# *立法會*
# *Legislative Council*

LC Paper No. CB(2)1095/15-16(04)

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**Panel on Health Services**

**Background brief prepared by the Legislative Council Secretariat for the meeting on 21 March 2016**

**Measures taken by the Hospital Authority to tackle the winter surge**

## Purpose

This paper summarizes the views and concerns of members of the Panel on Health Services ("the Panel") on measures taken by the Hospital Authority ("HA") during the past winter influenza seasons.

## Background

2. Influenza is a highly infectious disease caused by different strains of influenza virus. There are three known categories of influenza, namely A, B and C. Influenza A viruses can further be subtyped on the basis of two surface antigens: haemagglutinin (H) and neuraminidase (N). New subtype variants appear from time to time and at irregular intervals. Antigenic drifts (minor changes) of influenza viruses lead to the emergence of new viral strains every year.

3. Seasonal influenza affects large segments of the community. For healthy individuals, seasonal influenza is usually self-limiting with recovery in two to seven days. However, seasonal influenza can be a serious illness to the weak and frail or elderly people, and may be complicated by bronchitis, chest infection or even death. In Hong Kong, influenza occurs throughout the year and often displays two seasonal peaks. A smaller summer peak is sometimes observed in July and August. A larger seasonal peak is in winter time, usually from January to March.

4. According to the Administration, the local activity of seasonal influenza has continued to increase in mid to end of January 2016, indicting that Hong

Kong is entering the winter influenza season. During the period of 29 January to 16 March 2016, 223 adult severe cases (including 90 deaths) and 12 cases of severe paediatric influenza-associated complication among patients aged below 18 years (including one death) were recorded by the Centre for Health Protection. According to HA, there has been an acute demand for public hospital services arising from this winter surge. From early February to early March 2016, the Accident and Emergency ("A&E") Departments of public hospitals recorded a daily attendance of 7 000 in more than 10 days, as compared with that of about 6 000 in a normal day. The daily admission via the A&E Department to medical wards, which is normally around 800 patients, was persistently over 900 cases (with 18 days having a recorded high of over 1 000 patients).

**Deliberations of the Panel**

5. The Panel discussed issues relating to the prevention and control of seasonal influenza at a number of meetings between 2008 and 2015. The deliberations and concerns of members on measures taken by HA during the past winter influenza seasons are summarized in the following paragraphs.

Surge capacity of HA

6. Noting the high attendance to the A&E Departments and the high inpatient bed occupancy rate in medical wards during the winter influenza seasons, members were gravely concerned about the capacity of HA to cope with the surge in service demand. There were suggestions that HA should increase the quota for public general outpatient clinics ("GOPCs") to alleviate pressure on the A&E Departments and increase the number of hospital beds.

7. HA advised that to handle the upsurge in demand for A&E services, especially those semi-urgent and non-urgent cases, HA would continue to recruit additional medical and nursing staff to work extra hours on voluntary basis with payment of special honorarium under the A&E Support Session Programme. In addition, services in public GOPCs would be expanded during holidays. As regards inpatient services, HA had opened 205 additional beds in 2014-2015. Another 250 new beds would be opened in 2015-2016. Additional beds would also be opened on a time limit basis to tackle the winter surge. The above apart, efforts were made to facilitate transfer of stable patients from acute to convalescent hospitals within clusters. Where necessary, HA would consider reducing elective admissions and non-emergent operations to make available beds and manpower to deal with seasonal influenza. In the long run, the number of hospital beds would be further increased through the development of new public hospitals and the expansion of existing public hospitals.

8. There was a view that Chinese medicine sector should be invited to prepare for the seasonal influenza seasons. According to the Administration, the 18 public Chinese Medicine Centres for Training and Research were endeavored to meet the increasing service demand during the influenza season. Chinese medicine practitioners were also involved in the influenza-like-illness surveillance system of the Centre for Health Protection.

Manpower of HA

9. Members expressed grave concern about the readiness of HA to cope with the challenge of upsurge in service demand given its medical and nursing manpower constraints and the low staff morale among the healthcare personnel. There was a suggestion that community nurses should be deployed to pressure wards to meet the rise in hospital admission.

10. According to HA, manpower of HA had been augmented by special honorarium scheme and leave encashment as far as possible. In addition, support from the Auxiliary Medical Service had been enlisted to help out in the A&E Departments. For inpatient nursing manpower, undergraduate nursing students were recruited on a temporary basis to provide extra support. Contingency measures including staff mobilization would be implemented in individual public hospitals as appropriate to manage the surge in service demand. Since community nurses played a vital role in the prevention of influenza through the provision of nursing support to elderly population in the community setting, the Administration considered it not appropriate to deploy community nurses to hospital settings.

Infection control measures

11. Members considered it important to step up infection control measures in public hospitals so as to prevent cross infections. They urged the Administration and HA to implement appropriate measures to reduce the infection risk in public hospitals.

12. HA advised that it had implemented a series of measures to cope with the influenza season. This included promoting hand hygiene in all HA hospitals and clinics; enhancing support to residential care homes for the elderly through Community Geriatric Assessment Service, Community Nursing Service and Visiting Medical Officer programmes; and restricting visiting hours to acute wards to two hours per day to prevent cross infections. Moreover, each major public hospital had an infection control team to oversee infection control policies and practices. Hospital frontline staff had worked closely with

infection control officers to ensure early identification of infectious cases and implementation of appropriate actions to prevent the spread of diseases.

