

Public hospitals prepare for winter surge (with photo)

The following is issued on behalf of the Hospital Authority:

Amid the recent cooler weather, post-weekend service demand surges and access blockage in some Accident and Emergency Departments at public hospitals have become more common in the first working days. The Hospital Authority (HA) Chief Manager (Cluster Performance), Dr Ian Cheung, said, "Front-line colleagues have expressed views on enhancing the flexibility of the Special Honorarium Scheme (SHS) so that they can help work overtime briefly before or after their normal duty hours to alleviate the workload arising from service demand surges. The HA has informed all the hospital clusters that, starting from tomorrow (December 1), SHS sessions can be implemented with a minimum operation need of one hour when the workload exceeds the normal capacity. By supporting healthcare colleagues who are willing to work overtime, this arrangement will enhance the manpower deployment flexibility."

With overall medical ward occupancy frequently over 100 per cent, Dr Cheung said that preparation is under way in hospitals to open time-limited beds in currently vacated wards and feasible space in existing wards during the winter surge.

"We will report to the HA Board in late December on the response measures for the winter surge in detail, followed by daily announcement of public hospitals' daily key statistics," Dr Cheung said.

Dr Cheung said healthcare staff have shown keen participation in seasonal influenza vaccination to minimise the infection risk for themselves, their families and patients. It is encouraging that over 27 000 staff members have received vaccination, a 50 per cent increase as compared with the same period last year.

"Seasonal influenza vaccination is an effective and safe means to prevent influenza infection and its complications," Dr Cheung said. He appealed to eligible members of the public who have not yet been vaccinated to get vaccinated at public hospitals or out-patient clinics upon resumption of the vaccination service.

The HA will continue to communicate with front-line staff closely to ensure that response measures can be implemented effectively to address the demand for services in the winter surge.



[Appeal on in-patient missing from Pok Oi Hospital](#)

The following is issued on behalf of the Hospital Authority:

The spokesperson for Pok Oi Hospital (POH) made the following appeal today (November 30) regarding an in-patient leaving the hospital without notifying ward staff:

A 64-year-old male in-patient of a Medicine and Geriatrics Ward of POH was found missing by ward staff at about 6.30pm this Wednesday (November 28). The patient has congestive heart failure and requires regular medication. Security guards performed a full-scale search within the hospital compound immediately but were unable to locate the patient. POH then informed the patient's relatives and reported the case to the Police that night. POH is very concerned about the incident and is fully co-operating with the Police in the search.

The patient is around 1.55 metres tall, has a thin build and has black short curly hair. The hospital appeals to the public to contact the Police or the POH hotline at 6468 0016 if they know the whereabouts of the patient.

[Hospital Authority to resume flu vaccination service](#)

The following is issued on behalf of the Hospital Authority:

The Hospital Authority (HA) spokesperson said today (November 30) that

following the suspension on the use of a batch of quadrivalent seasonal influenza vaccines (box label: R3J721V; syringe label: R3J72), the stocks are being replenished with other unaffected batches of influenza vaccines.

With due consideration for patient safety, all injection service points are now inspecting the replenished vaccines. The seasonal influenza vaccination service will fully resume on Monday (December 3). Members of the public may call the HA hotline on 2300 6028 during office hours, Monday to Friday, for enquiries. The HA will continue to liaise closely with the Department of Health for an update on the latest situation.

[Continuous improvement in public hospital surgical service](#)

The following is issued on behalf of the Hospital Authority:

The Hospital Authority (HA) spokesperson said today (November 30) that the preliminary results of the Surgical Outcomes Monitoring and Improvement Program (SOMIP) for 2018 showed continuous improvement in overall performance. The crude mortality rate of ultra-major and major surgical operations has persistently declined over the years and recorded a further decline to 1.2 per cent from 1.3 per cent last year. At the same time, the 30-day crude mortality rates of emergency surgeries dropped from 5 per cent to 4.4 per cent this year. The 30-day crude mortality rates of elective surgeries remained at the low level of 0.3 per cent.

"The SOMIP team is still validating and finalising the data for detailed analysis. While there is persistent improvement in the overall performance of public hospital surgical units, the SOMIP team will visit the hospitals which have improved to a lesser extent than their peers to apprehend the local situation with the department staff in the coming months. Multilevel analysis will also be conducted to reaffirm the findings and explore directions for improvement. The HA will follow up with the resources implication as indicated by the findings. Through the Annual Plan mechanism, the HA will support clusters and hospitals to implement the necessary improvement initiatives," the HA spokesperson said.

