention) authorities and the alternative military servicemen and locksmiths were joined together to conduct disinfection in**



Disinfection in and out of houses of confirmed dengue fever cases



Identifying breeding sources of vector mosquitoes in schools by volunteer students

and out of suspected and confirmed cases from August 14 to September 22, 2008. In total, 5,430 households had been sprayed.

2. **Blood testing:** From August 13 to September 11, blood collection stations were set up in the Shilin Household Registration Office, Health Center, Yonglun Office, and the Shezi Park to collect blood from 598 persons. Of them, 12 were detected dengue fever. They all come from Shilin District.

3. **Survey of vector mosquito density**

1) From August 14 to September 22, surveys of vector mosquito density had been conducted in five districts of Shilin, Nangang, Zhongshan, Wanhua and Songshan for 10,364 households. Of them, 146 households were positive. 4,107 utensils were surveyed; of them, 149 were found positive, at level 0-2. They went down to level 0-1 after a follow-up re-evaluation. By December 31, 2008, 2,125 boroughs in the 12 districts had been surveyed; of them, 126 boroughs had been found to be level 2 and above, accounting for 5.93% of all. This was 3.12% less than the 9.05% of 2007.

2) Experts invited by the Center for Disease Control of the Department of Health, the Executive Yuan, and personnel of the City Health Department and the district health centers experienced in the control of dengue fever performed demonstrations in several areas. The Department of Civil Affairs also helped mobilize boroughs and neighborhoods to eliminate house by house breeding sources of vector mosquitoes in both Yonglun and Sheyuan boroughs.

3) To prepare for the Moon Festival activities at the riverside parks, the

Public Works Bureau conducted clean-ups of environment and elimination of breeding sources in these places.

- 4) The environmental sanitation week: each district of the City took turn to promote the environmental sanitation week. Borough leaders decided on a day of the month to mobilize residents of the borough to clean up the environment and eliminate breeding sources particularly in narrow lanes, parking areas and dikes.

**4. On August 25, 2008, the Taipei City Communicable Disease Response Center was set up to meet every day to formulate disease control strategies and make announcement of the epidemic situations. In October 2008, cross-departmental meetings of the Taipei City Dengue Fever Control Center were held to review and formulate control strategies.**

#### **5. Training**

- 1) To prepare for the surveys of imported dengue fever cases in the 12 districts, from August 16 to September 22, 14 sessions of training had been organized for borough leaders, clerks, disease control volunteers, the disinfection teams of the environmental sanitation squads and the recycling squads, residents of Shilin District, mobile disease control teams of the Taipei City Hospital, hygiene teachers and school nurses of kindergartens, primary schools and high schools, had been organized for a total of 1,593 person-times.
- 2) In collaboration with the Education Department and the dengue fever control seed volunteers of the 12 district health centers, training programs had been organized for 200 school children from 40 primary schools in 12 districts. At the end of the year, outstanding schools were awarded for their performance.

**6. Monitoring and reporting are strengthened. On July 18, August 4, 15 and 22, 827 medical care institutions in Taipei City were instructed to strengthen reporting of dengue fever. A manual on diagnosis has been produced for physicians; and training has been intensified. Disease control reporting systems are monitored; and reporting of suspected cases by medical care institutions is strengthened. The Center for Disease Control of the Department of Health, the Executive Yuan, and counties and cities in the southern part of Taiwan are coordinated, and experience in the control of dengue fever is shared.**

#### **7. Health education is intensified.**

- 1) Messages and press releases are issued. A press conference on "mobilization for the elimination of breeding sources" was held on

September 22 in Shilin District. City Council members were also invited to join in the fight against dengue fever.

- 2) Posters have been produced and placed at borough offices, in schools, markets and public places.
- 3) A "letter to the citizens" is produced and distributed to all households of the City.
- 4) Discs on the control of dengue fever are distributed to all bureaus and departments of the Taipei City Government to intensify health education on dengue fever control. Information on communicable disease control is also posted on the websites of the bureaus and departments for the inquiries of the public.
- 5) A survey in schools to understand their use of the dengue fever control educational materials produced by the Department is conducted for 1,136 times for 309,158 person-times.

### Chapter 3 Control of H5N1 Influenza

The World Health Organization announced that in the period 2003 through 2008, there had been 391 cases of human avian flu, and a total of 247 cases had died, at a mortality rate of 63%. Cases have also been reported in countries neighboring Taiwan. As a capital city, Taipei City should not overlook this 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 2008, 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 sites such as offices and organizations for the care of patients at time of levels B and C epidemics. Work is assigned to each department concerned.

By December 31, 2008, the Department had, in coordination with the Center for Disease Control of the Department of Health, the Executive Yuan, stocked 9,900 anti-flu virus pills and 110 boxes of Relenza Rotadisk at medical centers, regional hospitals, infectious disease and non-infectious disease control hospitals.

To improve the alertness and sensitivity of the departments concerned of the Taipei City Government and the disease control personnel, a disaster prevention and rescue drill was held on May 16, 2008, to improve the knowledge of the public on H5N1 flu and their skills of self-management, and also to establish

standard operational procedures of response. The Taipei City Government will, by the level of epidemics announced by the central government, activate the care centers that have already been planned to accept the suddenly increased number of patients due to outbreaks, and to reduce the risks for 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 Alternative 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.

At ordinary time, domestic and international epidemic situations are monitored. Drills are held to enhance the horizontal liaison of departments concerned. Volunteers in communities are trained in the community disease control network, and a tight disease control network is constructed.

## Chapter 4 Harm-Reduction against AIDS

The AIDS monitoring report of the Center for Disease Control of the Department of Health, the Executive Yuan, shows that by December 31, 2008, there had been 2,210 indigenous cases of HIV infection reported. Analysis of the risk factors of the newly added cases shows that in Taipei City, more HIV infections were caused by homosexual behavior. The number of cases infected through drug addiction had declined from 19.4% of all HIV infections in 2005, to 14.9% in 2006, and sharply down to 6.9% in 2007, and to 1.5% by the end of 2008.

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 promoted by the Center for Disease Control of the Department of Health, the Executive Yuan. The project focuses on the



figure 3 Lucky clover logo of Harm-Reduction drug & AIDS



"exchange of clean needle and syringe" and "Methadone alternative therapy." The Taipei City Drug Hazards Control Center was set up on November 17, 2006, to offer the Methadone alternative therapy with a view to protect the health of the citizens. Achievements thus far have been:

1. In Taipei City, 43 spots for the exchange of clean needles and syringes have been set up in community pharmacies, medical care institutions and outpatient clinics of the Taipei City Hospital.
2. Alternative therapy clinics and medication stations are also set up. By December 2008, 1,288 drug addicts had been accepted for treatment; of them, 106 were HIV-infected, and 1,182 were not HIV-infected.

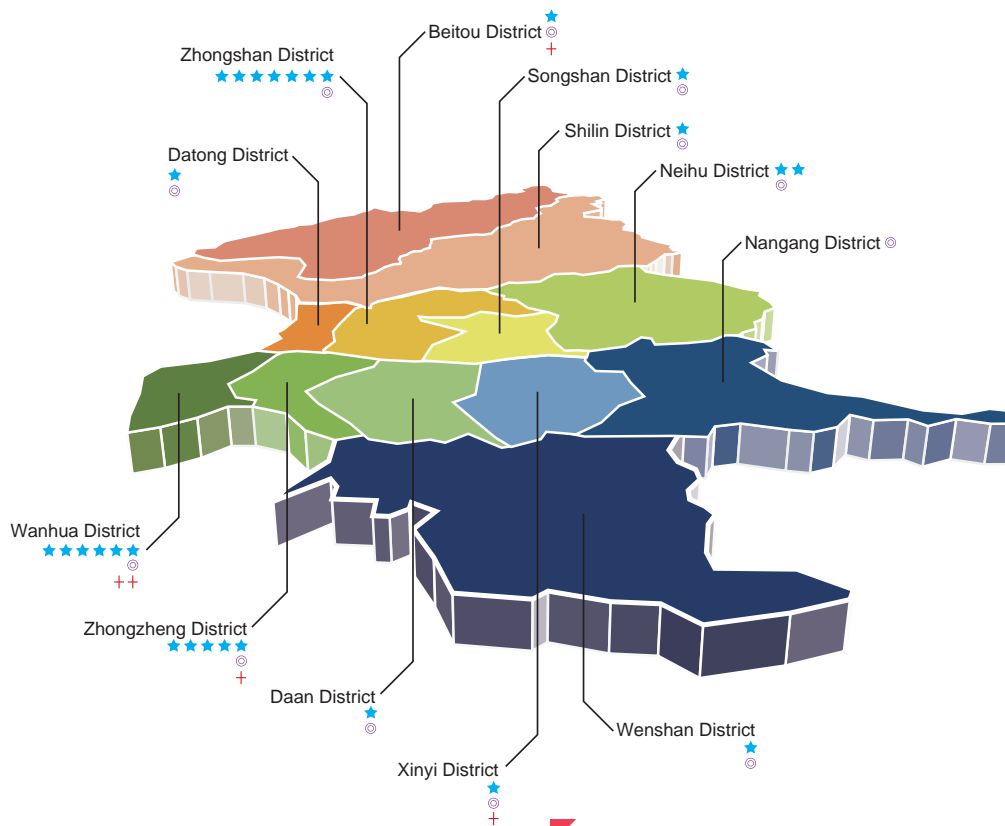


Figure 4 Taipei distribution exchange station for clean needles and syringes

- ★ Taipei 27 enthusiastic community pharmacies
- ◎ Taipei City Health Center of 12 district-hospitals outpatient department
- + Medical institution set up to exchange station : 5 stations  
 Taipei City Hospital (Kunming branch & Songde branch)  
 National Taiwan University Hospital  
 West Garden Hospital  
 Beitou Armed Forces Hospital

# 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 2008 was 2,622,923 persons, accounting for 11.39% of the total national population of 23,037,031 persons.

