



**For information  
via circulation**

**AOM-P1839**

## **Hospital Authority**

### **Report on Key Performance Indicators** **(KPI Report No. 57, up to December 2022)**

#### **Advice Sought**

Members are invited to note for information the quarterly report on Key Performance Indicators (KPI) of the Hospital Authority (HA), covering KPIs of clinical services, human resources (HR) and financial performance for the period ended December 2022<sup>1</sup>. Detailed reports on the KPI performance of clinical services, HR and finance were submitted to the Medical Services Development Committee (MSDC), Human Resources Committee (HRC) and Finance Committee (FC) respectively via circulation in February 2023<sup>2</sup>.

#### **Background**

2. The period covered in this report is mainly from **January to December 2022**, unless otherwise specified. Key observations on KPI performance are highlighted in the ensuing paragraphs, while the detailed statistical reports are available electronically at the Members' Corner for reference.

3. **During the reporting period from January to December 2022, there had been a mix of service adjustment and service resumption.** In the first quarter of 2022, HA implemented a series of measures, including substantial service adjustment, to conserve its capacity to tackle the crisis arising from the sharp increase in the number of Coronavirus Disease 2019 (COVID-19) patients with imminent medical needs amid the emergence of fifth wave. Following the stabilisation of the epidemic situation, service resumption took place in a gradual and risk-controlled manner since the second quarter of 2022. However, some non-emergency services were subsequently adjusted in light of the occasional resurgence of COVID-19 cases in the second half of 2022 as well as the demand surge for other non-COVID-19 services during winter. With the rolling 12-month effect in the reporting, the impact of the intermittent service adjustments would continue to be reflected in the coming reports on KPI performance.

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<sup>1</sup> The last quarterly report on KPIs (up to September 2022) was submitted to the Board on 15 December 2022 via Administrative and Operational Meeting Paper No. 1820.

<sup>2</sup> Via MSDC Paper No. 689; HRC Paper No. 719; and FC Paper No. 947.

## **Key Observations**

### **Clinical Services (Appendix 1)**

4. While HA is pursuing progressive resumption of services, under the impact of the mix of service adjustment and service resumption, HA overall service throughput was below the year-to-date (YTD) estimates for most of the report items from the Controlling Officer's Report (COR), including inpatient, outpatient, day hospital, community and outreach services. Among these, day hospital services (i.e. rehabilitation day and palliative care day attendances, geriatric day attendances and psychiatric day attendances), being the more affected services during the epidemic due to more stringent infection control measures to protect the respective groups of vulnerable patients, had more than 40% negative variance against the YTD estimates amid gradual resumption. Separately, some general outpatient clinics (GOPCs) services were curtailed to support the operation of Designated Clinics (DCs) for COVID-19 patients in the community since February 2022, resulting in a drop in YTD general outpatient (GOP) attendances when compared with prior year. Following the Government's cancellation of issuing isolation orders starting from 30 January 2023, the operation of DCs were ceased and all GOPCs of HA, including the seven GOPCs which served as DCs for COVID-19 confirmed cases, resumed normal outpatient clinic service on the same date. Support to COVID-19 patients has also been enhanced through reserving designated service quotas in GOPCs for these patients after the cessation of DC operation. It is expected that service volume of GOP will henceforth gradually resume to expected service level.

5. HA has been suitably **re-engineering the service models** where practicable to continue serving patients to tie in with the elective service adjustments. HA has been exploring different types of workflow to continue patient care through the use of information technology, for example, some services are now provided with the use of video conferencing technologies. Meanwhile, HA has strengthened the collaboration with the private sector through expanding the service scope of some of the existing Public-Private Partnership (PPP) Programmes<sup>3</sup> and launched new public-private collaboration initiatives<sup>4</sup>, with a view to diverting suitable HA patients to receive treatment or taking diagnostic investigation in the private sector. In particular, the inpatient transfer programme, in addition to the prevailing Low Charge Beds referral mechanism, has been reinforced under the fifth wave of epidemic for transferring suitable HA patients to private hospitals for treatment.