The preliminary findings in emergency surgeries this year indicated that, with reference to the expected performance, Queen Elizabeth Hospital continued to outperform other public hospitals in terms of post-operative 30-day mortality, while Caritas Medical Centre and North District Hospital compared unfavourably with other HA hospitals. In elective surgeries, Princess Margaret Hospital compared unfavourably with other HA hospitals in post-operative 30-day mortality. The SOMIP team will study the data and, in collaboration with the hospitals concerned, find improvement measures. North

District Hospital has improved its manpower deployment and service arrangement. The New Territories East Hospital Cluster will continue to implement various measures to strengthen collaboration and mutual support between the three hospitals with surgical services within the Cluster.

The HA introduced the SOMIP in 2008 to collect and analyse the clinical data of 17 public hospital surgical departments for healthcare professionals' reference and follow up. The results will also be shared and discussed during the staff forum.

"With the dedicated efforts over the years, the overall surgical service standard of public hospitals is on a par with international benchmarks. In the years ahead, the HA will conduct longer term data collection and analysis, displacing the annual release of results. The team will focus its efforts on peer deliberation and data sharing to continue to improve the quality of surgical service in public hospitals," the spokesperson added.

[Update on dengue fever and chikungunya fever](#)

â€‹The Centre for Health Protection (CHP) of the Department of Health today (November 30) reported the latest number of cases of dengue fever (DF) and chikungunya fever (CF), and again urged the public to maintain strict environmental hygiene, mosquito control and personal protective measures both locally and during travel.

A. Dengue fever

From November 23 to 29, the CHP recorded three imported DF cases. The patients had been to the Philippines (two cases, including one case epidemiologically linked to a case from last week) and Cambodia (one case) during the incubation period.

As of yesterday (November 29), 156 cases had been confirmed this year, of which 29 were local cases and 127 were imported cases. The imported cases were mainly from Thailand (34), Mainland China (29) and the Philippines (21).

DF remains endemic in some areas in Asia and beyond. The latest figures for 2018 revealed that 76 936 cases had been recorded in Thailand, 2 742 in Singapore (since December 31, 2017) and 177 in Japan. In Taiwan, 182 local cases have been recorded in 2018.

â€‹"Apart from [general measures](#), travellers returning from areas affected by DF should apply insect repellent for 14 days upon arrival in Hong

Kong. If feeling unwell, seek medical advice promptly and provide travel details to the doctor," a spokesman for the CHP said.

B. Chikungunya fever

From November 23 to 29, the CHP recorded one confirmed CF case. The patient had been to Thailand during the incubation period.

As of yesterday, two confirmed cases of CF had been recorded in 2018, both of which were imported cases (one was imported from the Philippines and the other from Thailand).

CF is a mosquito-borne disease caused by the chikungunya virus. It is clinically characterised by fever frequently accompanied by joint pain. Other common signs and symptoms include muscle pain, headache, nausea, fatigue and rash. Joint pain is often very debilitating, but usually lasts for a few days or may be prolonged for weeks. Most patients recover fully, but in some cases joint pain may persist for several months, or even years.

Chikungunya virus is transmitted to humans by mosquito bites. Although one vector, *Aedes aegypti*, is not found in Hong Kong, the other vector, *Aedes albopictus*, is widely distributed locally. These mosquitoes can be found biting throughout daylight hours, though there may be peaks of activity in the early morning and late afternoon.

The public should take heed of the following advice on mosquito control:

- Thoroughly check all gully traps, roof gutters, surface channels and drains to prevent blockage;
- Scrub and clean drains and surface channels with an alkaline detergent compound at least once a week to remove any deposited mosquito eggs;
- Properly dispose of refuse, such as soft drink cans, empty bottles and boxes, in covered litter containers;
- Completely change the water of flowers and plants at least once a week. The use of saucers should be avoided if possible;
- Level irregular ground surfaces before the rainy season;
- Avoid staying in shrubby areas; and
- Take personal protective measures such as wearing light-coloured long-sleeved clothes and trousers and apply insect repellent containing DEET to clothing or uncovered areas of the body when doing outdoor activities.

DEET-containing insect repellents are effective and the public should take heed of the tips below:

- Read the label instructions carefully first;
- Apply right before entering an area with risk of mosquito bites;
- Apply on exposed skin and clothing;
- Use DEET of up to 30 per cent for pregnant women and up to 10 per cent for children*;

- Apply sunscreen first, then insect repellent; and
- Re-apply only when needed and follow the instructions.

* For children who travel to countries or areas where mosquito-borne diseases are endemic or epidemic and where exposure is likely, those aged 2 months or above can use DEET-containing insect repellents with a DEET concentration of up to 30 per cent.

The public should call 1823 in case of mosquito problems and may visit the following pages for more information: the DF page of the [CHP](#) and the [Travel Health Service](#), the [CF page](#) of the CHP, the latest [Travel Health News](#), [tips for using insect repellents](#), and the CHP [Facebook Page](#) and [YouTube Channel](#).