HONG KONG FIRE SERVICES DEPARTMENT
AMBULANCE OFFICERS ASSOCIATION

Kowloon Central P.O. Box 70168

Mrs. Sharon TONG,
Clerk to Panel on Security,
Legislative Council,
Legislative Council Building,
8 Jackson Road,
Central,
Hong Kong.

30 October 1998

Dear Mrs. TONG,

LegCo Panel on Security
Emergency Ambulance Service

Thank you for your letter of 15 October 1998.

In support of the Association's argument that the 12-minute standard compares unfavourably with the target and actual performance of many urban ambulance service throughout the world, we have taken the following points into consideration:

1) The first thing which I wish to point out to the Members is that, for measurement of the target performance (both the activation time and response time) in the United Kingdom (UK) which is quoted by the Administration as one of the examples to support that the standard of our target is comparable to that of overseas ambulance service, the time of receipt of the request or the time of call is the time at which the first contact is made; for example, it is the time when the telephone rings, not the time when the message is completed.

2) However, for Hong Kong, the time of call is the time when the location of the incident has been established. In this process, the caller has in the first instance to wait for some time before his / her telephone call is answered. He / She may even have to wait further to have his/her call to be referred to the proper console (e.g. from 999 Police Console to Ambulance Console) operator who will collect the address and other necessary information and input in into the Central Mobilisation System (CMS) of the Fire Services Communication Centre (FSCC) computer before an ambulance could be despatched to respond. None of these elements mentioned above are counted in the local activation time and response time measures. Hence, in view of the aforesaid fundamental differences, it is noted that the 3-minute activation time for UK is in fact a different and higher standard than the 2-minute activation time for Hong Kong.

3) The following are some of the examples for your information to illustrate that other countries have a better target performance than that of Hong Kong.

Country	City	Performance Target	Achievement (Actual Performance)
China	Shanghai*	8 min R.T.(urban)	N.A.
Australia	Canberra*	90% < 8 min. R.T.	50%< 8 min. R.T. 90% < 14.5 min. R.T.
Canada	British Columbia*	8 min. R.T.	50% 6.91 min. R.T. 90% 12 min. R.T.
USA	Honolulu*	8 - 10 min. R.T. (city)	80% (city)
	California*	<u>Basic Life Support:</u> 90% < 5 min. R.T. (urban) <u>Early Defibrillation:</u> 90% < 5 min. R.T. (urban) <u>Advanced Life Support:</u> 90% 8 min. R.T. (urban)	N.A.
	Houston*	6 min. R.T.	N.A.

USA	San Francisco	90% 8 - 10 min. R.T.	92% < 10 min.
Germany	Hamburg**	The medium response interval for: i) Non-physician staffed ambulances is 5.2 min. ii) Physician staffed ambulances is 7.7 min.	

Remarks: R.T.-Response Time, N.A.-Not available

* - Source from The report on EAS prepared by Research and Library Services Division of the LegCo Secretariat in 1996 - table 4 - Performance Time Targets of Different Foreign Territories)

** - Source from Moecke, H (1998), Emergency Medicine in Germany. Annals of Emergency Medicine. 31, (1).

4) In some countries, the response time refers to the interval between the receipt of a call and the arrival of the ambulance at the patients / injured. However, in Hong Kong, response time refers to the arrival of the ambulance at street level of the incident only. (Source: The report on EAS prepared by Research and Library Services Division of the LegCo Secretariat in 1996 - para 5.2)

5) As we all know that, in UK and Australia, the overall standard of their EAS is higher than that of Hong Kong. They can perform more advanced life-saving techniques such as intubation, administration of a variety of drugs and manual defibrillation. Although some of them may employ an apparently more or less the same response time as that of Hong Kong, the effectiveness of their service is better than ours. Also considering the vast area of emergency coverage covered by these overseas EAS which have similar response standard, it is not difficult to understand that, for a small locality like Hong Kong, a standard higher than 12-minute will normally be expected.

6) Advice from the British Department of Health outlines new target response time performance standards in a patient's charter to be adopted in UK ambulance services. The charter calls for all ambulance services to work towards achieving an eight minutes response in 75% of immediately life threatening (category A) cases by 2001. (Kelly, G(1998). Team Briefing (February 18th 1998). Brief 22.)

7) The above was echoed and re-iterated in the National Health Services (NHS) Executives "Review of Ambulance Performance Standards" published in July 1996 in which a new standard is proposed as below:

> Immediately life threatening (Category A) should receive an appropriate response within 8 minutes in 90% of cases in both rural and urban areas: an interim target of 75 % within 8 minutes has been accepted for implementation across English services from the year 2000-2001. Besides, in UK, four Services including Berkshire, Derbyshire, Essex and Mersey have started to implement from April 1997 respectively one of the two priority despatch systems including Criteria Based Despatch (CBD) and Advanced Medical Priority Despatch (AMPD).

8) We agree to the proposal and with a view to optimising resources and in view of real potential to save many lives, the Association also considers that a strategy based on response time targets by category of call should be adopted. For example:

i) Emergency category A (life threatening)- 8 - 9 minutes response time;
ii) Emergency category B (other emergency)- 10 to 12 minute response

9) The Association considers that a 12-minute standard for our Emergency Ambulance Service has not fully taken into account the possibility of permanent damage / disability caused to patients, the danger of sudden death, the need to convey the critical patient to medical care as quickly as possible and other medical considerations. According to the advice of the Hong Kong Medical Association, a patient will sustain permanent brain damage if he is in total lack of oxygen for 2 to 3 minutes.

Furthermore, we are sceptical about the appropriateness of the definition for the 12-minute response time measure to be introduced, and the interpretation of the response time statistics at appendix (c) of the latest Legislative Council brief prepared by the Administration on the subject issue. In day-to-day ambulance operations, a number of ambulance calls involve the mobilization of more than one ambulance because of the unavailability of an appropriate crew or when an appropriate

ambulance is mobilized quickly to be followed by a more appropriate mobilisation some minutes later. The Management has told us that for statistical administrative purposes, the response time of the ambulance which eventually handles a call is measured from the time when its mobilization is made, not necessarily from the time when the call is initially received by the Fire Services Communication Centre from the public. If this is the methodology for our future overall performance target calculation, this response time measure will be less than meaningful as it does not always provide the correct information on how long that the public has to wait before the arrival of the first ambulance resource. The proper monitoring and evaluation of the Service will be hampered. We are still seeking clarification from the Management in this respect. Perhaps, Members may also be interested to know that from the Administration too.

Thank you for your kind attention. Should you have any enquiry, please feel free to contact me at 2651 6958.

Yours sincerely,

(KO Yu-chow)
Secretary
HKFSDAOA