### ***Waiting time for Accident & Emergency (A&E) services***

6. HA's overall **percentage of A&E patient attendances seen within target waiting time**<sup>5</sup> for Triage I (critical) and II (emergency) met the targets. For Triage III (urgent) and IV (semi-urgent), HA overall fell short of the targets by

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<sup>3</sup> Examples include Cataract Surgeries Programme, Haemodialysis PPP Programme, Project on Enhancing Radiological Investigation Services through Collaboration, and Colon Assessment PPP Programme.

<sup>4</sup> Examples include Trauma Operative Service Collaboration Programme, Breast Cancer Operative Service Collaboration Programme, Oesophago-Gastro-Duodenoscopy Collaboration Programme.

<sup>5</sup> Performance indicators for different triage categories are Triage I (critical cases: 0 minute, 100%); Triage II (emergency cases: < 15 minutes, 95%); Triage III (urgent cases: < 30 minutes, 90%); and Triage IV (semi urgent cases: < 120 minutes, 75%).

18.3% points (71.7% vs. target 90%) and 10.5% points (64.5% vs. target 75%) respectively. Compared with prior year, drop of 3.4% points and improvement of 6.2% points were observed on Triage III and IV respectively for HA overall in meeting the target waiting time. Despite the upsurge of COVID-19 cases and winter service surge in the second half of 2022, the waiting time for A&E services did not signal a significant deterioration.

### ***Waiting time for specialist outpatient (SOP) new case bookings***

7. HA's overall **median waiting time for first appointment for Priority 1 (P1) and Priority 2 (P2) cases** were within the respective targets of two weeks and eight weeks. On the **90<sup>th</sup> percentile waiting time for Routine cases**, amongst the eight specialties being monitored, HA overall's waiting time for **Medicine (MED)**, **Ophthalmology (OPH)** and **Surgery (SUR)** were above 100 weeks, i.e. at 105 weeks, 109 weeks and 101 weeks respectively.

8. HA has put in efforts along the **three-pronged strategy (narrowing upstream, diverting midstream and collaborating downstream) to improve the SOP waiting time**. *Short-term and medium-and long-term measures*<sup>6</sup> implemented include Special Honorarium Scheme (SHS), demand management initiatives, internal referral management, enhancement of Family Medicine (FM)-Specialty Collaboration, development of more integrated clinics, enhancement of case close mechanism and enhancement of download of stable cases to Family Medicine Specialist Clinics (FMSCs) or GOPCs, or to private General Practitioners via the Co-care Service Model under GOPC PPP Programme. To demonstrate HA's determination on improving SOP waiting time, as announced in the Hong Kong Special Administrative Region Chief Executive's 2022 Policy Address, HA aims to reduce the 90<sup>th</sup> percentile waiting time of Routine cases for MED by 20% in 2023-24, in consideration of the large patient volume and the relatively long waiting time in MED. Notwithstanding the rebound in the number of new case bookings for SOP services after the peak of fifth wave in the second quarter of 2022, following the initiatives being implemented, waiting time for MED and OPH had considerably shortened by 22 weeks and 28 weeks respectively as compared with prior year. For SUR, waiting time had lengthened by seven weeks, which was mainly attributed to the growth in service demand, in particular in urology clinics, alongside manpower shortage. SOP waiting time would be continuously monitored at various platforms in HA.

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<sup>6</sup> Short-term measures implemented by the clusters to improve the SOP waiting time include (a) SHS to devote extra hours to see SOP new cases; (b) demand management by diverting cases from a Specialist Outpatient Clinic (SOPC) with longer waiting time to another SOPC within the same cluster with a shorter waiting time to even service demand; (c) review of booking pattern to ensure SOPC quotas are well utilised; and (d) internal referral management, such as regular monitoring and gatekeeping by Triage Clinics. Other medium-and long-term measures implemented include (i) on narrowing upstream : enhancement of gatekeeping and monitoring on SOPC referrals, establishment of Secondary Consultation of FM and specialty to discuss case management and keep the stable cases in FMSCs, enhancement of FMSC Triage Clinics to see and manage stable cases in FMSCs; (ii) on diverting midstream: enhancement of demand management and review of booking patterns, and development of more integrated clinics involving nurses and allied health professions; (iii) on collaborating downstream: enhancement of case close by having seniors to monitor case close and review stable cases and enhance mechanism for case review to facilitate case close, enhancement of download of stable cases to FMSCs or GOPCs, and download of stable cases to private General Practitioners for further management via the Co-care Service Model under GOPC PPP Programme.

