

Technology Voucher Programme (TVP)

Final Report of Approved Project

Reference No.		Date/Time of Receipt
Project Title	Electronic Clinical Management System 電子診所管理系統	(last rev:) (For Official Use)
Applicant	Good Health Medical Group 健康醫療集團	

GENERAL

- Please read the “Technology Voucher Programme (TVP) – Guidance Notes for Applications” (the “Guide”) (available at the TVP Funding Administrative System: <https://tvp.itf.gov.hk>) carefully before completing this report.
- This report should be submitted together with the supporting documents which are listed in the Guide.
- The information provided in this report will be kept in confidence. It may however be disclosed to other Government departments or third parties in Hong Kong, if such disclosure is necessary for the purposes of processing the request or required by law. The submission of this report denotes that the applicant has given explicit consent to such disclosure.
- To maintain a high level of integrity of the projects under TVP, ITC will conduct random checks on individual TVP projects including on site audit of project deliverables, apart from reviewing the supporting documents submitted together with this report. The successful applicant is required to keep a proper and separate set of books and records for each TVP project for 7 years after the completion of the project, and produce such records for checking by ITC or representatives of the Government/Government’s authorised agencies upon request.
- For submission of final report or other supporting documents, you will be required to provide personal information. For matters relating to the collection of personal information, “Personal Information Collection Statement” as shown on the TVP Funding Administrative System shall apply.
- This form is divided into the following sections:-

Part A	Project Particulars
Part B	Project Expenditure
Part C	Summary of Project Deliverables and Benefits
Part D	Declaration



PART A: PROJECT PARTICULARS

Project Title (Ref. No):	Electronic Clinical Management System 電子診所管理系統
Purpose of Project:	<ul style="list-style-type: none"> Improve Productivity Upgrade / Transform Business Processes
Approved Total Project Cost:	HK\$ 95,000
Approved Funding Ceiling:	HK\$ 71,250
Project Period (dd/mm/yyyy):	01/06/2020 - 30/11/2020
Applicant:	Good Health Medical Group 健康醫療集團
Project Coordinator:	Name: Ms Sophie LEUNG Yan Yan Post Title: Senior Manager Tel: 852-12345678 Email: sophieyleung@goodhealth.hk

PART B: PROJECT EXPENDITURE

(a) Technology Consultancy

Expenditure Items	Original Approved Budget (HK\$)	Latest Approved Budget (HK\$)	Actual Expenditure (HK\$)
Sub-total:	0.00	0.00	0.00

Explanation for individual item(s) with deviation of actual expenditure not exceeding 30% of the original approved budget:

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(b) Customised Items

Expenditure Items	Original Approved Budget (HK\$)	Latest Approved Budget (HK\$)	Actual Expenditure (HK\$)
Customised Electronic Clinical Management System	76,000.00	76,000.00	76,000.00 (0.00%)
Installation and configuration of the new system and the server	4,000.00	4,000.00	4,000.00 (0.00%)



Specification determination by software engineers	2,000.00	2,000.00	2,000.00 (0.00%)
User training session	1,000.00	1,000.00	1,000.00 (0.00%)
Sub-total:	83,000.00	83,000.00	83,000.00

Explanation for individual item(s) with deviation of actual expenditure not exceeding 30% of the original approved budget:

(c) Off-the-Shelf/Readily Available Items

Expenditure Items	Original Approved Budget (HK\$)	Latest Approved Budget (HK\$)	Actual Expenditure (HK\$)
Computer Server	10,000.00	10,000.00	9,200.00 (-8.00%)
Sub-total:	10,000.00	10,000.00	9,200.00

Explanation for individual item(s) with deviation of actual expenditure not exceeding 30% of the original approved budget:

The price of the computer server was reduced when the order was placed.

(d) External Audit Fee *(Note 1)*

	Original Approved Budget (HK\$)	Latest Approved Budget (HK\$)	Actual Expenditure (HK\$)
Sub-total:	2,000.00	2,000.00	2,000.00 (0.00%)

Explanation for deviation of actual expenditure not exceeding 30% of the original approved budget:

Note 1: An audited statement of income and expenditure prepared by an independent auditor is required if approved funding ceiling exceeds \$50,000. Otherwise please provide a final statement of income and expenditure prepared by the applicant if the approved funding ceiling does not exceed \$50,000. The maximum audit fee to be counted towards the total project cost is \$3,000.