Taipei City was upgraded to a national municipality in 1967. A year later, Neihu, Nangang, Muzha, Jingmei, Shilin and Beitou were included in the City. The year-end population then was 1,604,543 persons. The population had 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 of 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 2008, the population of Taipei City increased by 0.24% over 2007. The crude birth rate was 7.88‰; the crude death rate was 5.94‰; giving a natural increase rate of 1.94‰. In 2007, the life expectancy of the residents of Taipei City was 82.00 years; 79.69 years for males and 84.42 years for females. They were both higher than the national averages of 75.46 years for males and 81.72 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
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
2007	2,629,269	8.22	5.65	2.57	79.69	84.42
2008	2,622,923	7.88	5.94	1.94	...	...

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

## Section 2 Population Structure

At the end of 2008, the male population in Taipei City was 1,270,948 persons and the female population was 1,351,975, giving a male-female sex ratio of 94.01. By age, the young population (14 years and under) was 408,000 persons, accounting for 15.56% of the total population of Taipei City. The productive-age population (15-64 years) was 1,892,000 persons, accounting for 72.13% of the population. The elderly population (65 years and above) was 323,000 persons, accounting for 12.31% of all.

In 1992, the proportion of the elderly population 65 years and above to the total population of the City exceeded 7%, and became an aging society as defined by the United Nations. This proportion has increased year by year to 12.31% at the end of 2008. When the proportions of the elderly population to the total population in the 23 counties and cities in the Taiwan Area are arranged by order, Taipei City comes at the 9th. The ratio of young population to the total population of Taipei City has been declining year by year, from 35.40% in 1971 to less than 20%, due to the fewer number of children born in the recent years.

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 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
End of 2007	2,629	16.07	71.97	11.96	38.95	22.33	16.62	74.43
End of 2008	2,623	15.56	72.13	12.31	38.65	21.58	17.07	79.13

Source: Ministry of the Interior

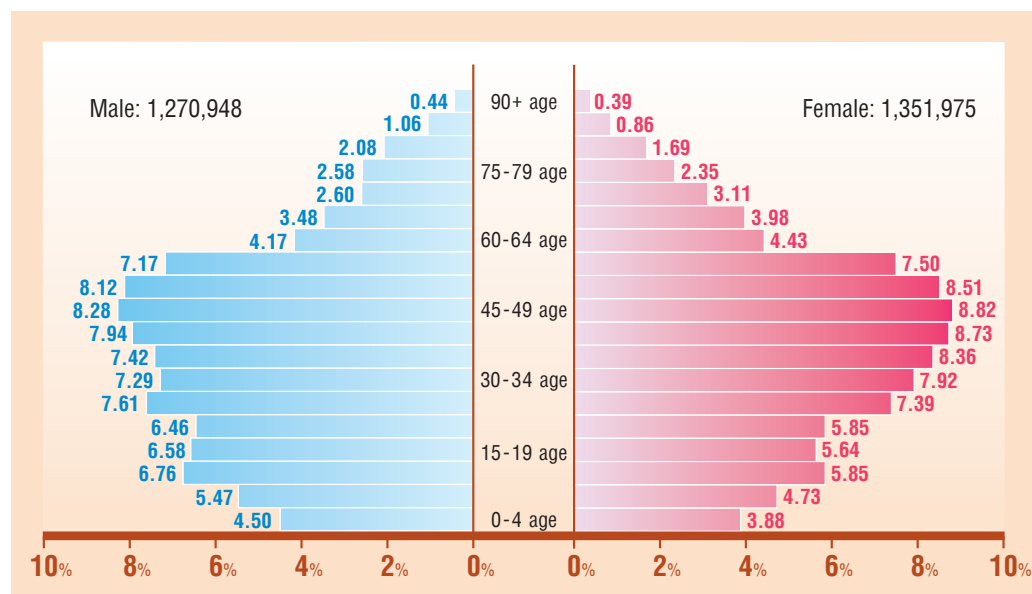


Figure 5 Age Structure of Population, Taipei City, and End 2008

## 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 by 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 2,946 by the end of 2007. Of them, 40 are hospitals, and 2,906 are clinics. At the end of 2007, one medical care institution on average served 892 persons, lower than the national average of 1,154 persons. The number of medical care institutions per 10,000 population was 11.20, more than the national average of 8.67.

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

End of Year	Total	Hospitals				Clinics			
		Subtotal	Municipal	Other Public	Private	Subtotal	Municipal	Other Public	Private
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
End of 2007	2,946	40	3	7	30	2,906	14	14	2,878

Source: Department of Health, the Executive Yuan

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

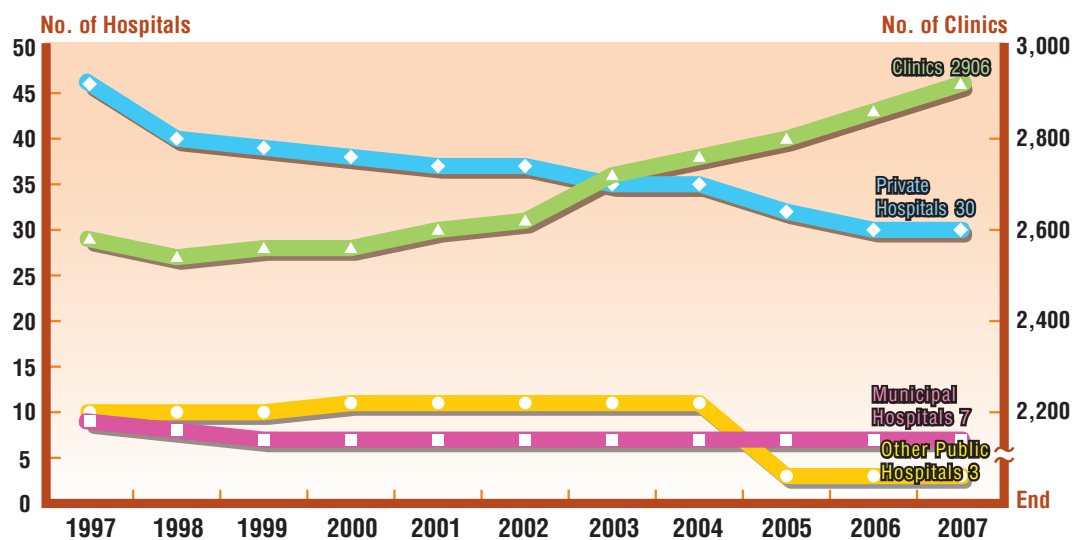


Figure 6 No. of Medical Care Institutions in Taipei City

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

- ▲ Clinics: 2,906
- ◆ Private Hospitals: 30
- Municipal Hospitals: 7
- Other Public Hospitals: 3

## Section 2 Number of Hospital Beds

At the end of 2007, the total number of hospital beds in all public and private medical care institutions in Taipei City was 22,478 beds. Of them, 12,888 beds were in public medical care institutions, accounting for 57.34% of all. The number of hospital beds in private medical care institutions was 9,590, accounting for 42.66% of all. By nature of beds, 15,308 (68.10%) are general beds, and 7,170 (31.90%) are special beds. On average, the number of hospital beds per 10,000 population was 85.49 beds; higher than the national average of 65.61 beds. One bed on average served 116.97 persons; lower than the national average of 152.42 persons.

