

LCQ12: Measures to cope with the surge in demand for public hospital services

Following is a question by the Professor Hon Joseph Lee and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (November 7):

Question:

The Chief Executive announced on January 30 this year an additional allocation of \$500 million to the Hospital Authority (HA) for meeting the service demand during the winter surge and relieving the work pressure faced by frontline healthcare staff. The authorities indicated in March this year that the allocation would be deployed for implementing various measures targeted at specific situations (targeted measures), including the increase of healthcare manpower to meet the service demand during that period of time. In this connection, will the Government inform this Council if it knows:

(1) how the allocation has been used so far; in respect of each targeted measure, (i) the amount of expenditure incurred so far and (ii) the additional manpower provided in terms of numbers of man-days and man-hours (broken down by grade), with a breakdown by (a) hospital cluster, (b) public hospital, and (c) department;

(2) the average values of the following service figures of each public hospital from January to April this year: (i) the waiting time for patients of the various triage categories in the accident and emergency departments, (ii) the waiting time for such patients to be admitted to the wards, (iii) the inpatient bed occupancy rates of various departments, (iv) the respective numbers of temporary beds used by various departments and their percentages in the total numbers of beds, and (v) the nurse-to-patient ratios;

(3) whether HA has assessed the effectiveness of the various targeted measures; if HA has assessed, of the outcome; whether HA has consulted the healthcare professionals on the effectiveness of the various targeted measures; if HA has, of the outcome; if not, the reasons for that; and

(4) whether HA will, whenever there is an upsurge in the demand for hospital services (e.g. during influenza surges), (i) increase the amount of special honorarium, (ii) extend the scope of the Special Honorarium Scheme, (iii) lower the threshold for providing allowances under the Continuous Night Shift Scheme, and (iv) recruit part-time nurses in advance, so as to ensure that there is sufficient manpower to cope with such situations; if HA will, of the details; if not, the reasons for that?

Reply:

President,

My reply to the various parts of the question raised by the Professor Hon Joseph Lee is as follows:

(1) To meet the service demand during the winter surge in 2017-18, the Hospital Authority (HA) put in place a response plan which included the following measures:

(i) opening of time-limited beds;

(ii) enhancing virology services to facilitate and expedite patient management decision;

(iii) enhancing ward rounds of senior clinicians and related supporting services in the evenings, at weekends and on public holidays so as to facilitate early discharge of patients;

(iv) enhancing discharge support (e.g. non-emergency ambulance transfer service, pharmacy, portering services);

(v) increasing the service quotas of general out-patient clinics; and

(vi) enhancing geriatrics support to Accident and Emergency (A&E) departments.

In response to the upsurge in service demand, the Government announced in January 2018 an additional one-off allocation of \$500 million for the HA to implement various additional measures to alleviate the manpower shortage. The measures are as follows:

(i) extending the use of the Special Honorarium Scheme (SHS) to provide extra manpower of clerical and supporting staff to support healthcare staff so that the latter could focus more on clinical work;

(ii) further relaxing and streamlining the approval for the SHS arrangement to a minimum operation need of one hour to cover all grades of staff to meet increasing needs for greater flexibility in the use of SHS under exceptional circumstances;

(iii) providing SHS jobs at Advanced Practice Nurse level to work on night-shift duties at both acute general, convalescent and rehabilitation wards/services to enhance senior coverage and supervision to ward staff;

(iv) relaxing the criteria for the implementation of the Continuous Night Shift Scheme (CNSS) by suspending the required night shift frequency for triggering the CNSS with a view to increasing flexibility in manpower deployment; and

(v) increasing the rate of SHS allowance by 10 percent under a special one-off arrangement to encourage more staff to work during the surge period with significant anticipated increase in workload.

The expenditure incurred in meeting the service demand during the winter surge in 2017-18, including that for implementing the measures (items (i) to (vi)) under the response plan and the additional measures (items (i) to (v)) above, in each HA cluster is set out at Annex 1. The number of man-hours of HA staff participating in the SHS and that of part-time staff for the same period are set out at Annex 2 with breakdowns by grade. The HA does not keep statistics on the number of man-days of additional manpower.

(2) to (4) The average waiting time for patients of the various triage categories in the A&E departments of the HA and that for in-patient admission via A&E departments at hospitals providing A&E services between January 1 and April 30, 2018 are set out at Annexes 3 and 4 respectively. During the same period, the HA provided an average of about 1 500 additional time-limited and ad hoc beds per day to meet the service demand. The HA flexibly deploys hospital beds and provides ad hoc beds according to operational and clinical service needs, and thus individual wards may receive patients from different specialties. Moreover, beds are provided for more than one specialty in mixed specialty wards. Hence, the HA is unable to provide a breakdown of the number of additional beds by department. The numbers of nurses and hospital beds (as at March 31, 2018), the in-patient bed occupancy rates, the numbers of in-patient and day in-patient discharges and deaths, as well as the number of patient days, in the major specialties in each cluster between January 1 and April 30, 2018 are set out at Annex 5.

The HA has been listening to and collecting, through different staff group consultative committees (including doctors, nurses and allied health professionals) and nurse forums held in clusters, staff's views on the effectiveness of various measures implemented during the surge period. In general, they considered that the measures implemented during the winter surge in 2017-18 were effective in supporting their work.

After considering staff's feedback and reviewing the manpower of the nursing and supporting grades, the HA has regularised the following three additional measures to meet the increasing service demand:

- (i) extending the use of the SHS to provide extra manpower of clerical and supporting staff to support healthcare staff so that the latter could focus more on clinical work;
- (ii) providing SHS jobs at Advanced Practice Nurse level for work on night-shift duties at both acute general, convalescent and rehabilitation wards/services to enhance senior coverage and supervision to ward staff; and
- (iii) relaxing the criteria for the implementation of the CNSS by suspending the required night shift frequency for triggering CNSS with a view to increasing flexibility in manpower deployment.

To cope with the surge in service demand in 2018-19, the HA will continue to implement a series of measures to retain talent, including recruiting non-local doctors through limited registration, implementing the

Special Retired and Rehire Scheme, increasing training and promotion opportunities, employing additional ward clerks and assistants to share out the clerical work and assist nurses in taking care of patients, and improving the work environment.