

**For information
On 18 March 2013**

**Legislative Council Panel on Health Services
Accident and Emergency Services of Public Hospitals**

PURPOSE

This paper briefs Members on the provision of Accident and Emergency (A&E) Services of public hospitals in Hong Kong. The paper also highlights the measures taken by the Hospital Authority (HA) during the winter surge period to meet the service demand in A&E Departments.

OVERVIEW OF A&E SERVICES IN HONG KONG

2. A&E services are mainly provided at 16 public hospitals under HA. They deliver a high standard of service for critically ill or injured persons who need urgent medical attention. They also provide medical support for victims of disasters. In 2012, a total of 1.31 million people paid 2.3 million visits to the A&E Departments of public hospitals, an average of 6,285 attendances per day.

3. To ensure that patients with more serious conditions are accorded higher priority in medical treatment, HA adopts a triage system which classifies patients attending the A&E Departments into five categories according to their clinical conditions –

| Clinical Condition | Category |
|---------------------------|-----------------|
| Critical | Category I |
| Emergency | Category II |
| Urgent | Category III |
| Semi-urgent | Category IV |
| Non-urgent | Category V |

4. For patients whose clinical conditions are triaged as Category I to III, HA has set performance pledges on the waiting time for their treatment. Under the performance pledges, all patients who are triaged as critical will be treated immediately, 95% of patients triaged as emergency will be treated within 15 minutes and 90% of patients triaged as urgent will be treated within 30 minutes. In 2011-12, A&E Departments were able to fully meet the

performance pledges. This shows that the majority of patients with pressing medical needs received timely medical treatment.

SURGE IN SERVICES DEMAND

5. There are usually two influenza peak seasons in Hong Kong, one occurring between January and March (winter surge); the other between July and August. During the influenza peak seasons every year, the number of patients seeking services from A&E Departments increased, thus putting the Department under tremendous stress. In February and March 2012, the average daily attendance reached over 6,500 cases, which was 12% higher than the normal daily average of 5,800 cases. The attendance reached 7,700 cases on some days (33% higher), with influenza patients being a main attribute to the surge.

6. The demand for A&E services might attract particular public attention during the Chinese New Year (CNY) holiday when most of the private clinics were closed. This year, the total attendance to A&E Departments during the 4-day public holiday from 10 to 13 February 2013 was 22,878, representing a daily average of 5,720. The daily average attendance figure during CNY holiday this year was higher than that during the same period last year by 3% (**Annex I**).

PREPARATION AND MEASURES FOR WINTER SURGE

7. To prepare for the significant increase in demand for hospital services during winter surge, HA has set up a Task Force of Winter Surge since May 2011. The Task Force is responsible for developing plans to manage growing service demand during winter surge and peak flu seasons and formulating strategy to implement the plan. It also advises HA on the resources required for implementing the plan and monitors and reviews outcome and effectiveness of the measures taken.

8. The Task Force has developed a framework to facilitate central coordination and monitoring of clusters' response to winter surge. The Task Force will also command further contingency responses when service demand increase significantly. Measures taken by HA to tackle increased service demand during influenza season this year include managing demand in the community, gate-keeping with a view to reducing unnecessary admission to hospitals; improving patient flow with the hospital system; optimizing and augmenting buffer capacity, re-prioritizing core activities and enhancing communications with the public. These measures are detailed in **Annex II**.

ADDITIONAL MEASURES AND ENHANCED HEALTHCARE SUPPORT TO A&E DEPARTMENTS

9. We are aware of the extended influenza season last year and that demand for A&E services remains at a high level even beyond the influenza seasons. In view of the above, HA has introduced the following additional measures and healthcare support at A&E Departments –