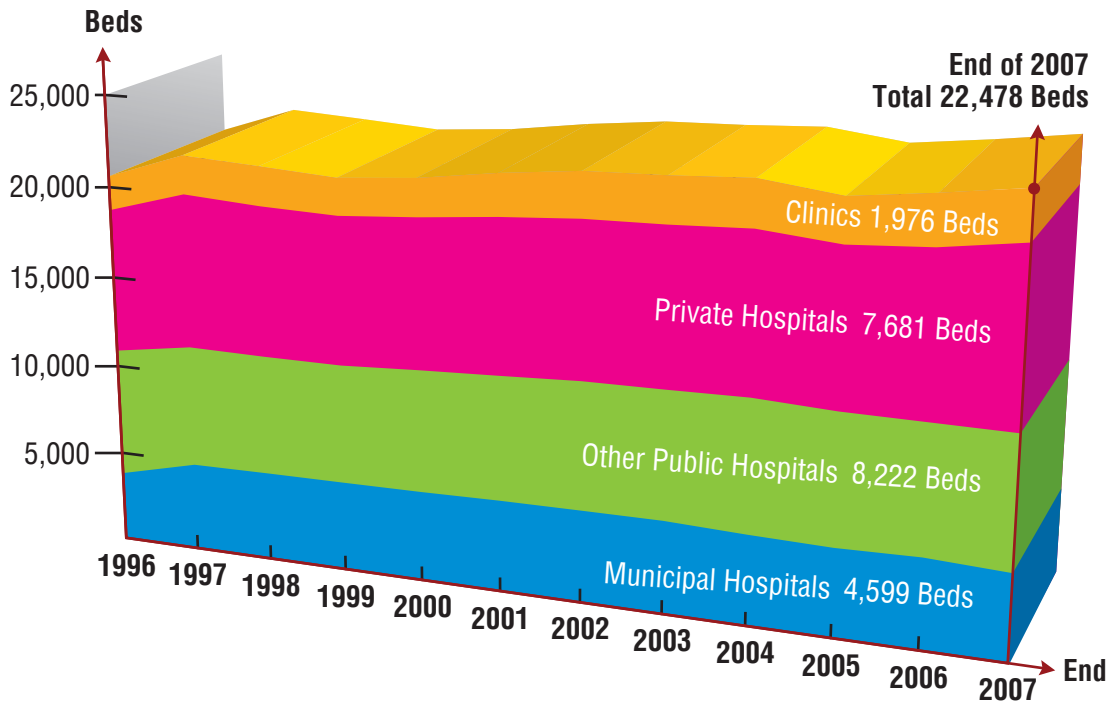
**Table 6 No. of Beds in Public and Private Medical Care Institutions by Year, Taipei City**

Units: No., beds, persons

End of Year	No			No. of Beds			No. of Beds per 10,000	No. of Persons Served by One Bed
	Total	Public	Private	Total	Public	Private		
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
End of 2007	2,946	40	2,906	22,478	12,888	9,590	85.49	116.97

Source: Department of Health, the Executive Yuan





**Figure 7 No. of Hospital Beds in Medical Care Institutions by Year, Taipei City**

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

### Section 3 Hospital Services Capacity

The 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 was on average 75,684 and 2,911 person-times respectively; the average days of hospital stay were 8.42 days; and the bed occupancy was 72.23%.

**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			
<b>1997</b>	68,324	2,687	1,120	609	509	8.96	31.71	67.10
<b>1998</b>	73,613	2,635	1,169	637	532	7.89	33.47	67.54
<b>1999</b>	78,550	2,918	1,272	597	538	9.06	34.94	70.32
<b>2000</b>	79,039	3,033	1,321	592	562	8.74	34.63	71.65
<b>2001</b>	83,033	3,057	1,443	597	568	8.70	32.38	71.45
<b>2002</b>	81,789	3,242	1,556	616	561	8.63	33.37	73.39
<b>2003</b>	72,027	2,771	1,576	539	495	9.16	33.61	67.18
<b>2004</b>	81,157	3,106	1,650	658	547	9.10	24.99	73.83
<b>2005</b>	74,580	2,892	1,671	579	539	8.90	33.06	73.59
<b>2006</b>	71,642	2,818	1,674	603	587	8.68	33.37	72.98
<b>2007</b>	75,684	2,911	1,781	571	580	8.42	34.45	72.23

Source: Department of Health, the Executive Yuan

## Section 4 Medical Personnel

At the end of 2007, the total number of various medical personnel practicing in public and private medical care institutions and medical institutions in Taipei City was 40,769 persons. By category, 51.34% of them are nursing personnel (professional registered nurses, registered nurses and midwives); 26.28% are physicians (including western medicine physicians, Chinese medicine doctors and dentists); 12.02% are pharmacists (pharmacists and assistant pharmacists); 6.66% are medical technicians (medical technologists, assistant medical technologists, technicians, medical radiological technologists and technicians); and 3.70% are others (including dental assistants, dietitians, physical therapists and technicians, clinical psychologists, counseling psychologists, respiratory therapists). On average, the number of practicing medical personnel per 10,000 is 150.80; of them, 39.63 are physicians (western medicine 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 Institutions and Medical Institutions by Year, Taipei City**

Unit: persons

End of Year	Total	Western Medicine Physicians	Chinese Medicine Doctors	Dentists	Pharmacists	Pharmacists Assistant	Medical Technologists Technicians and Assistants	Medical Radiological Technologists and Technicians	Professional Registered Nurses and Registered Nurses	Midwives	others
1997	31,884	6,264	490	2,027	3,407	1,091	1,339	511	16,323	35	397
1998	30,987	6,427	483	2,010	3,277	1,054	1,194	559	15,401	24	558
1999	31,935	6,467	521	2,033	3,422	1,037	1,381	605	15,818	19	632
2000	33,229	6,952	515	2,087	3,519	1,036	1,403	639	16,300	16	762
2001	34,457	7,072	555	2,142	3,566	948	1,581	769	17,050	15	759
2002	36,008	7,085	582	2,122	3,657	994	1,615	820	18,279	19	835
2003	37,116	7,260	619	2,233	3,668	925	1,669	858	18,949	15	920
2004	38,306	7,262	645	2,252	3,790	897	1,633	869	19,972	16	970
2005	38,814	7,260	647	2,305	3,878	870	1,693	898	19,899	15	1,349
2006	39,695	7,409	660	2,362	3,938	834	1,720	924	20,367	14	1,467
2007	40,769	7,682	706	2,401	4,006	796	1,731	940	20,919	13	1,575

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	Western Medicine Physicians	Chinese Medicine Doctors	Dentists	Pharmacists	Pharmacists Assistant	Medical Technologists Technicians and Assistants	Medical Radiological Technologists and Technicians	Professional Registered Nurses and Registered Nurses	Midwives	others
<b>1997</b>	122.70	24.11	1.89	7.80	13.11	4.20	5.15	1.97	62.82	0.13	1.53
<b>1998</b>	117.38	24.35	1.83	7.61	12.41	3.99	4.52	2.12	58.34	0.09	2.11
<b>1999</b>	120.91	24.48	1.97	7.70	12.96	3.93	5.23	2.29	59.89	0.07	2.39
<b>2000</b>	125.56	26.27	1.95	7.89	13.30	3.91	5.30	2.41	61.59	0.06	2.88
<b>2001</b>	130.83	26.85	2.11	8.13	13.54	3.60	6.00	2.92	64.74	0.06	2.88
<b>2002</b>	136.30	26.82	2.20	8.03	13.84	3.76	6.11	3.10	69.19	0.07	3.16
<b>2003</b>	141.28	27.63	2.36	8.50	13.96	3.52	6.35	3.27	72.13	0.06	3.50
<b>2004</b>	146.07	27.69	2.46	8.59	14.45	3.42	6.23	3.31	76.16	0.06	3.70
<b>2005</b>	148.35	27.75	2.47	8.81	14.82	3.33	6.28	3.62	76.06	0.06	5.14
<b>2006</b>	150.80	28.15	2.51	8.97	14.96	3.17	6.53	3.51	77.38	0.05	5.57
<b>2007</b>	155.06	29.22	2.69	9.13	15.24	3.03	6.58	3.58	79.56	0.05	5.99

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 35 consecutive 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 injuries have declined sharply. In

2007, the death rate from all causes of death of the residents of Taipei City was 550.6 per 100,000 population, lower than the national average of 608.2. Of them, the mortality rate of malignant neoplasms was 173.6 per 100,000, and the number of deaths accounted for 31.5% of all deaths. The mortality rate of heart disease was 62.4, accounting for 11.3%. The mortality rate of cerebrovascular disease was 49.0, accounting for 8.9%. Other leading causes of death are by order, diabetes, pneumonia, nephritic syndrome and nephritis, accidents and adverse effects, suicide, chronic liver disease and cirrhosis, and septicemia.

**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	14,486	100.00	550.64	674.39	433.35
<b>1</b>	Malignant neoplasm	4,566	31.52	173.56	215.37	133.94
<b>2</b>	Heart disease	1,642	11.34	62.42	80.15	45.61
<b>3</b>	Cerebrovascular disease	1,289	8.90	49.00	59.99	38.57
<b>4</b>	Diabetes mellitus	958	6.61	36.42	38.67	34.28
<b>5</b>	Pneumonia	688	4.75	26.15	34.84	17.92
<b>6</b>	Nephritis, nephrotic syndrome and nephrosis	549	3.79	20.87	21.25	20.51
<b>7</b>	Accidents and adverse effects	372	3.57	14.14	20.70	7.92
<b>8</b>	Suicide	364	2.51	13.84	17.81	10.07
<b>9</b>	Chronic liver disease and cirrhosis	331	2.28	12.58	17.34	8.07
<b>10</b>	Septicemia	188	1.30	7.15	6.41	7.85
	Others	3,539	24.43	134.52	161.86	108.62

Notes: 1. The mid-year population of Taipei City in 2007 was 2,630,756 persons; 1,280,124 males and 1,350,632 females.