### *Waiting time for elective surgery*

9. During the reporting period, HA had adjusted non-emergency and non-essential services to conserve manpower and resource in managing emergency cases in response to the occasional resurgence of COVID-19 cases and the winter service surge. The shortage of anaesthetic manpower has also affected the service level. With the reduction in elective Operating Theatre (OT) sessions, some elective surgeries had to be rescheduled. For **total joint replacement (TJR), waiting time at 90<sup>th</sup> percentile for patients receiving the treatment** was 73 months for HA overall, which was lengthened by five months when compared with prior year. To address the growing service demand brought by the ageing population, HA has recently increased its capacity of TJR surgery since the fourth quarter of 2022<sup>7</sup>. Furthermore, to enhance the management of patients waiting for TJR surgery, HA has started the implementation of structured non-surgical treatment programme in phases since 2020-21, which aims to facilitate regular monitoring of patients by case management approach and optimise physical functions of patients with structured physiotherapy programme.

### *Disease specific quality indicators*

10. With the OT capacity being impacted owing to the reduction in elective OT sessions amid elective service adjustments and the anaesthetic manpower shortage, performance of other surgery-related indicators was also affected. For example, 44.1% of patients indicated for **surgery on hip fracture were provided with surgery within two days after admission through A&E**, representing a drop of 9.5% points when compared with prior year. Also, some patients were tested positive for COVID-19 on admission and required stabilisation before surgery, which in turn lengthened the pre-operative waiting time for surgery.

11. For **colorectal cancer and breast cancer**, their respective waiting time at **90<sup>th</sup> percentile for patients receiving first treatment after diagnosis** (July 2021 to June 2022) were at 89 days and 83 days respectively and lengthened by 12 days and 17 days respectively when compared with prior year. Apart from surgical treatment being impacted by the reduction in elective OT sessions, service capacity for chemotherapy and radiotherapy (RT) was also affected under the enhanced infection measures during the epidemic, especially in the first quarter of 2022 due to the fifth wave. During the reporting period, patients infected with COVID-19 were required to reschedule their chemotherapy or RT planning / treatment commencement until fully recovered from COVID-19 or completion of quarantine. High attrition rate of radiation therapists further limited the capacity of radiotherapy services. Apart from the implementation of SHS to augment the manpower resources for cancer treatment, HA has leveraged the capacity of private healthcare providers through (a) the Breast Cancer Operative Service Collaboration PPP programme to divert eligible patients to receive specific Breast Cancer Operative Service at private sector since 2020-21; and (b) the sponsorship from the Li Ka Shing Foundation to refer colorectal cancer patients for surgery in private sector during the fifth wave of COVID-19. For RT services, PPP programmes were also implemented for HA's oncology centres to refer

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<sup>7</sup> Hong Kong East Cluster increased its capacity of TJR surgery by 300 surgeries annually under an annual plan programme in 2022-23.

suitable patients to receive RT treatment in private hospitals. With subsiding outbreak situation, it is expected that the service capacity and the lengthening of waiting time will be improved. Clusters and grade management offices have been monitoring the manpower situation and taking measures to tackle the issue.

## **Human Resources (Appendix 2)**

12. As at 31 December 2022, HA had a **staffing position of 89 639**, which represented a growth of 0.2% when compared with prior year. There was a general increase in workforce in all staff groups except “Nursing” staff group which had decreased by 0.6%. As for the **attrition (wastage) rate of full-time staff**, the HA overall rate was 12.9%, in which the “Others”<sup>8</sup> staff group had the highest rate (16.4%).

