

**LETTERHEAD OF GOVERNMENT SECRETARIAT LOWER ALBERT ROAD  
HONG KONG**

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28 December 1998

Clerk to LegCo Panel on Security  
c/o Legislative Council Secretariat  
Legislative Council Building  
8 Jackson Road  
Central  
Hong Kong.  
(Attn: Miss Betty Ma)

Dear Miss Ma,

**LegCo Panel on Security**  
**Meeting on 13 October 1998**

**Performance Indicator for the Emergency Ambulance Service(EAS).**

At the captioned meeting, at the request of Members, we agreed to provide information regarding the progress on the building of new ambulance depots, the replacement of ambulances, the recruitment of ambulance crews, and their respective target that had been met so far as well as the anticipated target to be achieved by April 1999. The information is provided below.

Regarding the establishment of the four new ambulance depots which the 1995 Consultancy had recommended, the proposed Kowloon Tong and Braemar Hill (North Point) Ambulance Depots are in Cat. B of the Public Works Programme and scheduled to start work in 2000. The proposed Sheung Wan and Kwai Chung Ambulance Depots are part of a joint development with other departments and suitable sites have been identified. The Fire Services Department(FSD) will continue with its site search for new ambulance depots.

In 1997-98 and 1998-99, the Government has provided additional resources for the employment of 165 and 61 ambulancemen respectively. In view of the completion of the Tung Chung and Sham Tseng ambulance depots and the new airport, 116 staff were recruited early this year to meet the service demand. The new recruits have completed induction training and started to render service. A further batch of 104 staff, currently under training, will render service in April 1999.

In addition to ambulance staff, we have also acquired 27 additional ambulances and 11 additional Ambulances Aid Motorcycles (AAMC) for improving the EAS. 22 new ambulances and 11 AAMCs were put into operation in March 1998. The last 5 new ambulances have been put into operation in December 1998.

With the provision of additional resources since April 1997 and other improvement measures implemented by the FSD, slightly over 92% of EAS calls have been met within a 12-minute response time in the 3rd quarter of 1998. We anticipate that when another batch of 104 ambulancemen complete their training and become functional in April 1999, the EAS should be able to achieve the pledged target of 92.5%.

Also at the captioned meeting, we agreed to provide the respective responses of the countries which had been approached for information on the performance of their EAS. I am pleased to provide the requested information in the table attached.

Yours sincerely,

(Mrs. Sarah Kwok)  
for Secretary for Security

**Performance Target of Overseas Emergency Ambulance Service**

(Information obtained in July &amp; August 1998)

Countries approached	Performance Target		Actual Performance	
	Activation Time	Response Time	Activation Time	Response Time
1. British Columbia, Canada	N.A.	Urban area 90% < 8 min. (clearly life threatening cases) 90% < 10 min. (other emergency cases)	N.A.	Currently in the process of developing systems to accurately monitor response times, no performance figure is available
2. California, US	N.A.	<u>Basic life support</u> 90% < 5 minutes (urban) 90% < 15 minutes (rural) Wilderness-as quickly as possible  <u>Early defibrillation</u> 90% < 5 minutes (urban) Rural-as quickly as possible Wilderness-as quickly as possible  <u>Advanced life support</u> 90% < 8 minutes (urban) 90% < 20 minutes (rural) Wilderness-as quickly as possible	N.A.	Performance figures are not available The targets shown for California are recommended guidelines issued in 19 for the development of local Emerger??? Medical Services (EMS). Recommended guidelines are based system optimality and have been identified as standards to which each system should strive, but they may ??? be attainable by all local EMS system At present, the local BMSs are still the process of discussing response ??? and not yet come to a consensus.
3. Hawaii, US	Time standard for response in Urban(10 min.), Suburban(15 min.), Rural(20 min.). These are said to be determined by population, but no clear definition is available.		N.A.	N.A.
4. National Health Services in England	N.A.	50% < 8 min. (urban & rural) 95% < 14 minutes (urban) 95% < 19 minutes (rural)	24 out of 33 (urban & rural) ambulance services met the target (50% < 8 min 3 out of the 8 urban services met the target (95% < 14 min.) 22 out of the 25 rural services met the target (95% < 19 min.)	
5. New South Wales, Australia	N.A.	95% < 14 minutes (urban) 95% < 19 minutes (rural)	95% $\leq$ 3 min.	50% $\leq$ 8 min. (urban) 50% $\leq$ 9 min. (rural)
6. Canberia, Australia	N.A.	65% of (priority 1) cases < 8 min. 95% of (priority 1 & 2) cases < 12 min.	N.A.	Currently the set targets are reache???
7. Singapore	N.A.	N.A.	N.A.	50% < 11 minutes
8. Taipei, Taiwan	N.A.	N.A.	N.A.	N.A.
9. Bangkok, Thailand	N.A.	N.A.	N.A.	N.A.

<b>Countries approached</b>	<b>Performance Target</b>		<b>Actual Performance</b>	
	<b>Activation Time</b>	<b>Response Time</b>	<b>Activation Time</b>	<b>Response Time</b>
Auckland, New Zealand	No response	No response	No response	No response
Japan	No response	No response	No response	No response
Manila, Philippines	No response	No response	No response	No response

??=Not available