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

**Table 11 Changes in the Ten Leading Causes of Death by Year, 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	Accidents and adverse effects	Suicide	Chronic liver disease and cirrhosis	Septicemia
<b>1997</b>	463.27	(1) 134.67	(2) 55.84	(3) 50.96	(4) 29.02	(9) 10.61	(6) 14.53	(5) 26.25	(10) 8.22	(7) 13.41	(13) 4.96
<b>1998</b>	465.98	(1) 133.21	(2) 50.82	(3) 49.75	(5) 24.70	(8) 12.60	(6) 15.77	(4) 26.42	(10) 7.67	(7) 14.85	(13) 4.43
<b>1999</b>	470.49	(1) 134.97	(2) 54.08	(3) 45.78	(4) 32.68	(8) 15.00	(6) 15.87	(5) 24.92	(10) 8.03	(7) 15.30	(16) 2.65
<b>2000</b>	484.10	(1) 141.38	(3) 47.35	(2) 52.20	(4) 37.97	(8) 11.95	(6) 17.29	(5) 22.66	(9) 8.96	(7) 14.11	(14) 3.21
<b>2001</b>	500.81	(1) 154.88	(3) 52.38	(2) 52.91	(4) 34.20	(7) 13.90	(6) 18.56	(5) 19.17	(9) 10.98	(8) 13.83	(12) 4.39
<b>2002</b>	503.41	(1) 158.05	(2) 54.97	(3) 46.74	(4) 33.70	(7) 16.98	(6) 17.29	(5) 19.49	(8) 12.32	(9) 11.56	(12) 4.13
<b>2003</b>	517.40	(1) 151.87	(2) 62.33	(3) 50.29	(4) 35.91	(5) 21.52	(6) 19.09	(7) 17.27	(9) 12.15	(8) 13.93	(13) 3.53
<b>2004</b>	523.20	(1) 160.09	(2) 65.09	(3) 47.24	(4) 34.02	(7) 17.03	(5) 19.16	(6) 17.64	(8) 13.18	(9) 12.69	(12) 3.58
<b>2005</b>	547.41	(1) 163.78	(2) 63.56	(3) 52.19	(4) 37.72	(5) 21.84	(6) 20.77	(8) 15.84	(7) 17.83	(9) 12.33	(11) 5.73
<b>2006</b>	528.71	(1) 168.54	(2) 58.19	(3) 45.04	(4) 36.05	(5) 21.91	(6) 18.48	(8) 14.44	(7) 17.30	(9) 12.08	(11) 5.53
<b>2007</b>	550.64	(1) 173.56	(2) 62.42	(3) 49.00	(4) 36.42	(5) 26.15	(6) 20.87	(7) 14.14	(8) 13.84	(9) 12.58	(10) 7.15

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

## Section 2 Ten Leading Causes of Cancer Deaths

In 2008, there were in Taipei City 4,566 deaths due to cancer, giving a mortality rate of 173.6 per 100,000 population, slightly higher than the national average of 175.9. Of all deaths, 2,757 were males, giving a mortality rate of 215.4 per 100,000 male population. 1,809 deaths were females, at a mortality rate of 133.9 per 100,000 female population.

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

**Table 12 Leading Causes of Cancer Death, Taipei City, 2007**

Units: persons, %, persons/100,000

Order	Cause of Death	No. of Death	%	Mortality per 100,000		
				Total	Male	Female
	All causes of cancer death	4,566	100.00	173.56	215.37	133.94
1	Lung cancer	987	21.62	37.52	49.60	26.06
2	Liver cancer	666	14.59	25.32	38.12	13.18
3	Colon-rectum cancer	557	12.20	21.17	24.06	18.44
4	Female breast cancer (1)	203	4.45	15.03	-	15.03
5	Stomach cancer	329	7.21	12.51	16.72	8.51
6	Prostate cancer (2)	136	2.98	10.62	10.62	-
7	Non-Hodgkin's lymphoma	217	4.75	8.25	10.08	6.52
8	Pancreas cancer	178	3.90	6.77	7.11	6.44
9	Cervical cancer (1)	89	1.95	6.59	-	6.59
10	Gallbladder and extrahepatic bile ducts cancer	149	3.26	5.66	6.95	4.44
	Others	1,055	23.11	40.10	52.10	28.73

Notes: 1. The mid-year population of Taipei City in 2007 was 2,630,756; of them, 1,280,124 were males, and 1,350,632 were females.

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

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

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

Units: order, persons/100,000

Year	All causes of cancer death	Lung cancer	Liver cancer	Colon-rectum cancer	Female breast cancer	Stomach cancer	Prostate cancer	Non-Hodgkin's lymphoma	Pancreas cancer	Cervical cancer	Gallbladder and Extrahepatic Bile Ducts Cancer
1997	134.67	(1)	(2)	(3)	(4)	(5)	(8)	(7)	(10)	(6)	(16)
		27.59	23.29	14.07	13.97	13.30	5.00	5.11	4.19	9.82	2.73
1998	133.21	(1)	(2)	(3)	(5)	(4)	(8)	(7)	(9)	(6)	(11)
		27.83	22.45	15.20	12.47	12.48	5.06	5.19	4.28	7.75	3.55
1999	134.97	(1)	(2)	(3)	(4)	(5)	(7)	(8)	(9)	(6)	(12)
		28.40	21.36	15.79	12.18	12.00	6.94	5.42	4.62	8.50	3.56
2000	141.38	(1)	(2)	(3)	(4)	(5)	(7)	(9)	(8)	(6)	(12)
		28.41	21.26	17.47	12.66	12.41	7.10	5.14	5.22	7.27	3.93
2001	154.88	(1)	(2)	(3)	(4)	(5)	(6)	(8)	(9)	(7)	(12)
		33.45	25.42	16.82	14.90	13.22	9.20	4.92	4.70	8.24	4.01
2002	158.05	(1)	(2)	(3)	(4)	(5)	(6)	(8)	(9)	(7)	(11)
		33.70	25.06	18.58	14.36	14.18	8.15	6.52	5.95	7.85	4.51
2003	151.87	(1)	(2)	(3)	(4)	(5)	(6)	(8)	(9)	(7)	(13)
		32.15	25.20	16.55	15.55	11.16	8.25	6.30	5.54	6.35	3.83
2004	160.09	(1)	(2)	(3)	(4)	(5)	(6)	(9)	(8)	(7)	(11)
		33.53	25.79	19.73	15.20	11.85	9.46	5.64	6.25	6.51	4.76
2005	163.78	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(9)	(8)	(12)
		33.21	23.17	20.69	16.76	13.51	10.37	6.91	6.41	6.43	4.58
2006	168.54	(1)	(2)	(3)	(4)	(5)	(6)	(8)	(7)	(10)	(12)
		34.68	26.75	20.27	15.56	13.83	10.07	6.67	6.78	6.03	4.42
2007	173.56	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
		37.52	25.32	21.17	15.03	12.51	10.62	8.25	6.77	6.59	5.66

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





# JANUARY

- 1/1— The electronic operational procedures of the Taipei City Health Department Fees and Fines Collection System is used to provide more convenient and quality services to the public. For applications for practice licenses and review of cosmetics and drug advertisements, people or the industries can pay fees at the nearby banks, convenience stores, ATM, and the Internet banks.
- 12— A symposium, 2008 Taipei Healthy City Symposium Series –Interdisciplinary Approaches in Medicine Thinking "Out of the Box," is held at the Taipei Veteran's General Hospital. Four international experts are invited, Vikas P. Sukhatme, Vidula Sukhatme, Chung-Kang Peng, and Vera Novak to the Symposium for keynote speech and discussions. Participants are from the Taipei Veterans' General Hospital, National Yangming University, and the Taipei City Hospital.
- 14— The "Guidelines Governing Subsidies to the Recruitment of Experts for the Needs of Program Operation of the Taipei City Health Department" is amended.
- 21— The Taipei City Health Department Emergency Operations Center (EOC) joins the Taipei City Disaster Response Center. 17 responsibility hospitals for emergency care are invited to visit the EOC. The Commissioner of the Department presides the meeting. In total, 46 person-times have visited the Center.
- 23— The 2008 meeting of the Joint Health and Welfare Group of the Taipei City/Taipei County Collaborative Promotion Committee is held. Issues on collaboration in health and medical care are discussed. The City and the County will take turn once every two months to hold the meeting. The group meets on April 23, August 29 and December 15.
- 31— In coordination with the Department of Health, the Executive Yuan, the 2007 Mongolia Health Development Plan of the Asia Development Bank is implemented. A team of 12 Mongolian officials in health and medical care is invited to visit on January 31 the Daan District Health Center and the Taipei City Hospital.