13. The overall **average sick leave days taken per staff** was 8.6 days, which represented a 14.7% increase when compared with prior year. There was also a significant increase of 28% for “Allied Health” (AH) staff group when compared with that of the prior year. The **proportion of staff taken long sick leave (≥ 50 days)** in HA (2.4%) had slightly decreased.

14. The overall **number of injury on duty (IOD) cases per 100 full time equivalent (FTE) staff** had decreased from 4.0 cases to 3.7 cases when compared with prior year. AH staff group had the lowest rate (1.4 cases), whereas “Supporting (Care-related)” staff group had the highest rate (6.2 cases). As for the **number of IOD leave days per 100 FTE staff**, HA overall was 67.3 days, representing a decrease of 7.8 days. “Nursing”, AH, and “Supporting (Care-related)” staff groups had significant reduction of 18.8 days, 11.2 days, and 12.1 days respectively, while that of “Medical” and “Others” staff groups had increased by 4.7 days and 3.7 days respectively.

## **Finance**

15. For the nine months ended 31 December 2022, HA recorded an overall underspending of \$5.1 billion in its recurrent operating results. This YTD underspending was primarily owing to lower spending on Personal Emolument as a result of the ongoing manpower constraint, as well as the end-loaded nature of HA’s spending cycle towards the last quarter of the year.

16. Over the past three quarters, the evolving COVID-19 epidemic and continual aggravation of HA’s manpower shortage situation amid rising staff attrition have significantly impacted on the financial position of HA. As a result, HA’s original budgeted underspending of \$0.6 billion assumed at the start of 2022-23 is expected to increase. With the society’s progressive resumption to normalcy, the ongoing development of HA’s manpower situation and the impact of winter surge over the next quarter, the final 2022-23 operating results of HA will be duly presented to the HA Board in due course.

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<sup>8</sup> Staff group of “Others” includes management/administrative staff as well as other supporting staff, e.g. clerks, secretaries, workmen, operation assistants, executive assistants, etc.

## **Way Forward**

17. With Hong Kong moving towards normalcy, the Government announced that the management and handling of the COVID-19 epidemic could be progressed to a new stage and mode. HA will fully align with the Government's overall management strategy and closely monitor the service needs. To this end, HA will continue to maintain operational readiness to tackle occasional resurgence of COVID-19 cases, while concurrently accelerating the resumption of services and minimising the scale of elective service adjustment during demand surge period. Meanwhile, in light of the potential pressure arising from the winter service surge and resurgence of COVID-19 simultaneously, coupled with the increasingly stretched manpower condition, the impact on HA's services as reflected in KPI performance may still be observed in the coming round of reporting.

Hospital Authority  
AOM/PAPER/1839  
8 March 2023

**Report on Key Performance Indicators - Clinical Services**  
**For reporting to the Administrative and Operational Meeting in March 2023**  
**(KPI Report No. 57, up to December 2022)**

\*\*\* The figures serve as comparison/reference only. They are not pledged performance/target of the Hospital Authority. \*\*\*

Reporting Period : YTD Dec 2022 (unless specified) for Service Growth in response to Population Change & Ageing Effect ;

1.1.2022 - 31.12.2022 (unless specified) for other items

**Special note**

Figures of current year / period presented in this report are provisional. Figures of prior year / previous period have been revised after data reprocessing and may be different from those presented in the reports earlier.

**Rounding of figures**

There may be a slight discrepancy between the variance and the change derived from individual items as shown in the tables due to rounding.

**The following symbols are used throughout the report**

- Figures equal zero

N.A. Not applicable

§ Figures within 0 and 0.5 (for Service Capacity only) / within 0% and 0.05% / within 0%pt and 0.05%pt

