

LCQ11: Services of the accident and emergency departments of public hospitals

Following is a question by Dr the Hon Chiang Lai-wan and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (April 21):

Question:

It has been reported that in October last year, a male patient who had been suffering from anti-phospholipid syndrome and taking anticoagulant Warfarin for a long period attended the accident and emergency (A&E) department of a public hospital for treatment and was triaged as a patient of the "semi-urgent" category. After waiting for about two and a half hours for diagnosis and treatment at the A&E department, he was found by his family members to have stopped breathing. He was immediately given emergency treatment by healthcare personnel, but he eventually died from severe intracranial haemorrhage. In this connection, will the Government inform this Council if it knows:

(1) the overall average time for which patients waited for diagnoses and treatments at the A&E departments of public hospitals, and set out the relevant average waiting time by hospital and triage category, in each of the past two financial years;

(2) whether the Hospital Authority (HA) will step up the training for those nurses responsible for triaging patients at A&E departments, so as to assist them in making triage decisions that are more accurate; if HA will, of the details; if not, the reasons for that;

(3) whether HA will stipulate specifically in the guidelines for the triage system those clinical presentations requiring attention when triaging patients who are taking Warfarin, so as to avoid underestimation of their conditions; if HA will, of the details; if not, the reasons for that;

(4) whether HA will, through (i) deploying nurses to conduct regular reviews and (ii) connecting patients to monitoring devices, monitor if the conditions of those "urgent" and "semi-urgent" patients waiting for diagnoses and treatments have worsened; if HA will, of the details; if not, the reasons for that; and

(5) the current establishment of healthcare personnel at each A&E department of public hospitals; whether HA has assessed if such manpower is sufficient to ensure that all patients at A&E departments can receive timely diagnoses and treatments?

Reply:

President,

My reply to the various parts of the question raised by Dr the Hon Chiang Lai-wan is as follows:

(1) The tables below set out the average waiting time for Accident and Emergency (A&E) services by triage category in each hospital under the Hospital Authority (HA) in 2018-19 and 2019-20.

2018-19

Cluster	Hospital	Average waiting time (minutes) for A&E services				
		Triage I (Critical)	Triage II (Emergency)	Triage III (Urgent)	Triage IV (Semi-urgent)	Triage V (Non-urgent)
HKEC	PYNEH	0	5	16	110	138
	RH	0	7	16	81	136
	SJH	0	7	13	25	34
HKWC	QMH	0	9	25	90	149
KCC	KWH	0	7	35	133	131
	QEH	0	8	33	165	193
KEC	TKOH	0	8	23	135	151
	UCH	0	10	30	183	246
KWC	CMC	0	7	19	61	57
	NLTH	0	8	15	36	53
	PMH	0	8	19	119	149
	YCH	0	5	17	109	140
NTEC	AHNSH	0	7	26	71	72
	NDH	0	8	25	123	165
	PWH	0	11	45	178	163
NTWC	POH	0	5	17	100	107
	TMH	0	5	24	142	156
	TSWH (Note)	0	4	13	70	79
HA Overall		0	8	26	111	125

2019-20

Cluster	Hospital	Average waiting time (minutes) for A&E services				
		Triage I (Critical)	Triage II (Emergency)	Triage III (Urgent)	Triage IV (Semi-urgent)	Triage V (Non-urgent)

HKEC	PYNEH	0	5	18	139	168
	RH	0	8	21	106	165
	SJH	0	8	15	26	29
HKWC	QMH	0	9	24	82	137
KCC	KWH	0	8	42	168	166
	QEH	0	8	29	140	155
KEC	TKOH	0	7	23	124	139
	UCH	0	10	33	230	277
KWC	CMC	0	5	20	70	71
	NLTH	0	8	16	48	68
	PMH	0	8	18	107	132
	YCH	0	5	18	100	132
NTEC	AHNNH	0	8	25	73	73
	NDH	0	7	25	138	185
	PWH	0	11	43	156	145
NTWC	POH	0	6	19	123	141
	TMH	0	5	21	129	137
	TSWH (Note)	0	4	12	66	72
HA Overall		0	7	25	113	125

Note:

(1) TSWH has commenced A&E services since March 2017 in phases, initially with eight-hour A&E services daily (from 8am to 4pm), then extended to 12-hour daily (from 8am to 8pm) since March 2018. The operating hours have been further extended to 24-hour since November 2018.

(2) and (3) To ensure that patients can be diagnosed and assessed as early as possible, the HA has established triage guidelines, under which an experienced and specially trained nurse will first assess patients' conditions and set priorities for treatment according to the severity. Patients are classified into five categories based on their clinical conditions, namely Triage I (critical), Triage II (emergency), Triage III (urgent), Triage IV (semi-urgent) and Triage V (non-urgent). The HA has set performance pledge to ensure that patients who need urgent medical attention are treated within a reasonable time. Patients triaged as critical will be treated immediately by healthcare staff without having to wait, while those with non-urgent conditions may have to wait longer.