# FEBRUARY

- 2/13— To meet the needs for continuing post-partum care and to maintain the health of post-partum women and infants, a set of Guidelines on the Management of the Operation of the Post-Partum Care Institutions in Taipei City, the first one in the country, is formulated to supervise post-partum care institutions.
- 19— Meetings of the 2008 Medical Devices Review Committee are held on February 19 and December 10 to review the Magnetic Imaging Device program of the Zhongxing Branch, the Digital Mammography X-Ray Device program of the Zhongxing Branch, the CT Scanning Device program of the Yangming Branch, the Magnetic Imaging Device program of the Heping Branch, the Multi-function Dual-head Variable Angle Detection of a Digital Gamma Camera of the Zhongxing Branch, the Green-Light Laser program of the Renai Branch and other medical device collaborative plans of NT\$5 million and above.
- 21— The first working group meeting on the Establishment of a Joint Network for Food Safety in Northern Taiwan is held. Representatives of seven counties and cities, Taipei City, Ilan County, Keelung City, Taipei County, Taoyuan County, Hsinchu County, and Miaoli County are present.

# MARCH

- 3/1- MMR and Japanese encephalitis immunization of grade 1 primary school children begins on March 1. The Education Department is requested to make arrangement for immunization in schools. Relevant information is shown on MRT bulletin boards and Upaper to encourage acceptance of immunization.
- 7- Meetings of the Medical Fund Supervisory Committee of the Municipal Medical Care Institutions of Taipei City are held on March 7, June 27, September 19 and December 18. Policies on the management of the Medical Fund and their development are discussed to upgrade the medical care quality of the municipal hospitals to attain the goal of self-sustainability.
- 7- The Standards for the Operation and Management of the Centralized Fund of the Taipei City Health Department are amended.
- 10- Professor Ali F. Krisht and Professor M. Gazi Yasargil, internationally renowned neuro-surgery specialists, come for a visit. They are met and presented with an honorary citizenship by the Vice Mayor Wu Shiouh-guang of the City. They have been to Taiwan several times upon invitation of the National Yangming University and the Taipei Veterans' General Hospital to workshops on neuro-surgery and are most helpful in the improvement of the standards of neuro-surgery in Taiwan.
- 17- Free testing for heavy metals such as mercury in Chinese medicines is offered on March 17 and 24 to test if Chinese medicines in powder, tablet and pill forms illegally contain heavy metals such as mercury.
- 17- For the 2007 comprehensive evaluation of local health departments of the Department of Health, the Executive Yuan, divisions of the City Health Department (Division for Disease Control and Prevention, Food and Drug Division, Medical Affairs Division, Health Promotion Division, and Laboratory) prepare documents required for initial review on January 29, second review on February 18, and submit the documents on March 17 to the Department of Health, the Executive Yuan, for evaluation.
- 20- The Taipei City Health Department Administration Statistics Yearbook is compiled and produced, and distributed to divisions concerned for reference.
- 27- The Joint Health and Welfare Group of the Northern Taiwan Regional Development Promotion Committee meets once every three months. Meetings are held on March 27 in Taipei County, June 25 in Taoyuan County, and September 5 in Hsinchu County.
- 27- To improve the immunization rate of employees of poultry industries against avian flu, the Women and Children Branch of the Taipei City Hospital sets up immunization stations in the Huannan Wholesale Market for immunization against influenza for a total of 115 persons.
- 29- In response to the World Tuberculosis Day on March 24, a campaign on the control of tuberculosis is held on March 29 at the Muzha Zoological Garden for some 500 participants with a view to encourage the public to join together to fight against tuberculosis.
- 29- An integrated preventive healthcare service program is initiated in the remote areas. 29 sessions are held in the period between March 29 and September 6. In total, 1,948 persons accept health examination, 1,215 women accept Pap smear testing, 735 women for breast examination, 2,787 persons for oral cavity membrane examination, 1,285 persons for liver cancer screening, and 982 persons for colon-rectum screening.
- 31- To improve the quality of health and medical care of young children, to prevent them from infection of Streptococcus pneumonia and to reduce their threats from such infection, free immunization of 2-5 years old children of indigenous peoples registered in Taipei City, children of low-income families, nursing care institutions and children with severe and critical illness was initiated on November 20, 2006, to improve their immunity. Beginning June 1, 2007, the mentally and physically impaired children were included in the immunization. In August and December, immunization was further extended to 2-3 years old children registered in Taipei City. By March 31, 4,990 children have been immunized.

- 31— To face the H5N1 outbreaks, the second meeting in 2008 of the advisory group of experts on the control of high-pathogenic avian flu and H5N1 flu is held on March 31. At the meeting, the H5N1 control and support plan and the medical care card for the medical care of upper respiratory tract infection for employees of the poultry industries proposed by the Division for Disease Control and Prevention are discussed.

## APRIL

- 4/7— The Taipei City Long-Term Care Management Center is inaugurated at the site of the Taipei City Mentally and Physically Impaired Welfare Association. Taipei City Mayor Hau Lung-bin, Vice City Mayor Wu Shiouh-guang and commissioner of health department Chiu Wen-hsiang, deputy commissioner Deng Su-wun and commissioner of social welfare department Shih Yu-ling, councilor of Taipei City Chou Po-ya, members of representatives of the ministries and departments concerned and professional unions and associations, and Director of the Taipei City Hospital are invited for a total of some 150 guests.

- 8— In coordination with the Physical Exercise Division of the Education Department, inspections on the safety of swimming pools in Taipei City are made on April 8 through June 3. Of the 100 swimming pools inspected, 82 pass the inspection, 12 are suspended operation, and 12 are fined.

- 13— The 2008 healthy baby contest is held to promote the mental and physical health of young children.

- 14— The Guidelines Governing Subsidies to the Procurement of Facilities under the Centralized Fund of the Taipei City Health Department, the Guidelines Governing Incentives on Research and Development under the Centralized Fund of the Taipei City Health Department, and the Guidelines Governing Subsidies to the Recruitment of Not Readily Available Personnel under the Centralize Fund of the Taipei City Health Department are amended.

- 16— In coordination with the space planning and convenience of vaccine management, facilities are moved on April 16 to the Kunming Branch for better monitoring of vaccines under freezing to ensure the safety of the environment for the stocking of vaccines, and for the packing and delivery of vaccines.

- 16— A happy mothers and children campaign is held.

- 18— To promote healthy diet, a poster advocating five serves of vegetables and fruit a day is produced and posted at eight bus stations.

- 18— In accordance with the plan to promote service quality of the Taipei City Government, services of the 12 district health centers are inspected from time to time in the period between April 18 and 29.

- 27— At the 2008 meeting on disease control organized by the Center for Disease Control of the Department of Health, the Executive Yuan, on April 17-18 in Pingtung County, the Taipei City Health Department wins in two items of individual indexes of the comprehensive evaluation, Item 1, control of intestinal tract and the notifiable communicable disease, enterovirus infection; and Item 3, control of tuberculosis.

## MAY

- 5/1— The 2008 service quality evaluation plan is implemented on May 1 through October 31. Evaluation is made of the branches of the Taipei City Hospital (including the Municipal Guandu and the Municipal Wanfang hospitals).

- 1— The first meeting in 2008 of the Taipei City Government Medical Affairs Review Committee meets to review and pass the plan of the China Medical University to set up the Taipei Branch of the China Medical University Hospital at the site of the original Neihu General Hospital.

- 4- In response to the World Asthma Day, in collaboration with the Taiwan Asthma Education Association, a campaign on the care of asthma is held at the City Hall. The campaign is chaired by the Commissioner of the City Health Department. Testing for vital capacity and monoxide of tobacco hazards and health education and counseling on the care of asthma are offered on-site by the Renai, Zhongxiao and Chinese Medicine branches of the Taipei City Hospital. The Taipei Xinyi District Health Center accepts applications for the Wellness Card and provides services in home safety. In total, some 2,000 people participate in this event.
- 16- To face the outbreaks of H1N1 influenza, a drill on the management of disasters is held at the Riverside Park of the Songshan District to enhance the alertness of personnel concerned of the Taipei City Government on disease control, to establish principles of management for departments concerned, and to improve response capabilities.
- 17- To advocate the control of hypertension on the World Hypertension Day, in collaboration with the R.O.C. Cardiology Foundation and the R.O.C. Cardiology Society, a garden party is held at the Daan Forest Park. Testing of vital capacity is provided by the Renai Branch of the Taipei City Hospital; testing of cholesterol is offered by the Zhongxiao Branch; and testing of arteriosclerosis, blood pressure and blood sugar is provided by the Songshan District Health Center.
- 20- A strong earthquake hits the Sichuan area of the mainland China. Taipei City soon organizes a Taipei Medical Care Rescue Group and provides medical care services to 520 victims of the disaster. Unused supplies are handed over to other rescue groups.
- 28- The breast-feeding in public places act (draft) passes the first reading of the City Council and will be reviewed at the second reading.
- 30- Routine immunization of Japanese encephalitis and MMR for school children is completed. In total, 158 schools are immunized.
- 31- In collaboration with the Education Department, educational activities against drug use are organized to advocate the control of drug abuse. Educational materials are distributed on-site. Community pharmacies are requested to provide assistance on smoking-cessation.