(e) Total Project Expenditure

	Original Approved Budget (HK\$)	Latest Approved Budget (HK\$)	Actual Expenditure (HK\$)
Total:	95,000.00	95,000.00	94,200.00

Total actual expenditure (A) :	HK\$ 94,200.00
Applicant's actual contribution in cash (B) ^(Note 2) :	HK\$ 23,550.00
Reimbursement amount applied under TVP ((C)=(A)-(B)) :	HK\$ 70,650.00

Note 2: (B) must be one-fourth or above of (A)



PART C: SUMMARY OF PROJECT DELIVERABLES AND BENEFITS

(a) Please provide details on the actual delivered technological solutions and benefits.

The functions of the Clinical Management System and the actual benefits are:

- (a) Appointment management: Can change or cancel booking at any time
- (b) Reminding patient via SMS: Not necessary for patients to stay in our clinic, which helps to minimize waiting time to less than 20 minutes and reduce patient anxiety
- (c) Storage and viewing of patient's medical history can be done more efficiently (<2 mins) and prescription records can be viewed during consultation
- (d) Alerts of drug allergy and other vital medical conditions
- (e) Generating reports on various specified diagnosis more quickly, and enabling clinical information sharing among healthcare providers in both the public and private sectors via the format of the eHR Sharing System

(b) Are the actual delivered technological solutions and benefits consistent with Part B Sections (D)^{Note 3} and (E)^{Note 4} of the approved project proposal.

☒ Yes

☐ No. Please provide details -

Note 3: Proposed technological solutions

Note 4: Outline of technological solutions and anticipated benefits with concrete outcomes.

(c) Was the project completed on schedule, and implemented in accordance with the approved project proposal?

☒ Yes

☐ No (Actual Completion Date: -)
(Duration of delay: - months)

Details and reasons -

(d) Are you satisfied with the overall project delivery?

☒ Yes

☐ No. Please provide details -



PART D: DECLARATION

- ✓ I as the ~~sole proprietor~~ / ~~partner~~ / ~~shareholder~~ / authorised person of the applicant hereby confirm and declare that:
- ✓ all information as provided in this final report as well as the accompanying information is true, valid and accurate, reflect the status of affairs as at the date of submission, and in compliance with the requirements set out in the Guide.
 - ✓ the expenditure items listed in Part B above have all been incurred within the project period specified in Part A and have not received direct subsidy from other local public funding sources.
 - ✓ the project has been completed in accordance with the project proposal approved by ITC and the technology consultant, services provider(s) and supplier(s), if any, have fully discharged their obligations under the project.
 - ✓ the project implementation including but not limited to the keeping of books and records, procurement of the aforementioned incurred expenses are handled in accordance with the funding agreement signed between the Government and **Good Health Medical Group** on **31/05/2020**. Invoices/receipts/final statement of income and expenditure/ audited statement of income and expenditure as required under the Guide are attached to this report.
- ✓ I as the ~~sole proprietor~~ / ~~partner~~ / ~~shareholder~~ / authorised person of the applicant understand that:
- ✓ any inaccurate information, omission or misrepresentation of information is an offence and liable to legal proceedings. In the event that any information is found untrue, incomplete or inaccurate, ITC reserves the right to revoke the approval of any application, request refund of any reimbursement to the Government, reject further applications from the applicant under the TVP, and subject the case to legal proceedings.
 - ✓ I bear the sole responsibility in ensuring all procurement for goods and services are in compliance with the required procedures as stipulated in the Guide. In the event that any procurement procedures of the project is found not in compliance with the required procedures, ITC reserves the right to revoke the approval of any application, request refund of any reimbursement to the Government, and subject the case to legal proceedings.
 - ✓ the applicant is required to submit a post-project evaluation report to ITC in six months after project completion on the extent of the project in achieving business objectives to improve productivity, or



upgrade or transform their business processes so as to enhance its competitiveness.

(To be signed by authorised person on behalf of the applicant)

Authorised signature with

company/organisation chop : [signature with company chop]

Name in full : Sophie LEUNG Yan Yan

(as shown on HKID Card / Passport)

Post title : Senior Manager

HKID / Passport No. : Z0000000

(all alphanumeric characters, e.g.

A1234567 or AB234567A)

Tel. No. : 852 12345678

Date (dd/mm/yyyy) : 29/12/2020