

LCQ14: Services of the accident and emergency departments of public hospitals

Following is a question by Dr the Hon Pierre Chan and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (January 15):

Question:

On June 18, 2017, the Hospital Authority (HA) raised the charge payable by eligible persons for using the services of the accident and emergency (A&E) departments of public hospitals from \$100 to \$180, so as to encourage A&E patients whose conditions are not the most urgent to switch to using outpatient services. In this connection, will the Government inform this Council if it knows:

(1) the attendances of the A&E departments of public hospitals in each month of the past three financial years and the current financial year (up to December 31, 2019), with a breakdown by the triage category to which the patients belonged (set out in tables of the same format as the table below);

Financial year:

Year and month	Attendances of A&E departments				
	Category I (Critical)	Category II (Emergency)	Category III (Urgent)	Category IV (Semi-urgent)	Category V (Non-urgent)

(2) whether HA has reviewed the effectiveness of raising the charge for using the services of the A&E departments on reducing those A&E attendances of patients belonging to triage Categories IV and V; if HA has, of the outcome (including the duration for which the effect has lasted); if not, the reasons for that; and

(3) (i) the average cost per attendance and (ii) the average waiting time of patients of each triage category in respect of the services of the A&E departments of public hospitals in each of the past three financial years and the current financial year (up to December 31, 2019)?

Reply:

President,

In consultation with the Hospital Authority (HA), I provide a reply to the various parts of the question raised by Dr the Hon Pierre Chan as

follows:

(1) The tables below set out the numbers of accident and emergency (A&E) attendances of HA hospitals by triage category in the recent four financial years:

2016-17

Month	Number of A&E attendances				
	Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
April 2016	1 567	3 954	60 798	109 451	10 746
May 2016	1 618	3 970	63 080	115 918	11 039
June 2016	1 498	3 665	57 776	105 442	8 360
July 2016	1 528	3 816	59 094	106 604	8 803
August 2016	1 488	3 780	59 302	103 678	8 491
September 2016	1 551	3 884	59 190	108 121	8 883
October 2016	1 569	3 831	60 937	111 283	9 257
November 2016	1 690	3 810	58 883	103 052	8 278
December 2016	1 913	4 079	60 690	101 591	8 914
January 2017	2 004	4 322	60 197	98 624	7 834
February 2017	1 867	3 956	57 639	91 755	7 628
March 2017	1 917	4 424	65 145	109 849	9 412

2017-18

Month	Number of A&E attendances				
	Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
April 2017	1 693	4 093	62 334	107 161	9 839
May 2017	1 661	4 198	65 435	112 939	10 005
June 2017	1 711	4 253	64 429	106 330	8 216
July 2017	1 873	4 361	65 887	104 965	8 471
August 2017	1 634	4 194	59 193	93 461	7 046
September 2017	1 590	4 123	58 529	93 995	7 065
October 2017	1 726	4 172	61 341	101 731	7 786
November 2017	1 718	4 081	61 050	97 361	7 005

December 2017	2 042	4 621	63 620	97 224	7 757
January 2018	2 262	4 858	66 364	102 374	7 730
February 2018	2 370	4 572	58 140	88 828	6 666
March 2018	1 864	4 585	62 857	99 052	7 089

2018-19

Month	Number of A&E attendances				
	Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
April 2018	1 674	4 278	59 506	96 679	7 216
May 2018	1 690	4 273	62 959	102 583	7 117
June 2018	1 600	3 939	59 094	95 680	6 019
July 2018	1 670	4 195	62 916	98 873	6 329
August 2018	1 813	4 268	62 567	96 504	6 175
September 2018	1 596	4 177	59 526	94 963	6 175
October 2018	1 812	4 350	63 840	103 051	6 831
November 2018	1 828	4 166	62 644	100 337	6 475
December 2018	2 161	4 542	64 804	100 102	6 717
January 2019	2 411	4 909	67 445	105 497	7 002
February 2019	1 919	4 134	56 398	88 061	6 042
March 2019	2 056	4 785	66 944	105 803	7 161

2019-20 (as at November 30, 2019) [provisional figures]

Month	Number of A&E attendances				
	Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
April 2019	1 777	4 392	64 761	106 111	7 192
May 2019	1 760	4 582	66 535	109 892	7 272
June 2019	1 737	4 420	63 870	105 284	6 168
July 2019	1 769	4 396	65 577	105 694	5 564
August 2019	1 780	4 382	61 264	95 862	5 141
September 2019	1 718	4 387	61 390	99 702	5 558
October 2019	1 804	4 421	61 847	100 508	5 667
November 2019	1 808	4 511	60 807	94 945	5 265

(2) The fee for A&E services at public hospitals was revised from \$100 to \$180 on June 18, 2017. According to the HA's information, the overall number of A&E attendances between July 2017 and June 2018 had decreased by about 4.4 per cent when compared with the corresponding period before the fee revision. The numbers of Triage 4 (Semi-urgent) and Triage 5 (Non-urgent) attendances had decreased by 6.9 per cent and 17.6 per cent respectively, while the total number of Triage 1 (Critical), Triage 2 (Emergency) and Triage 3 (Urgent) attendances had increased by 1.3 per cent.

As for the period from July 2018 to June 2019, the numbers of Triage 4 (Semi-urgent) and Triage 5 (Non-urgent) attendances had decreased by 3.7 per cent and 24.7 per cent respectively, while the total number of Triage 1 (Critical), Triage 2 (Emergency) and Triage 3 (Urgent) attendances had increased by 4.4 per cent when compared with the corresponding period before the fee revision two years ago.

The number of attendances before and after the fee revision may, to some extent, show that the fee revision has led to certain behavioural change of patients with less urgent conditions (i.e. Triage 4 and 5) in seeking medical consultation. Nonetheless, it is likely that the fee revision does not have much impact on the behavior of patients with more urgent conditions (i.e. Triage 1, 2 and 3) in seeking medical consultation.

The Government and the HA will continue to monitor the utilisation and quality of A&E services to ensure timely treatment for patients in need.

(3) The table below sets out the average cost per attendance of A&E services provided by the HA from 2016-17 to 2018-19. The average cost per attendance of A&E services provided by the HA for 2019-20 is not yet available.

Year	Average cost per attendance (\$)
2016-17	1,300
2017-18	1,390
2018-19	1,530

The HA's service costs include direct staff costs (such as salary expenditure on doctors and nurses) for providing services to patients; expenditure incurred for various clinical support services (such as pharmacy, diagnostic radiology and pathology tests); and other operating costs (such as utility expenses and repair and maintenance costs of medical equipment). The average cost per attendance represents an average computed with reference to the total A&E service costs and the corresponding activities (in terms of attendances) provided.

The table below sets out the average waiting time for HA's A&E services under each triage category in the recent four financial years:

Year	Average waiting time (minute) for A&E services				
	Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 15 (Non-urgent)
2016-17	0	8	24	103	126
2017-18	0	8	26	114	127
2018-19	0	8	26	111	125
2019-20 (as at November 30, 2019) [provisional figures]	0	7	26	121	134