		Current Year	Estimate		Prior Year	
		YTD Dec 2022	YTD Dec 2022	Variance	YTD Dec 2021	Variance
		A	B	C = (A - B) or (A - B) / B	D	E = (A - D) or (A - D) / D
<b>Service Growth in response to Population Change &amp; Ageing Effect</b>						
<b>Service Capacity</b>	* No. of hospital beds (overall)	30 483	30 559	- 76	30 105	+ 378
(as at 31 Dec 2022)					(as at 31 Dec 2021)	
	* No. of geriatric day places	727	N.A.	N.A.	703	+ 24
					(as at 31 Dec 2021)	
	* No. of psychiatric day places	909	N.A.	N.A.	894	+ 15
					(as at 31 Dec 2021)	
<b>Inpatient Services</b>	<b>No. of inpatient discharges and deaths</b>					
	* Overall	734 013	929 681	- 21.0%	809 740	- 9.4%
	* General (acute and convalescent)	718 908	913 394	- 21.3%	793 562	- 9.4%
	<b>No. of inpatient patient days</b>					
	* Overall	5 913 816	6 578 437	- 10.1%	5 999 036	- 1.4%
	* General (acute and convalescent)	4 807 222	5 367 876	- 10.4%	4 841 204	- 0.7%
	* No. of day inpatient discharges and deaths	541 911	584 340	- 7.3%	582 253	- 6.9%
<b>Accident &amp; Emergency (A&amp;E) Services</b>	* No. of A&E attendances	1 292 277	1 663 829	- 22.3%	1 472 635	- 12.2%
	<b>No. of A&amp;E first attendances</b>					
	* triage I ( Critical cases )	19 382	N.A.	N.A.	16 933	+ 14.5%
	* triage II ( Emergency cases )	37 439	N.A.	N.A.	39 116	- 4.3%
	* triage III ( Urgent cases )	496 920	N.A.	N.A.	559 094	- 11.1%
<b>Specialist Outpatient (SOP) Services</b>	* No. of SOP (clinical) first attendances	619 986	N.A.	N.A.	665 878	- 6.9%
	* No. of SOP (clinical) follow-up attendances	5 375 083	N.A.	N.A.	5 597 846	- 4.0%
	* Total no. of SOP (clinical) attendances	5 995 069	6 122 780	- 2.1%	6 263 724	- 4.3%
<b>Primary Care Services</b>	* No. of general outpatient attendances	3 658 545	4 711 927	- 22.4%	4 536 325	- 19.4%
	* No. of family medicine specialist clinic attendances	241 317	248 704	- 3.0%	250 787	- 3.8%
	* Total no. of primary care attendances	3 899 862	4 960 631	- 21.4%	4 787 112	- 18.5%
<b>Allied Health Outpatient Services</b>	* No. of allied health (outpatient) attendances	2 218 187	2 346 946	- 5.5%	2 377 783	- 6.7%
<b>Day Hospital Services</b>	* No. of rehabilitation day and palliative care day attendances	45 122	89 204	- 49.4%	39 483	+ 14.3%
	* No. of geriatric day attendances	57 355	118 763	- 51.7%	70 805	- 19.0%
	* No. of psychiatric day attendances	46 586	177 268	- 73.7%	27 842	+ 67.3%
<b>Community &amp; Outreach Services</b>	* No. of community nurse attendances	647 654	703 245	- 7.9%	690 797	- 6.2%
	* No. of allied health (community) attendances	19 866	27 633	- 28.1%	20 869	- 4.8%
	* No. of geriatric outreach attendances	569 168	576 666	- 1.3%	574 233	- 0.9%
	* No. of geriatric elderly persons assessed for infirmary care service	1 575	N.A.	N.A.	1 394	+ 13.0%
	* No. of psychiatric outreach attendances	195 647	245 427	- 20.3%	194 019	+ 0.8%
	* No. of psychogeriatric outreach attendances	70 616	86 119	- 18.0%	73 582	- 4.0%

Blue

&gt; 5% above estimate / prior year

Green

&gt; 5% below estimate / prior year

**Remark:**

\* COR item

Current period (R57)								Previous period			
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA			
Jan - Dec 2022								Jan - Dec 2021	Variance		
								A	B	C = (A - B)	