## JUNE

- 6/1- The pre-arrival allocation of patients plan is implemented. A cooperation plan is worked out jointly by the eight medical centers and collaborating hospitals. The fire department is requested to assist in the allocation of mild and moderate patients before arrival to the hospital. A telephone line for complaints is also set up by the Health Department. In June through December, 716 patients are allocated before arrival to hospital; of them, 267 patients agree to the arrangement.
- 2- Anti-smoking volunteers are sworn in at a ceremony.
- 9- The City Health Department is inspected and sample-tested of its processing of documents. The Department is rated outstanding. Members of the inspection team make 33 recommendations for improvement.
- 13- A meeting is held to publicly solicit hospitals for the entrusted management of the Municipal Guandu Hospital. The Taipei Veterans' General Hospital is qualified.
- 16- Testing of Legionella bacillus at cost is offered to the public and the managers of buildings. The public or the building managers can collect 2,000 cc of water sample from the cooling towers and air-conditioning to compare the quality of water before and after washing the towers. For the costs of the testing and for more effective use of the testing resources, one testing is charged NT\$2,000.

- 16— The Care for Health van is inaugurated. By October 31, 1,557 persons have been served. Of them, 376 person-times are for Pap smear testing, 907 person-times are for Mammography examination, 135 person-times are for breast ultrasound examination, 148 person-times are for oral cavity membrane examination, 11 person-times are for abdominal ultrasound, 13 person-times are for colon-rectum cancer screening, 231 elderly are for health examination, 98 adults are for health examination, 146 women-times are for gynecology ultrasound, and 134 person-times are for other outpatient care.
- 16— A supervisory meeting on the Municipal Wanfang Hospital is held on June 16 and again on December 29.
- 16— A supervisory meeting on the Municipal Guandu Hospital is held on June 16 and again on December 29.
- 19— Enterovirus infection is reaching a peak. The Enterovirus Second Level Control Group is set up under the Taipei City Disaster Response Center. The Group is commanded by the Deputy Secretary-General Chen Yeong-ren of the City Government; and Commissioner of the Health Department is the spokesman. Members of the Health Department, Education Department, and Social Affairs Department are assigned to the Response Center.
- 23— The Department wins the fourth place in the first group of the 2007 Comprehensive Evaluation of Local Health Departments organized by the Department of Health, the Executive Yuan. The Department also wins the first place in the first group of "pharmaceutical affairs;" second place in the first group of the "controlled drugs affairs;" and third place in the first group of "food sanitation affairs."
- 24— The 2008 training for employees of post-partum home care institutions and post-partum care institutions is held at the Taian Hospital for 67 participants.
- 25— The 2008 demonstration of tooth-cleaning for pre-school age children is held.
- 26— The first meeting of the Taipei City Government advisory committee on the control of high-pathogenic avian flu and H5N1 influenza is held. Report of the cross-district disease control drills is presented.
- 26— The Taipei City Health Statistics Yearbook is compiled and printed, and distributed to departments concerned for reference. The information is also posted on the Health Statistics Information website.

## JULY

- 7/1— The encouragement of volunteers plan is implemented. The service hours accumulated by the volunteers can be used for free health class or health examination services, and thus to integrate services and health together. By the end of 2008, 30, 166 hours have been used for this purpose.
- 10— A survey of the opinions of the external customers of the Taipei City Hospital is posted on the website on July 7-18. A meeting is held on July 30 to review the proposals submitted by those external customers; and an agreement is reached on August 7 for a total of NT\$300,000. Agreement is signed.
- 18— A CPR plus AED promotion plan is proposed. The plan is passed by the Taipei City Disaster Response Center. The plan includes training curricula, standard operational procedures, and specifications on management and maintenance. Training is held on October 28-30 for 164 participants; and 147 of them are certified.
- 22— One team of the health promotion volunteers of the Taipei City Health Department is awarded as one of the outstanding national health promotion volunteers teams; 11 of the volunteers are awarded Dexing medals, 5 are awarded Aixing medals, and 5 are awarded Shanxing medals.
- 22— The Operational Procedures on Subsidies by the Centralized Fund of the Taipei City Health Department is amended.

23日 The Chinese edition e-book of the Public Health of Taipei City Annual Report 2007 is published in July; and the English edition comes out in October. Information is also posted on the Department's website at <http://www.health.gov.tw/>.

28日 A plan for the control of hepatitis A and immunization of employees of food and beverage industries in night markets is jointly implemented with the Center for Disease Control of the Department of Health, the Executive Yuan. In the period July 28 to August 15, 693 employees in night markets are blood-tested. The negative ones are immunized (two doses per person at an interval of six months, totaling 520 doses).

## AUGUST

8/1 12 playgrounds in 10 profit-making children's recreational centers are supervised and inspected of their ball pools. Beginning in August, hand-washing facilities are inspected and supervised for three months. Owners are supervised to put out health bulletins and boxes for public comments. A questionnaire is designed. The results are announced through press releases.

1 The 2008 press conference on the prevention of women cancers is held. Employees of the City Government are offered integrated preventive healthcare. 270 employees accept health examination, 166 for Pap smear testing, 109 for breast ultrasound examination, 316 for oral cavity membrane examination, 182 for liver cancer screening, 65 for colon-rectum cancer screening, 58 make appointments for mammography examination, and 370 accept chest x-ray examination.

9 In coordination with the anti-drug campaign of the Songyang Social Welfare Foundations, booths are set up for public education; community pharmacies are invited to provide assistance and counseling on smoking-cessation. Educational materials are distributed. A total of some 300 people take part in this activity.

11 To improve the professional knowledge of pharmaceutical dealers, owners of pharmacies and pharmaceutical personnel, 10 workshops are held to lecture on the identification of Chinese medicinal materials, labeling of edible Chinese medicinal materials, regulations on medical gas, and laws for the self-protection of pharmaceutical personnel. A total of 750 persons participate in these activities.

13 8/13 The 2007 Taipei City Vital Statistics Yearbook is compiled and printed, and distributed to departments concerned for reference. The information is also posted on the Health Statistics website.

13 8/13 On the occasion of the 2008 Taipei Pineapple-Cake Cultural Festival, a ceremony is held to certify outstanding bakeries for their self-management of sanitation. Demonstration of the OK-certified stores is also made to advocate national nutrition.

23 8/23 A meeting is held at the Disease Control Branch to present medical care institutions contracted for immunization services and vaccination against avian flu.

25 To face the indigenous herd infection of dengue fever, the Dengue Fever/Enterovirus Infection Second Level Control Group is set up in the Taipei City Disaster Response Center. The Group is chaired by the Deputy Secretary-General Chen Yeong-ren of the City Government. Representatives of departments concerned are present. On September 23, when the infection subsides, the monitoring of disease is continued individually by departments concerned.

- 25 ● On August 25 through September 19, an inspection team of the City Health Department on the processing of documents visits branches of the Taipei City Hospital and the 12 district health centers to inspect in the process of document processing the timeliness of documents, processing of documents, management of files, and processing of classified documents. The organizations concerned are required to process documents following the standards of the City Government on the timeliness and quality of document processing.
- 29 ● A committee meeting is held to review the fee standards of the medical care institutions affiliated to the Taipei City Health Department. At the meeting, Part 2, Part 3, Part 4 and Part 9 of the fee standards of medical care institutions are amended. The amendment is announced and becomes effective on September 10.
- 31 ● Inspections of swimming pools and bathhouses for the self-management of sanitation, the OK-certification, for the year 2008, is completed by the end of August. In total, 60 swimming pools and 30 bathhouses pass the inspection.

## SEPTEMBER

- 9/4 ● Five entries of the educational materials of the Department win the outstanding awards of the "2008 Health Forever" solicitation of health education materials campaign organized by the Bureau of Health Promotion of the Department of Health, the Executive Yuan.
- 5 ● The 2008 workshops on occupational medicine and occupational health nursing, and a panel discussion on occupational medicine and occupational health nursing are held on September 5-7, 20, 21, 27, and 28.
- 8 ● To promote international health services and humanitarian aid, the 2008 cooperation program between Ulaanbaatar City of Mongolia and the Taipei City Health Department and Taipei City Hospital in public health and medical care is implemented. The Department and the Taipei City Hospital send a medical team to visit Ulaanbaatar on September 8-14 to provide services in public health and medical care.
- 10 ● The 2008 mobilization drills (Wanan 31), drills on the attack of bio-pathogenic substances, are carried out on September 10 at the Yongji Primary School. Participating members are received by the commanding officer at the 6th Watergate.
- 17 ● Testing of food on market for melamine, the first one in the country, is carried out. By the end of December, 692 specimens are tested; of them, 19 are disqualified.
- 18 ● In response to the World Dementia Day on September 21, in collaboration with the Catholic Dementia Elderly Social Welfare Foundation, a film show on the concerns over dementia is held on September 18-26 at the Daan Library of the Taipei City Library, the Municipal Wanfang Hospital, and the Zhongxiao, Yangming, Zhongxing, Renai and Heping branches of the Taipei City Hospital for some 1,000 person-times of participants.
- 19 ● To face the incident of the China-made milk powder contaminated with melamine, to protect the health of the public and infants, and to remove the fears of the public, in the period between September 19-26, applications for free testing of melamine in infant formulas are accepted. People in doubt of the quality of the milk powder purchased can apply for the testing.
- 19 ● The City Health Department, the first one in the country, accepts public applications (not restricted to residents of Taipei City) for testing of melamine in milk powder. By the end of December, 1,367 specimens are accepted for testing; of them, 187 are detected melamine.
- 24 ● A task force on the control of melamine-contaminated food is chaired by the Deputy Secretary-General of the City Government Chen Yeong-ren to integrate resources of departments concerned to handle the melamine incident. Action is also taken to trace the goods imported, and to make sure if the recalled products are still sold on market.