- (a) Implementing a pilot scheme since February 2013 to recruit additional medical and nursing staff to alleviate the work pressure in A&E Departments. The scheme is piloted in seven hospitals¹ for six months. It has recruited a total of 115 doctors and 286 nurses. HA will review the effectiveness of the scheme before deciding as to whether it should be continued and expanded;
- (b) Augmenting doctor manpower through the following –
 - (i) extra financial incentives, such as introducing special honorarium scheme (SHS), enhancing the fixed-rate honorarium and providing leave encashment. From April to December 2012, some 290 A&E doctors have joined the SHS and worked extra service sessions for A&E Departments;
 - (ii) additional promotion mechanism for promoting frontline doctors with more than 5 years of post-fellowship experience in the specialty and consistently good performance to Associate Consultant. To date, 19 A&E doctors have been promoted under this mechanism;
 - (iii) appointment of part-time doctors. HA will approach proactively leaving and retiring doctors for working part-time in A&E Departments with enhanced package. To date, the number of part time doctors recruited to A&E specialty has doubled from 14 (as at 31 March 2011) to 28 (as at 31 December 2012);
 - (iv) recruitment of non-local doctors under limited registration for pressurized specialties such as A&E Departments since 2012. To date, 11 doctors have been recruited for various departments through this scheme;

¹ These seven hospitals are Queen Elizabeth Hospital, United Christian Hospital, Tseung Kwan O Hospital, Prince of Wales Hospital, North District Hospital, Alice Ho Miu Ling Nethersole Hospital and Tuen Mun Hospital.

- (c) Strengthening manpower of nurses and supporting staff through the following –
 - (i) provision of short term employment of retired nursing staff, undergraduate nurses and other healthcare workers;
 - (ii) enhancement of recruitment and retention, promotion opportunities, improvement of working conditions and training opportunities for nurses;
 - (iii) strengthening of phlebotomist services and clerical support; and
 - (iv) deployment of additional staff to streamline patient flow and perform crowd control during prolonged waiting;
- (d) Setting up additional observation areas to alleviate the congestion of A&E Departments; and
- (e) Stepping up publicity to call on the public to avoid using A&E services under non-emergency situation.

WAY FORWARD

10. With the above measures, HA has strengthened the manpower and enhanced services in A&E Departments. Notably, in the A&E specialty, the number of doctors has increased from 404 (in March 2012) to 419 (in December 2012), nurses from 817 to 852, and supporting staff from 360 to 375.

11. HA will continue to monitor closely the service demand in A&E Departments, particularly during the surge period, and the effectiveness of the measures in paragraph 9 above with a view to further improving A&E services.

ADVICE SOUGHT

12. Members are invited to note the contents of the paper.

Food and Health Bureau
Hospital Authority
March 2013

Attendance of Major Accident and Emergency Departments during CNY Holiday in 2012 and 2013

