

LCQ6: Patients waiting at accident and emergency departments for transfer to wards

Following is a question by Dr the Hon Chiang Lai-wan and a reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (March 24):

Question:

Some members of the public have relayed that some patients in need of hospitalisation for further treatments after receiving diagnoses and treatments at the accident and emergency (A&E) departments of public hospitals needed to wait for quite a long time before they were transferred to the wards. Recently, a patient even died while he was waiting at the A&E department for transfer to the ward. In this connection, will the Government inform this Council if it knows:

(1) in respect of the patients who were admitted to the public hospitals via the A&E departments last year, the average time for which they had waited before they were transferred to the wards after completing the registration procedure at the A&E registries, with a breakdown by the triage category to which the patients belonged;

(2) whether the Hospital Authority (HA) will take new measures to shorten the time for which patients wait at the A&E departments for transfer to the wards; if HA will, of the target waiting time; if not, the reasons for that; and

(3) whether HA will deploy healthcare personnel to regularly monitor the conditions of those patients who are waiting at the A&E departments for transfer to the wards, so as to ensure that they receive appropriate care; 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 Dr the Hon Chiang Lai-wan is as follows:

(1) The Hospital Authority (HA) adopts a triage system in its accident and emergency (A&E) departments, under which priorities for treatment are set according to the severity and nature of patients' medical conditions, so as to ensure that timely A&E services are provided to those with urgent needs. When patients attend the A&E departments, an experienced and specially trained triage nurse will first assess their conditions, with priority for

treatment to be given to emergency cases. Patients are classified into five categories based on their clinical conditions, namely Triage Category I (critical), Triage Category II (emergency), Triage Category III (urgent), Triage Category IV (semi-urgent) and Triage Category V (non-urgent).

HA has set performance pledges 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. Healthcare staff of A&E departments would arrange admission of patients for further treatment and care according to their individual conditions as necessary. In 2019-20, the average waiting time for admission of A&E patients after diagnoses was about 67 minutes. HA does not maintain breakdown of the average waiting time for admission of A&E patients by triage category.

(2) Apart from adopting the triage system to ensure that patients in emergency condition would receive timely and appropriate treatment, HA is also 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. HA has also launched the A&E Support Session Programme with a view to recruiting additional healthcare staff to assist doctors and nurses in A&E departments in handling urgent, semi-urgent and non-urgent cases. Besides, public hospitals have enhanced geriatric support to A&E departments and set up additional observation areas in A&E departments to reduce avoidable hospitalisation.

Furthermore, to shorten the waiting time of A&E patients for admission to hospital wards, HA has adopted various strategies and measures to enhance service capacity and expedite the turnover of hospital beds. Specific measures include:

- (1) continuing to provide additional beds for existing and newly built public hospitals through HA's Annual Plan. For 2021-22, HA has planned to open a total of 323 additional beds in public hospitals;
- (2) flexibly deploying beds and providing more temporary beds in wards having regard to operational and clinical service needs;
- (3) reprioritising core activities such as reducing elective admissions so as to reserve capacity for meeting demand for emergency admissions via A&E departments;
- (4) deploying additional healthcare and supporting staff to expedite the turnover of hospital beds and ease prolonged waiting;
- (5) transferring stable patients from acute hospital to convalescent hospital in the cluster, and enhancing ward rounds by senior clinicians and relevant support services during evenings, weekends and public holidays, as well as strengthening support to patients upon discharge from hospitals to facilitate early discharge of recovered patients; and
- (6) continuing to collaborate with two private hospitals with low-charge hospital beds during the winter surge period to arrange suitable patients,

who are willing to be transferred, to complete their treatment at these private hospitals.

HA will continue to closely monitor the utilisation of beds in public hospitals, review the above measures in a timely manner, and make flexible arrangements and deployment of resources as appropriate to shorten the waiting time of A&E patients for hospital admission.

(3) In general, healthcare staff of A&E departments will arrange patients awaiting hospital admission to wait in the designated waiting area or on stretchers. They will also regularly attend to these patients and measure their vital signs or arrange doctors to review their conditions as necessary. Doctors will prescribe drugs or arrange appropriate examinations (e.g. electrocardiogram, blood glucose test and X-ray examination) according to the patients' conditions, whereas nurses will 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 appropriate assistance could be given to the patients.