## Quality Improvement

Waiting Time for Accident & Emergency (A&E) Services		% of A&E patient attendances seen within target waiting time	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Jan - Dec 2021	Variance
*	triage I (critical cases : < 0 minute, 100%)		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-
*	triage II (emergency cases : < 15 minutes, 95%)		95.1%	97.9%	95.1%	97.9%	96.0%	95.3%	95.4%	95.9%	96.9%	- 1.0%pt
*	triage III (urgent cases : < 30 minutes, 90%)		72.4%	83.6%	74.1%	64.6%	65.8%	70.4%	81.2%	71.7%	75.1%	- 3.4%pt
	triage IV (semi-urgent cases : < 120 minutes, 75%)		62.4%	69.4%	71.9%	54.3%	62.0%	72.9%	59.6%	64.5%	58.3%	+ 6.2%pt
Waiting Time for Specialist Outpatient (SOP) New Case Bookings		Median waiting time (weeks) for first appointment at specialist outpatient clinics (SOPCs)	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Jan - Dec 2021	Variance
*	Priority 1 (P1) cases		<1	<1	<1	<1	<1	<1	<1	<1	<1	-
*	Priority 2 (P2) cases		5	5	4	6	6	5	5	5	5	-
<b>Ear, Nose and Throat</b>												
	% of P1 cases at SOPCs with waiting time within 2 weeks		100.0%	99.2%	98.7%	99.5%	98.4%	98.5%	99.7%	99.1%	99.0%	+ 0.1%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks		97.9%	97.4%	98.4%	98.5%	96.8%	96.3%	98.3%	97.6%	98.6%	- 1.1%pt
Δ	90 <sup>th</sup> percentile waiting time (weeks) of Routine cases at SOPCs		81	81	55	92	97	88	75	94	104	- 10
<b>Gynaecology</b>												
	% of P1 cases at SOPCs with waiting time within 2 weeks		99.6%	98.5%	97.8%	98.4%	97.3%	97.4%	95.8%	97.8%	98.7%	- 0.9%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks		98.6%	97.9%	98.9%	98.2%	98.2%	94.0%	93.3%	97.7%	97.9%	- 0.2%pt
Δ	90 <sup>th</sup> percentile waiting time (weeks) of Routine cases at SOPCs		28	50	66	78	87	89	69	79	76	+ 3
<b>Medicine</b>												
	% of P1 cases at SOPCs with waiting time within 2 weeks		98.7%	97.9%	98.2%	94.5%	94.4%	98.8%	98.1%	97.1%	97.7%	- 0.6%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks		98.5%	94.2%	98.9%	93.8%	95.2%	97.1%	98.0%	96.3%	97.9%	- 1.6%pt
Δ	90 <sup>th</sup> percentile waiting time (weeks) of Routine cases at SOPCs		92	122	93	116	95	119	76	105	127	- 22
<b>Ophthalmology</b>												
	% of P1 cases at SOPCs with waiting time within 2 weeks		99.3%	99.4%	99.7%	99.7%	99.6%	99.0%	99.2%	99.4%	99.3%	+ 0.1%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks		98.1%	98.9%	99.2%	98.6%	51.3%	98.4%	99.1%	88.3%	93.4%	- 5.1%pt
Δ	90 <sup>th</sup> percentile waiting time (weeks) of Routine cases at SOPCs		97	77	94	100	224	98	88	109	137	- 28
<b>Orthopaedics and Traumatology</b>												
	% of P1 cases at SOPCs with waiting time within 2 weeks		99.2%	93.1%	99.8%	99.1%	99.4%	98.3%	99.2%	98.6%	99.0%	- 0.5%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks		97.0%	98.5%	99.3%	98.2%	98.7%	95.3%	97.9%	98.0%	98.6%	- 0.6%pt
Δ	90 <sup>th</sup> percentile waiting time (weeks) of Routine cases at SOPCs		92	77	99	95	76	88	72	92	100	- 8
<b>Paediatrics and Adolescent Medicine</b>												
	% of P1 cases at SOPCs with waiting time within 2 weeks		97.2%	100.0%	98.3%	97.9%	99.3%	94.5%	97.9%	98.5%	99.1%	- 0.6%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks		96.1%	97.5%	97.8%	94.5%	97.8%	87.2%	94.4%	95.8%	97.9%	- 2.1%pt
Δ	90 <sup>th</sup> percentile waiting time (weeks) of Routine cases at SOPCs		15	20	24	27	20	27	32	28	25	+ 3
<b>Psychiatry</b>												
	% of P1 cases at SOPCs with waiting time within 2 weeks		99.6%	99.4%	100.0%	100.0%	100.0%	99.7%	99.4%	99.7%	99.8%	- 0.1%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks		99.5%	100.0%	100.0%	100.0%	99.8%	99.1%	99.9%	99.7%	99.8%	- 0.1%pt
Δ	90 <sup>th</sup> percentile waiting time (weeks) of Routine cases at SOPCs		56	84	53	94	93	94	88	92	92	-
<b>Surgery</b>												
	% of P1 cases at SOPCs with waiting time within 2 weeks		98.5%	98.2%	97.0%	98.8%	95.3%	95.9%	97.9%	97.3%	97.8%	- 0.5%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks		98.2%	99.1%	88.8%	98.0%	96.8%	95.1%	94.3%	95.4%	95.7%	- 0.3%pt
Δ	90 <sup>th</sup> percentile waiting time (weeks) of Routine cases at SOPCs		85	109	109	104	101	74	76	101	94	+ 7