According to the HA's triage guidelines, a triage nurse will classify patients into the five categories based on objective (e.g. vital signs of patients) and subjective (e.g. major symptoms reported by patients) information as well as findings of targeted assessments (e.g. electrocardiogram, blood glucose or urine test, etc). Triage nurses at the A&E departments must be specially trained and experienced in A&E work. The A&E Nursing Development Sub-committee under the HA's Central Coordinating

Committee (A&E) will also conduct triage audit at A&E departments of all public hospitals on a regular basis to ensure the quality of triage services.

(4) Healthcare staff of A&E departments will put patients under appropriate monitoring and care in different designated areas of the A&E departments according to their triage categories, clinical conditions as well as the stage of medical examination and treatment. In general, the healthcare staff would also arrange patients to rest on stretchers subject to their conditions. They will regularly attend to patients waiting in the A&E departments and provide appropriate care based on patients' needs. Family members are encouraged to accompany the patients where possible, and maintain communication with the healthcare staff while waiting in the A&E departments to ensure that appropriate assistance could be given to the patients.

(5) A&E departments under the HA will deploy manpower having regard to their operational needs, while the deployment arrangements may vary between hospitals depending on various factors such as the sizes, service needs and provision of individual A&E departments. The HA is committed to improving the overall quality of A&E services by implementing various measures, including increasing manpower of doctors, nurses, allied health professionals and supporting staff in A&E departments, as well as further augmenting A&E manpower through the provision of special honorarium and leave encashment. The HA has also launched the A&E Support Session Programme to recruit additional healthcare staff to assist in handling urgent, semi-urgent and non-urgent cases, with a view to relieving the pressure and workload of the A&E healthcare staff, thus allowing them to focus on the more urgent cases.

The numbers of A&E doctors and nurses in each hospital under the HA in 2020-21 (as at February 2021) are set out below:

Doctors

Hospital	Number of A&E doctors on a full-time equivalent basis in 2020-21 (as at February 2021)
PYNEH	38
RH	19
SJH	6
QMH	32
KWH	30
QEH	48
TKOH	27
UCH	47
CMC	29
NLTH	31
PMH	35
YCH	33

AHNNH	23
NDH	21
PWH	33
POH	24
TMH	43
TSWH	26
HA Overall	545

Note:

(1) The manpower figures are calculated on a full-time equivalent basis including permanent, contract and temporary staff in the HA. Individual figures may not add up to the total due to rounding.

(2) Doctors exclude Interns and Dental Officers.

(3) The A&E department of TSWH has commenced services in phases since March 2017.

Nurses

Hospital	Number of A&E nurses on a full-time equivalent basis in 2020-21 (as at February 2021)
PYNEH	102
RH	43
QMH	54
KWH	56
QEH	131
TKOH	65
UCH	103
CMC	68
NLTH	85
PMH	64
YCH	55
AHNNH	59
NDH	76
PWH	101
POH	74
TMH	106
TSWH	73
HA Overall	1 315#

Note:

(1) The manpower figures are calculated on a full-time equivalent basis including permanent, contract and temporary staff in the HA. Individual figures may not add up to the total due to rounding.

(2) The A&E department of TSWH has commenced services in phases since March 2017.

(3) Nursing manpower in SJH is calculated on hospital basis.

Including a Nurse Consultant employed by the HKEC Office.

Abbreviations:

Cluster

HKEC – Hong Kong East Cluster

HKWC – Hong Kong West Cluster

KCC – Kowloon Central Cluster

KEC – Kowloon East Cluster

KWC – Kowloon West Cluster

NTEC – New Territories East Cluster

NTWC – New Territories West Cluster

Hospital

AHNH – Alice Ho Miu Ling Nethersole Hospital

CMC – Caritas Medical Centre

KWH – Kwong Wah Hospital

NDH – North District Hospital

NLTH – North Lantau Hospital

PMH – Princess Margaret Hospital

POH – Pok Oi Hospital

PWH – Prince of Wales Hospital

PYNEH – Pamela Youde Nethersole Eastern Hospital

QEH – Queen Elizabeth Hospital

QMH – Queen Mary Hospital

RH – Ruttonjee Hospital

SJH – St. John Hospital

TKOH – Tseung Kwan O Hospital

TMH – Tuen Mun Hospital

TSWH – Tin Shui Wai Hospital

UCH – United Christian Hospital

YCH – Yan Chai Hospital