| | 10-Feb-13 | 11-Feb-13 | 12-Feb-13 | 13-Feb-13 | 2013 Chinese New Year Holiday Daily Average | Daily Average of January 2013 | % increase/ decrease in 2013 Chinese New Year Holiday as compared to daily average of January 2013 | 2012 Chinese New Year Holiday Daily Average | Daily Average of January 2012 | % increase/ decrease in 2012 Chinese New Year Holiday as compared to daily average of January 2012 |
|---|----------------------|-----------------------|-----------------------|-----------------------|---|--|---|---|--|---|
| | 二〇一三年 二月十日 年初一 | 二〇一三年 二月十一日 年初二 | 二〇一三年 二月十二日 年初三 | 二〇一三年 二月十三日 年初四 | 二〇一三年 農曆新年假期 每日平均 | 二〇一三年 一月 每日平均 | 今年農曆新年假期 較今年一月平日 每日平均升/跌幅 % | 二〇一二年 農曆新年假期 每日平均 | 二〇一二年 一月 每日平均 | 去年農曆新年假期 較去年一月平日 每日平均升/跌幅 % |
| Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院 | 260 | 377 | 407 | 381 | 356 | 391 | -9.0 | 349 | 353 | -1.2 |
| Caritas Medical Centre 明愛醫院 | 271 | 416 | 394 | 355 | 359 | 401 | -10.6 | 317 | 362 | -12.4 |
| Kwong Wah Hospital 廣華醫院 | 255 | 374 | 395 | 327 | 338 | 376 | -10.2 | 325 | 371 | -12.6 |
| North District Hospital 北區醫院 | 287 | 331 | 351 | 286 | 314 | 317 | -0.9 | 297 | 308 | -3.4 |
| Princess Margaret Hospital 瑪嘉烈醫院 | 309 | 405 | 452 | 401 | 392 | 418 | -6.2 | 396 | 394 | 0.3 |
| Pok Oi Hospital 博愛醫院 | 277 | 379 | 409 | 361 | 357 | 359 | -0.6 | 321 | 340 | -5.4 |
| Prince of Wales Hospital 威爾斯親王醫院 | 333 | 383 | 399 | 414 | 382 | 447 | -14.4 | 383 | 425 | -10.0 |
| Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院 | 342 | 453 | 450 | 415 | 415 | 415 | 0 | 410 | 401 | 2.4 |
| Queen Elizabeth Hospital 伊利沙伯醫院 | 440 | 513 | 555 | 465 | 493 | 541 | -8.8 | 507 | 549 | -7.7 |
| Queen Mary Hospital 瑪麗醫院 | 305 | 398 | 393 | 342 | 360 | 360 | 0 | 371 | 363 | 2.0 |
| Ruttonjee & Tang Shiu Kin Hospital 律敦治及鄧肇堅醫院 | 204 | 225 | 253 | 234 | 229 | 227 | 1.0 | 195 | 229 | -14.9 |
| Tseung Kwan O Hospital 將軍澳醫院 | 299 | 352 | 371 | 325 | 337 | 349 | -3.5 | 319 | 332 | -3.9 |
| Tuen Mun Hospital 屯門醫院 | 469 | 618 | 660 | 506 | 563 | 622 | -9.4 | 548 | 593 | -7.6 |
| United Christian Hospital 基督教聯合醫院 | 433 | 504 | 470 | 463 | 468 | 514 | -9.1 | 480 | 490 | -2.1 |
| Yan Chai Hospital 仁濟醫院 | 288 | 379 | 404 | 361 | 358 | 389 | -7.9 | 340 | 357 | -4.8 |
| Total 總數 | 4,772 | 6,107 | 6,363 | 5,636 | 5,720 | 6,126 | -6.6 | 5,557 | 5,868 | -5.3 |

Annex II

HA response measures for the influenza season in 2012/13

| Measures | Details |
|---|---|
| 1. Managing demand in community | - There will be enhanced support to Old Age Homes through the Community Geriatric Assessment Services, Community Nursing Service and Visiting Medical Officer programs to facilitate management of simple cases outside hospitals. |
| 2. Gate-keeping to reduce unnecessary admission | - Additional observation areas will be set up in Accidents and Emergency Departments (A&ED) to solve the congestion of A&ED as well as to reduce unnecessary admission to medical wards. Virology services for influenza will be enhanced to help in decision of admission of paediatric patients. Additional staff will be deployed to streamline patient flow, crowd control during prolonged waiting. |
| 3. Improving patient flow | - Patient's flow through the hospital system will be expedited through more frequent ward rounds in paediatric, medical and geriatric wards especially during weekends to facilitate transfer of stable patients to convalescence. |
| 4. Optimising and augment buffer capacity | <ul style="list-style-type: none">- Buffer capacity in hospitals will be optimised through utilization of buffer wards, expanding day follow-up service, and reduction of re-admission.- Other than the additional 91 general acute beds to be opened in 2012/13, the opening of around 500 excess temporary medical, paediatric and convalescent beds in the coming influenza surge is under planning to augment hospital capacity.- Manpower will be augmented by special honorarium scheme, leave encashment and provision of undergraduate nurses and AMS staff to handle the possible surge in A&ED attendances and hospital admissions. |
| 5. Re-prioritising | - Elective admission and non-urgent surgery will be |

| | |
|---|---|
| core activities | reduced to reserve capacity to deal with seasonal influenza. |
| 6. Enhanced communication with the public | - Enhanced communication with the public to manage their expectation on longer waiting time at A&EDs and to alert them on possible postponement of elective services. |