**Recent developments**

13. On 9 March 2016, HA announced the launch of additional contingency measures to increase the bed capacity and deployment as well as to augment the service capacity of the A&E Departments. These measures include -

(a) reducing elective admission and deferring non-emergent elective operations to vacate more beds to take care of in-patients admitted from A&E;

(b) introducing Drug Refill Programme at specialist clinics and GOPCs under which those clinically stable outpatients would be assessed by nursing staff who would arrange the refill of medications until their next appointment. The Programme would allow medical specialists to deploy more time on inpatient care and release doctors to see more episodic cases in GOPCs;

(c) enhancing the service of the Patient Support Call Centre such that a team of nursing staff would pro-actively follow up the discharged patients for better self-management;

(d) extending the A&E Support Session Programme by introducing flexibility to allow clinicians to serve in a session from one-hour up to four-hour. It was expected that this measure could increase the manpower to take care of patients being triaged as semi-urgent and non-urgent cases; and

(e) facilitating the transfer of stable patients from acute to convalescent public hospitals within cluster, or cross-cluster if necessary.

14. In response to the Association of Hong Kong Nursing Staff's call for increasing the nursing manpower in order to cope with the surge in service demand at public hospitals, HA issued a press release on 16 March 2016 on the measures adopted by HA in recent years to relieve pressure of nurses and retain its nursing manpower, and the further measures (such as increasing the quota for GOPCs) to be introduced by HA to tackle the winter surge. The relevant press release (Chinese version only) is in **Appendix I**.

**Relevant papers**

15. A list of the relevant papers on the Legislative Council website is in **Appendix II**.

Council Business Division 2
Legislative Council Secretariat
18 March 2016

醫院管理局 HOSPITAL AUTHORITY

# 新聞稿 PRESS RELEASE

二〇一六年三月十六日（星期三）

**編輯注意：**

就傳媒查詢香港護士協會今日（三月十六日）發表的公開信，醫院管理局發言人回應如下：

醫管局一直非常關注前線護士面對繁重工作壓力的情況，已採取多項措施紓緩壓力及挽留人手，這些措施包括：

(a) 招聘全職及兼職護士補充已流失的人手及紓緩前線同事的工作壓力。過去三年，醫管局每年增聘約 800 至 1,000 名護士，而現時兼職護士約有 1,900 人；

(b) 推出一系列的特別津貼計劃，以更靈活地增加人手，應對服務需求高峰期。為鼓勵更多同事參與，醫管局已提高計劃的彈性，可適用於一小時或以上的工作。現時共有 1,300 名護士參與特別酬金計劃 ；

(c) 增聘護理學學生以協助病房的工作；

(d) 增聘病房文員支援護士文書工作；

(e) 增加前線護士升職及專業培訓的機會，包括安排護士前往海外進修提升專業水平；

(f) 在醫院增加電動病床及吊運系統，方便移動和運送病人，以幫助病房同事減省繁重的工作程序；

(g) 改善病房環境及工作流程，以減輕前線護士工作壓力。

至於應付冬季服務高峰期方面，醫管局早前已制定及實施了整體的應對計劃，除加開病床及增加人手以加強住院服務外，亦擴展急症室支援時段計劃，由 12 間急症室加至 17 間，截至 2016 年 2 月底已招聘超過 1,600 名護理學學生支援臨床服務。在長假期內包括聖誕、農曆新年及復活節期間，擴充普通科門診診所服務，合共增加約 4,500 個服務名額。有見今年的冬季流感情況特別嚴峻，醫管局近日再加推一系列應對措施，增加病床調配及流轉，以及支援急症服務，這些措施包括：

(a) 透過社區老人評估服務、社康護理服務、到訪醫生計劃及老人日間醫院進一步加強對已出院及年長患者的支援；

傳媒查詢：當值新聞主任傳呼機號碼：7328 3855 傳真：2504 0018 九龍亞皆老街 147B 醫院管理局大樓
Media Enquiries: News Duty Officer Pager: 7328 3855 Fax: 2504 0018 Hospital Authority Building, 147B Argyle Street, Kowloon

(b) 進一步加強「護訊鈴」電話支援服務，由護士團隊透過電話，主動為剛出院並有較高風險再次入院的長者病人提供支援服務；

(c) 提高復康醫院的服務能力及促進將情況穩定的病人轉介至聯網內的復康醫院；

(d) 至 2016 年 3 月底前，每週增加約 2,000 個普通科門診診所的服務名額；

(e) 至 2016 年 3 月底前，減少非緊急入院並暫停或押後非緊急手術；

(f) 透過香港醫學會呼籲私人執業醫生在復活節假期期間開診及至 2016 年 3 月底前延長每日應診時間。

醫管局會繼續密切檢視流感高峰期間人手和醫療服務使用情況，並與前線護士保持溝通，適時採取進一步的應變措施。

傳媒查詢：當值新聞主任傳呼機號碼：7328 3855 傳真：2504 0018 九龍亞皆老街 147B 醫院管理局大樓
Media Enquiries: News Duty Officer Pager: 7328 3855 Fax: 2504 0018 Hospital Authority Building, 147B Argyle Street, Kowloon

**Appendix II**

**Relevant papers on the measures taken by the Hospital Authority to tackle the winter surge**

| Committee | Date of meeting | Paper |
|---|---|---|
| Panel on Health Services | 10.3.2008<br>(Item V) | Agenda<br>Minutes<br>CB(2)2028/07-08(01) |
| | 9.11.2009<br>(Item III) | Agenda<br>Minutes<br>CB(2)624/09-10(01) |
| | 14.2.2011<br>(Item V) | Agenda<br>Minutes<br>CB(2)1175/10-11(01) |
| | 17.12.2012<br>(Item V) | Agenda<br>Minutes<br>CB(2)458/12-13(01) |
| | 16.2.2015<br>(Item III) | Agenda<br>Minutes<br>CB(2)880/14-15(01)<br>CB(2)1199/14-15(01) |

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