

LCQ17: Coping with the surge in demand for public hospital services

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

Question:

The Government announced on January 29 last year that it had earmarked an allocation of \$500 million for the Hospital Authority (HA) to assist HA in meeting the additional expenditure to be incurred in coping with the winter surge of influenza. In this connection, will the Government inform this Council:

(1) whether it knows 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 (broken down by grade), with a breakdown by (a) hospital cluster, (b) public hospital and (c) department;

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

(3) whether it knows the average value of the following service figures of each public hospital each month from November each year to January of the following year in respect of the past three financial years: (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 wards, (iii) the inpatient bed occupancy rates of the various departments, (iv) the respective numbers of temporary beds used by the various departments and their percentages in the total numbers of beds, and (v) the nurse-to-patient ratios; and

(4) whether the Government will, in order to cope with the rising demand for hospital services due to surges of influenza, allocate additional resources to HA for (i) increasing the amount of special honorarium, (ii) extending the scope of the Special Honorarium Scheme, (iii) lowering the threshold for providing allowances under the Continuous Night Shift Scheme, and (iv) recruiting part-time nurses in advance, so as to ensure that there is sufficient manpower to cope with the service demand; if so, of the details; if not, the reasons for that?

Reply:

President,

In consultation with the Hospital Authority (HA), I provide a reply to the various parts of the question raised by Professor the Hon Joseph Lee as follows:

(1) To cope with service demand in the 2018-19 winter surge, the HA implemented the following measures between December 2018 and May 2019 to relieve the service demand:

- (i) providing additional beds;
- (ii) recruiting part-time and temporary healthcare staff (including by setting up the Locum Office), and utilising agency nurses and supporting staff;
- (iii) increasing the flexibility for frontline staff to participate in the Special Honorarium Scheme (SHS) by relaxing it to a minimum operation need of one hour to increase manpower;
- (iv) rolling out promotion campaigns to encourage influenza vaccination among healthcare staff;
- (v) enhancing virology services to cover all patients with influenza symptoms to support and expedite decision-making in patient clinical management;
- (vi) enhancing ward rounds of senior clinicians and related supporting services in the evenings, at weekends and on public holidays;
- (vii) enhancing support to the discharge and transfer of patients, e.g. non-emergency ambulance transfer service, pharmacy and portering service;
- (viii) increasing the service quotas of general out-patient clinics (GOPCs) for the whole winter surge period, including long holidays of Christmas, Lunar New Year and Easter; and
- (ix) enhancing geriatrics support to Accident and Emergency (A&E) departments and continuing the A&E Support Session Programme.

In response to the upsurge in service demand in January 2019, the HA implemented additional alleviating measures from January 28 to May 31, 2019, including:

- (i) enhancing senior coverage: offering SHS allowance based on the clinical ranks of staff to encourage participation of senior doctors, nurses and allied health professionals in the SHS, thereby providing more senior healthcare manpower to cope with the increase in service demand;
- (ii) providing nursing night shift support: putting temporary undergraduate nursing students and agency nurses on night shifts to provide runner support, e.g. escorting patients; and
- (iii) further enhancing the SHS: increasing the rate of SHS allowance by 10 per cent and streamlining approval process to increase flexibility.

The HA's total expenditure for the 2018-19 winter surge was around \$820 million, part of which was met by fully utilising the additional \$500 million allocated by the Government while the remaining \$320 million was covered by the HA's revenue reserve. A breakdown of expenditure by hospital cluster is set out at Annex 1.

(2) to (4) The average waiting time for patients of various triage categories

in the HA's A&E departments and that for in-patient admission via A&E departments at hospitals providing A&E services from November 1, 2017 to January 31, 2018, November 1, 2018 to January 31, 2019 and November 1 to December 31, 2019 are set out at Annex 2 to Annex 7 respectively. During the three periods, the HA provided an average of about 1 210, 1 260 and 1 040 additional temporary beds per day respectively to meet the service demand. The HA will flexibly deploy hospital beds and provide additional temporary 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, in-patient bed occupancy rates and the numbers of in-patient and day in-patient discharges and deaths by major specialties in each cluster during the said periods are set out at Annex 8 to Annex 10.

As regards the effectiveness of various measures implemented during the surge period, the HA has listened to and collected staff's views through its Task Force on Service Demand Surge, different staff group consultative committees (including doctors, nurses and allied health professionals), forums held in clusters and its staff newsletter Winter Surge Bulletin. The healthcare professionals generally considered that the measures implemented during the winter surge in 2018-19 were effective in supporting their work.

Taking into account the views collected from staff as well as the past experience in implementing measures that were effective in addressing service needs, the HA has launched new initiatives to cope with the service demand during the winter surge in 2019-20. These include the enhancement of the GOPC Public-Private Partnership Programme by providing two additional subsidised out-patient service quotas for each participating patient during winter surge and including the prescription of a course of an antiviral drug (Tamiflu) in the programme to benefit over 34 000 participating patients. In addition to the existing 13 GOPCs which provide services on public holidays, another four GOPCs under the HA will provide services on particular days during long holidays, covering 17 districts in Hong Kong. The HA will offer a higher pay rate to locum doctors providing services at A&E sessions and GOPC sessions during this winter surge. Apart from locum doctors and nurses, the locum recruitment has also been extended to radiographers, physiotherapists, optometrists and medical laboratory technologists.

To further encourage staff participation in the SHS, the Government provided an additional \$50 million in the 2019-20 Budget for implementing manpower measures to cope with the service demand during winter surge, including further increasing the rate of SHS allowance. Since December 2019, the HA has enhanced the SHS arrangements, which include making the SHS applicable to a minimum operation need of one hour, strengthening senior coverage and increasing the rate of SHS allowance during specific periods of service demand surge.

To meet the rising service demand, the HA has since June 2018 regularised the relaxation of the criteria for implementing the Continuous

Night Shift Scheme (CNSS) by suspending the required night shift frequency for triggering the CNSS so as to increase flexibility in manpower deployment.

As for nursing manpower, the HA has been recruiting full-time and part-time nursing staff and striving to attract suitable candidates. The number of HA nurses increased from 24 980 in 2016-17 to 27 252 in 2018-19, with an average net increase of 1 136 per year. The HA expects that 2 270 nurses will be employed in 2019-20. As at November 2019, the HA had recruited 2 196 nurses, representing an increase of 304 nurses recruited as compared with the same period last year. The HA has also employed 1 887 temporary undergraduate nursing students to help alleviate winter surge demand pressure. The HA will continue with a series of measures to retain talent, including hiring retired nursing staff and nursing students, increasing training and promotion opportunities, employing additional ward clerks and assistants to share out clerical work and assist nurses in taking care of patients, and improving work environment.