

**For information
on 7 December 2000**

Legislative Council Panel on Security

Review of Paramedic Ambulance Service

Introduction

This paper informs Members of the progress of the review on the further development of paramedic ambulance service (PAS) in Hong Kong.

Background

2. At the Panel meeting in January 2000 and the Subcommittee on Emergency Ambulance Service's meeting in May 2000, Members were briefed on the performance of the Emergency Ambulance Service and were informed that the Fire Services Department (FSD) was undertaking a study on further PAS development. The Administration undertook to provide a copy of the study report for Members' information.

Review

3. To enhance the standard of pre-hospital care provided to the critically ill or seriously injured, FSD in 1992 introduced paramedic ambulances, the supervisors of which are qualified at Emergency Medical Assistant II (EMA II)¹ level. At present, out of the whole ambulance fleet², a total of 66 operational ambulances in the day shifts and 33 at night are appropriately manned and equipped to provide paramedic care, while 15 paramedic Ambulance Aid Motor Cycles (AAMCs) are also provided in the day shifts. Out of an establishment of 774 ambulance supervisors at ranks of Principal/Senior Ambulanceman, 231 or 30% have been qualified as EMA II. The Fire Services Communication Centre will gather relevant information from a caller with a view to classifying a call as requiring paramedic

¹ According to the classification of the Justice Institute of British Columbia Paramedic Academy, Canada, EMA II is a medical personnel with medical skills and knowledge to provide advanced pre-hospital care at a pre-hospital setting. Paramedic training for EMA II includes intravenous infusion, defibrillation and use of selected drugs.

² Comprising 244 ambulances and 35 Ambulance Aid Motor Cycles.

ambulances - i.e. an Emergency Medical Assistant (EMA) call - or otherwise and despatching ambulances accordingly.

4. FSD has now completed a review on PAS. A copy of the report is at **Annex**. The review has identified the need for providing paramedic services on all ambulances for the following reasons -

- (a) There has been an upsurge in demand for PAS. The average monthly EMA calls have doubled from 4400 in 1996 to 9100 in 2000. The percentage of EMA calls over the total number of emergency calls is projected to grow further from 22.8% in 2000 to 34.4% by 2004.
- (b) The number of paramedic ambulances is inadequate as only 77.6% of EMA calls are responded to by paramedic ambulances. The percentage may drop to 55.4% by 2004 if no additional paramedic ambulances are provided.
- (c) EMA II supervisors are better trained to assess patients' conditions and to communicate effectively with hospital staff on the need to initiate selective diversion of patients to hospitals providing tertiary specialist services and to stabilise these patients en route, thus expediting definitive treatment and reducing the need for secondary transfers.
- (d) There is a growing public expectation for full development of PAS in line with a clear trend of providing advanced pre-hospital care to patients in many developed countries.

5. The review has examined various issues pertaining to further PAS development (cf. Chapters 4 and 5 of the report) and made a number of recommendations, including the following -

- (a) PAS should be extended to all ambulances, subject to availability of resources. To achieve this, around 550 additional ambulance supervisors should be trained as EMA II by phases over a period of four years.
- (b) An independent consultant should be appointed to look into the findings of the review, examine the full implications and resource requirements for providing paramedic care on all ambulances and develop a detailed implementation plan. Professional consultancy is required in view of the complexity of the issues

highlighted in the review, including training (particularly training facilities) required, resource implications and development of a comprehensive quality assurance system. There is also a need to obtain expertise to examine international best practices and the collaboration required among the relevant agencies (e.g. FSD, Department of Health, Hospital Authority) for full PAS provision.

- (c) Meanwhile FSD should initiate interim measures within existing resources. For example, training should continue to qualify more ambulance supervisors at EMA II level. The remaining AAMCs, as well as ambulances on offshore islands which do not have PAS coverage, should be upgraded to provide paramedic care. The current part-time service of a Medical Director to FSD should be extended to full-time service in order to strengthen the professional support for further PAS development.

Way Forward

6. Following the recommendations, FSD is planning to appoint an independent consultant (at an estimated cost of \$1 million) and will take forward the interim measures.

7. An Ambulance Services Review Steering Group comprising representatives of the Security Bureau, the Health and Welfare Bureau, FSD, the Department of Health and the Hospital Authority has considered the review report and accepted it in principle. It will follow up the review and oversee implementation of the recommendations as appropriate, including steering the proposed consultancy study. Subject to the consultants' findings and further examination, we shall consider full provision of PAS and, if necessary, seek additional resources in the normal manner.

Presentation

8. Members are invited to note the progress on the review of further PAS development as detailed above.

Security Bureau
December 2000