25- A campaign to publicly solicit innovative ideas on patient safety, Chinese slogans and logos, is held to receive 34 entries. Three of them are chosen by experts for awards.

26- To face the H5N1 epidemics, the third meeting in 2008 of the advisory committee on the control of high-pathogenic avian flu and H5N1 influenza is held. At the meeting, matters such as "immunization against influenza," "the current status of the mobile disease control teams," and "preparedness for the indigenous infection of dengue fever" are discussed.

## OCTOBER

10/1- In coordination with the Department of Health, the Executive Yuan, immunization against influenza begins. Disease control personnel are immunized at the same time. For the elderly 75 and above, free immunization against *Streptococcus pneumoniae* is also given.

3- A presentation on the achievements of the music therapy activities for the mild and moderate dementia elderly is held at the City Hall. 488 persons from 13 dementia-associated groups are present. The presentation is successful and is fully reported by the media.

5- In response to the World Heart Day, to encourage people to place more importance on heart diseases, a campaign is held at the Sun Yat-sen Memorial Hall jointly with the R.O.C. Cardiology Foundation and the R.O.C. Cardiology Association for 880 participants.

11- In collaboration with 16 public and private sector organizations, a campaign on the screening for depressive disorders is held for some 1,000 participants.

13- To care for the health of the citizens and to improve the coverage rate of screening for women cancer, a campaign is held at the Women and Children Branch of the Taipei City Hospital to promote the women cancer control month; a press conference is held at the same time. Some 85 people participate in the event.

17- An international conference on the prevention of breast cancer and cervical cancer is held together with the Taipei City Hospital, the R.O.C. Women Cancer Foundation, the Taiwan Cancer Foundation and the Taiwan Breast Cancer Medical Association. Dr Peter Boszel, Chairman of the European Women Cancer Society, Dr Ei Ueno and Dr Etsuo Takada from Japan, and Dr Woo-Kyung Moon from Korea, and local experts present papers on the control, screening, early diagnosis and new trends in therapy for discussion and sharing of experience. Some 150 people participate in this conference.

18- A campaign on hand-washing is held during the patient safety week. People are educated by various activities on hand-washing to remind them the importance of washing hands regularly.

24- A workshop on causes of death statistics for 2008 is held. Persons in charge of the statistics on causes of death in the 12 district health centers are present at the workshop. Ways to improve the quality of causes of death statistics are explained; and use of the statistics is promoted.

25-26- The City Health Department supervises the Songshan, Zhongshan and Wanhua districts to promote healthy city, and to actively participate in relevant international activities. Groups are sent to the Healthy City Alliance meeting held in Japan to share the experience of Taipei City with others and to improve the international image of Taipei City.

27- A meeting of the special group on the promotion of long-term care is held. The meeting is chaired by the Vice City Mayor Wu Ching-ji. Participants include nine group members and 17 from the Social Affairs and Health departments.

- 28 ● Routine inspection of tourist hotels is conducted in collaboration with the Tourism and Communications Bureau during October 28 through November 6. 10 hotels are inspected; all pass the inspection.
- 29 ● A demonstration meeting on the rescue of mass casualties is held at the Municipal Wanfang Hospital for a total of 70 participants.
- 30 ● Training is organized for the seed teachers of disease control at the Kunming Branch for 90 participants.
- 31 ● To improve medical care for the indigenous peoples in Taipei City, and to prevent them from the infection of hepatitis A, immunization against hepatitis A is given to 2-6 years old children and grades 1-2 school children of indigenous peoples, and 2-6 years old children of the new immigrants (from Southeast Asia and mainland China), children of low-income families, and cooks of kindergartens and nurseries in Taipei City. The immunization takes two doses at an interval of six months. By December 31, 1,440 person-times are immunized.
- 31 ● To promote the hot-spring and healthcare project, a booth is set up at the 2008 Taipei International Travel Fair held at the Taipei International Trade Center on October 31 through November 3. The exhibit includes a briefing on the hot-spring and healthcare project, various activities, and screening on-site (Chinese medicine acupuncture point, blood pressure and cholesterol).
- 31 ● In coordination with the border quarantine of H5N1 infection, residents of Taipei City or passengers showing fever or symptoms of influenza upon arrival are followed-up to check their body temperature and health status. In the period between January and December, there have been 4,459 person-times of travelers with symptoms. No suspected H5N1 cases are detected upon follow-up.
- 31 ● The first project in the country, the City Health Department delivers vaccines to the medical care institutions contracted for immunization services to ensure the quality of vaccines. At ordinary times, vaccines are delivered once every month; at time of the influenza control program, vaccines are delivered at any time. By the end of December, 4,659 firm-times of delivery are made.
- 31 ● To protect the health of women, to improve the effect of the control of cervical cancer, immunization of HPV is offered free to 200 junior high school daughters of low-income families and high-risk groups. Each one should take three doses. By December 31, 145 girls complete the first dose.
- 31 ● One betel-nut cessation class each is held in the period between May 9 and October 31 by the R.O.C. Cancer Control Screening Center, the Zhongxiao Branch of the Taipei City Hospital, and the 12 district health centers to help betel-nut chewers quit chewing. A total of 14 such classes are held for 153 participants.
- 31 ● The second working group meeting of the Taipei City dengue fever control center is held. Progress reports are presented; and a cross-departmental cooperation mechanism is discussed.

## NOVEMBER

- 11/2 ● An innovative cheers group contest is held at the Shin-kong Mitsukoshi Square to advocate control of drug abuse, safe use of drugs, and tobacco hazards.
- 4 ● A drill on the hospital care of H5N1 patients and vacancy of beds is held by the Heping Branch of the Taipei City Hospital. Experts are invited to talk on the SOP and response measures.

- 7— A meeting with the Taipei City Hospital and the Taipei Medical University is held to discuss the sustained development of the Taipei City Hospital. Experts in the related fields and in medical care practices, and faculty of the Taipei Medical University, totaling some 100, are present at this meeting.
- 12— A citation is held for the OK certification of employees of the food and beverage industries in the Shilin Night Market for the self-management of sanitation.
- 12— 25 workplaces are recommended to participate in the certification of the self-management of sanitation by workplaces organized by the Bureau of Health Promotion of the Department of Health, the Executive Yuan. 23 of them have passed the certification; and five enterprises are cited outstanding.
- 15— In response to the theme, "Diabetes of Children and Adolescents," of the World Diabetes Day of the United Nations, a garden party is held at the Taipei City Zoological Garden together with the R.O.C. Diabetes Society for some 2,500 participants.
- 17— A citation and demonstration meeting on the self-management of sanitation by swimming pools and bathhouses is held at the Far Eastern Hotel.
- 18— Four innovative plans recommended by the Taipei City Health Department are awarded. Of them, the "promotion of the wellness card" is rated outstanding; the "promotion of hot-spring and health examination plan" is rated good; the "women-friendly examination in Wanhua District," and the "screening for retarded development of children of the new immigrants" are rated good works.
- 18— A ceremony is held to give certifications to organizations in the maintenance of community and school safety.
- 21— A presentation on the achievements of the healthy life plan is held for 207 participants. 48 community health building centers and two community health enterprises are awarded.
- 21— A meeting to express appreciation to organ donation is held to thank organ donors for their love. Some 200 families of donors and recipients are present to express appreciation to the donors.
- 21— In coordination with the 2008 training of healthcare managers plan of the Department of Health, the Executive Yuan, international participants in the plan are taken to visit the Shilin District Health Center to understand the implementation of the healthy city plan in Shilin. The group is warmly met Ho Shu-an by the director of the Health Center. The group also visits the Meilung smoke-free park.
- 22— A symposium on the supervision of the early care medical institutions is held at the National Taiwan University Hospital. 15 (21 spots) contracted early care institutions in Taipei City, five clinics of the public health-medical care groups, and some 202 participants are present.
- 24— The second meeting of the Medical Affairs Review Committee is held. At the meeting, the fee standards of the International Medical Center of the Taipei Veterans' General Hospital, and the fee standards for the assessment of work capability for payment of the National Pension are reviewed and passed.
- 26— A presentation is held on the five serves of vegetables and fruit a day campaign.
- 27— An OK certification for the self-management of sanitation by food and beverage industries, supermarkets, and tourist spots is held.
- 27— Training of post-partum care at home and post-partum nursing care institutions is held for 115 participants.
- 28— From November 28 to December 4, teams of the City Health Department visit branches of the Taipei City Hospital to evaluate the achievements of the public health programs subsidized by the government.
- 28— A team of 29 health officials of Vietnam visits the City Health Department. They are met and briefed by the Commissioner. Heads of the divisions are also present to respond to inquiries.