Blue &gt; 5% / 5%pt above previous period

Green &gt; 5% / 5%pt below previous period

## Remarks:

\* COR item

Δ With effect from 1 October 2022, the waiting time for new case booking at Specialist Out-patient Clinics has incorporated integrated clinics.



Current period (R57)								Previous period		
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA		
<i>Jan - Dec 2022</i>								<i>Jan - Dec 2021</i>		
A								B	C = (A - B)	

Quality Improvement (continued)

<b>Waiting Time for Allied Health Outpatient (AHOP) New Case Bookings</b>	<b>Dietetics</b>										
	% of P1 cases at AHOP clinics with waiting time within 2 weeks	99.4%	100.0%	97.2%	97.1%	99.4%	97.7%	99.2%	<b>98.4%</b>	96.7%	+ 1.7%pt
	% of P2 cases at AHOP clinics with waiting time within 8 weeks	98.5%	99.0%	98.5%	95.5%	98.0%	95.6%	98.2%	<b>97.5%</b>	97.5%	+ 0.1%pt
	90 <sup>th</sup> percentile waiting time (weeks) of Routine cases at AHOP clinics	10	14	13	16	16	17	17	<b>16</b>	16	-
	<b>Occupational Therapy</b>										
	% of P1 cases at AHOP clinics with waiting time within 2 weeks	97.8%	98.7%	98.7%	99.1%	96.6%	99.4%	98.9%	<b>98.5%</b>	98.8%	- 0.3%pt
	% of P2 cases at AHOP clinics with waiting time within 8 weeks	98.5%	95.8%	94.8%	97.6%	98.0%	99.3%	96.9%	<b>97.4%</b>	97.4%	+§
	90 <sup>th</sup> percentile waiting time (weeks) of Routine cases at AHOP clinics	22	30	31	41	33	34	19	<b>30</b>	26	+ 4
	<b>Physiotherapy</b>										
	% of P1 cases at AHOP clinics with waiting time within 2 weeks	98.4%	97.9%	97.1%	98.3%	97.1%	97.3%	97.4%	<b>97.5%</b>	98.0%	- 0.5%pt
	% of P2 cases at AHOP clinics with waiting time within 8 weeks	98.9%	98.1%	97.1%	97.0%	90.8%	96.2%	93.6%	<b>95.4%</b>	97.4%	- 2.0%pt
	90 <sup>th</sup> percentile waiting time (weeks) of Routine cases at AHOP clinics	33	23	38	34	39	26	40	<b>35</b>	33	+ 2