- 30— Online reporting of suicide prevention is continued by the 17 emergency responsibility hospitals. Public health nurses of the 12 district health centers also participate in the home-visiting care services. By December, 2,307 cases have been reported. Follow-up care services are continued for suicide attempts.
- 30— Community mental health counseling services are provided by the Taipei City Hospital at the 12 district health centers and the community mental health centers. There are at present 13 service points to provide counseling, by December, to 1,745 clinic-times for 7,230 person-times.
- 30— Psychiatric personnel provide professional services in communities to help patients and families. By December, services are given 137 person-times.

## DECEMBER

- 12/1— On the World AIDS Day, the Kunming Branch of the Taipei City Hospital is asked to organize a campaign against AIDS.
- 5— A meeting is held to present achievements of the healthy hospitals and outstanding care institutions. 49 volunteers and 94 institutions are awarded. They are, 10 early care institutions, 18 healthy hospitals, 10 post-partum nursing care institutions, 25 home care institutions, 11 nursing homes, 5 responsibility hospitals of family violence and sexual assaults, and 15 psychiatric rehabilitation institutions.
- 6— At the Renai Branch of the Taipei City Hospital, an international symposium on healthy cities – From Clinical Research to Public Health, is held. Participating organizations include the Taipei City Hospital, National Yangming University, Taiwan Liver Cancer Society, and the Taiwan Love for the Blind Association. The meeting focuses on "medical education and infection control," "liver cancer prevention" and "ophthalmology today." Dr Savolia, Dr Brown, Dr MaAfee, Dr Brenner of the US, and Dr Okita of Japan are invited. The Commissioner and professors of the universities also present papers. A total of 300 some participants are present at the Symposium.
- 8— Seven US health officials, by arrangement of the Department of Health, the Executive Yuan, visit the City Health Department. The group is met and briefed by the Commissioner. Included Department of Public Health, Illinois Director Damon T. Arnold, Vice President of Public Affairs Kaiser Foundation Diana M. Bonta, Cabinet Secretary of Health, Oklahoma James M. Crutcher, Department of Health, Hawaii Director Chiyome L. Fukino, Department of Health, Rhode Island State Director David R. Gifford, Duke University Director Piquei Tu, Duke University Assoc. Director Cheryl Lin.
- 10— Subparagraph 10 of Paragraph 8, Section 7 of Chapter 2, Part 2 of the Taipei City Medical Care Institutions Fee Standards is amended. The item, "fee for the use of the Da Vinci mechanical arm systems for prostate removal," is added. The amendment is announced on December 10 and becomes effective on the day.
- 11— A campaign to encourage the upgrading of the quality of medical care safety is held. In total, 25 entries are received. In the first stage review, 15 are accepted to take part in the second stage public presentation. Winners will be selected by review and awarded.
- 17— Training for the long-term care institutions is held. A presentation is held on the achievements of the pharmaceutical services pilot project, management of drug safety by long-term care institutions, and pharmaceutical management by long-term care institution.

- 17— To prevent the infection of H5N1, an ICS drill and a Taipei City-Taipei County-Keelung City drill on the control of H5N1 infection are held.
- 24— Inspections of document processing are conducted. The Daan and Shilin district health centers are rated excellent; the Wenshan, Beitou, Zhongshan and Nangang district health centers are rated outstanding. They are awarded by the Commissioner at the year-end evaluation of health centers by the City Health Department.

<b>A</b>		
	Accidents and Adverse Effects	173
	Acquired Immunodeficiency Syndrome, AIDS	118
	Aging Index	165
	Asthma	31
	Avian Influenza	159
<b>B</b>		
	Bed Occupancy Rate	114
	Body Weight Control	29
	Branch for Women and Children	115
	Breast-Feeding	24
<b>C</b>		
	Cardio Pulmonary Resuscitation, CPR	70
	Cardiovascular Diseases	30
	Cardiovascular Center	105
	Case Management	12
	Causes of Death	172
	Cerebrovascular Disease	172
	Cervical Cancer	42
	Child Development Assessment and Early Intervention Center	115
	Child Medical Subsidies	61
	Chronic Liver Disease and Cirrhosis	173
	Climacteric	31
	College of American Pathologists Laboratory Accreditation Program, CAP-LAP	129
	Colon - Rectum Cancer	46
	Community Health Building	55
	Community Mental Health Counseling Clinics	64

Community Disease Control Counseling Network plan	148
Smoking-Cessation Consulting Stations in Communities	37
Consumer Dispute	93
Cosmetic Medical Center	112
Counterfeit Drugs	83
Coxsackie Virus	154
Crude Birth Rate	164
Crude Death Rate	164
<b>D</b>	
Death Rate	173
Dementia	30
Dengue Fever	156
Dependency Ratio	165
Diabetes Mellitus	173
Directly Observed Treatment Short-course, DOTs	154
Disaster Medical Assistance Team, DMAT	123
DIY Tester (Quick Testing Reagents)	99
Drug Hazards Control	160
<b>E</b>	
Emergency Operations Center, EOC	73
Enterovirus	153
Enterovirus Severe Case	153
Epidemic Situation	153
<b>F</b>	
Female Breast Cancer	175
Food Labeling	90
Food Poisoning	89
Food Sanitation	88

<b>G</b>		
	General Beds	168
	Genetic Health	23
<b>H</b>		
	Hand Sanitation	127
	Harm Reduction	160
	Hazard Analysis and Critical Control Point, HACCP	130
	Health Examination	41
	Health Fitness	34
	Health Promoting Hospitals, HPH	134
	Health Promotion	134
	Health Tourism	106
	Healthcare for the New Immigrant	24
	Healthy Boxed Lunch	56
	Healthy City	51
	Heart Disease	172
	Hepatitis A Vaccine	152
	Heping Branch	111
	HIV Human Immunodeficiency Virus	160
	Home Care	74
	Homosexual Behavior	160
	Hospital Accreditation	127
	Hospital Information System, HIS	121
	Human papillomavirus	152
	Hypertensive Disease	33
<b>I</b>		
	Illegal Drugs	83
	Indigenous Cases	160



International SOS, an AEA Company	135
<b>J</b>	
Joint Commission International, JCI	129
<b>K</b>	
Kunming Branch (Chinese Medicine)	117
Kunming Branch (Disease Control and Prevention)	118
<b>L</b>	
Life Expectancy at Birth	163
Liver Cancer	41
Liver Diseases Center	117
Linsen Branch	117
<b>M</b>	
Malignant Neoplasm	172
Maternal and Child Health and Genetic Health	23
Medical Care Quality	109
Medical Personnel	171
Medicine Home Delivery Service	95
Methadone Project	120
MND/ALS Care Center(Motor Neuron Disease, MND; Amyotrophic Lateral Sclerosis, ALS)	114
Multidrug-resistant Tuberculosis, MDR-TB	129
Music Therapy	76
<b>N</b>	
Natural Increase Rate	163
Nephritis, Nephrotic Syndrome and Nephrosis	174
Non-Hodgkin's Lymphoma	175

<b>O</b>	
Old Age Population Dependency Ratio	165
Oral Cavity Cancer	41
Oral Health Care Center for the Disabled	114
<b>P</b>	
Pancreas Cancer	175
Patient Safety	135
Picture Archiving and Communication System, PACS	121
Pneumonia	145
Prohibited Drugs	83
Prostate Cancer	175
Psychiatric Center	116
<b>R</b>	
Rehabilitation Center	79
Rehabilitation Service	75
Release of Prescription	95
Renai Branch	110
Research and Development Center for Cancer Treatment and Prevention	110
Research and Development Center for Occupational Disease	113
Research and Development Center for Sexually Transmitted Diseases and Acquired Immune Deficiency Syndrome	118
Research and Development Center for Suicide Control and Prevention	116
Respiratory Care Center, RCC	126
<b>S</b>	
Sanitation of Business	98
Screening of the Newborns for Congenital Metabolic Disorders	23

Self-Control of Sanitation	93
Sex Ratio	164
Songde Branch	116
Exchang of Clean Needle and Syringe	161
Stomach Cancer	175
Streptococcus pneumoniae	151
Suicide Prevention	63
Survey of Vector Mosquito Density	157
<b>T</b>	
Taipei City Dengue Fever Prevention and Control Center	158
Taipei City Government Enterovirus Infection Control Response Team	153
Taipei City Hospital	105
Taiwan Healthcare Indicator Series, THIS	127
Taiwan Quality Indicator Project, TQIP	127
Tobacco Hazards Control	35
Tuberculosis	154
<b>U</b>	
Urological Center	114
<b>V</b>	
Volunteer	75
Workplace Health Promotion	54
World Health Organization, WHO	52
<b>Y</b>	
Yangming Branch	112
Young Age Population Dependency Ratio	165
<b>Z</b>	
Zhongxiao Branch	113
Zhongxing Branch	110

# Public Health of Taipei City

Annual Report 2008

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: October, 2009

Outsourcing Company: CABIN, INC

TEL: 886-2-2325-5500