**Blue** > 5% / 5%pt above previous period

**Green** > 5% / 5%pt below previous period

	Current period (R57)								Previous period		
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA		
	Jan - Dec 2022								Jan - Dec 2021	Variance	
	A								B	C = (A - B)	
<b>Quality Improvement (continued)</b>											
<b>Waiting Time for Elective Surgery</b>	<b>Total Joint Replacement</b>										
	Waiting time (months) at 90 <sup>th</sup> percentile for patients receiving the treatment of total joint replacement	79	67	47	64	56	60	95	73	68	+ 5
	<b>Benign Prostatic Hyperplasia</b>										
	% of patients provided with surgery within 2 months for P1 patients (Oct 2021 - Sep 2022)	80.0%	35.6%	18.7%	35.6%	47.7%	52.6%	20.2%	43.7%	51.1%	- 7.4%pt (Oct 2020 - Sep 2021)
	% of patients provided with surgery within 12 months for P2 patients (Jan - Dec 2021)	99.3%	92.9%	67.6%	72.4%	88.5%	54.4%	57.8%	77.9%	78.3%	- 0.4%pt (Jan - Dec 2020)
<b>Waiting Time for Diagnostic Radiological Investigations</b>	<b>CT</b>										
	% of urgent cases with examination done within 24 hours	96.8%	99.6%	98.7%	97.6%	99.3%	99.1%	99.1%	98.7%	99.1%	- 0.4%pt
	Median waiting time (weeks) of P1 cases	3	3	38	4	1	<1	3	3	4	- 1
	Median waiting time (weeks) of P2 cases	24	39	74	38	27	60	17	37	32	+ 5
	90 <sup>th</sup> percentile waiting time (weeks) of Routine cases	200	285	221	230	238	170	176	229	204	+ 25
	<b>MRI</b>										
	% of urgent cases with examination done within 24 hours	100.0%	98.0%	97.8%	95.5%	95.1%	97.6%	95.3%	97.1%	97.0%	+ 0.2%pt
	Median waiting time (weeks) of P1 cases	2	<1	22	1	2	3	6	4	4	-
	Median waiting time (weeks) of P2 cases	21	10	84	43	20	34	44	35	27	+ 8
	90 <sup>th</sup> percentile waiting time (weeks) of Routine cases	101	174	198	124	118	137	104	161	141	+ 20
	<b>Ultrasonography</b>										
	% of urgent cases with examination done within 24 hours	99.6%	97.5%	97.4%	95.7%	93.5%	92.8%	97.2%	95.8%	95.7%	+ \$
	Median waiting time (weeks) of P1 cases	1	1	4	<1	1	2	1	1	1	-
	Median waiting time (weeks) of P2 cases	24	25	52	25	45	26	63	34	27	+ 7
	90 <sup>th</sup> percentile waiting time (weeks) of Routine cases	156	122	247	205	196	157	143	172	180	- 8
	<b>Mammogram</b>										
	Median waiting time (weeks) of P1 cases	2	2	3	<1	1	1	2	1	2	- 1
	Median waiting time (weeks) of P2 cases	17	20	43	56	16	15	13	26	19	+ 7
90 <sup>th</sup> percentile waiting time (weeks) of Routine cases	132	223	209	136	156	230	191	204	171	+ 33	

**Blue** > 5% / 5%pt above previous period

**Green** > 5% / 5%pt below previous period

## Quality Improvement (continued)

Access Block  
MonitoringNumber / percentage of patients with access block time more than [4 hours, 12 hours] <sup>N1</sup>**Exception Reporting**Hospitals with **more than 5% of patients with access block time above 4 hours will be listed.**

Their number and percentage of patients with access block time more than 12 hours will also be shown.

## Current period

Oct - Dec 2022

	No. / % of patients with access block time more than 4 hours		No. / % of patients with access block time more than 12 hours	
	No.	%	No.	%
Alice Ho Miu Ling Nethersole Hospital	1 170	19.0%	10	0.2%
Caritas Medical Centre	1 882	17.8%	23	0.2%
Kwong Wah Hospital	1 700	18.0%	90	1.0%
North District Hospital	752	11.2%	-	-
Pok Oi Hospital	463	8.5%	8	0.1%
Prince of Wales Hospital	3 100	20.8%	-	-
Pamela Youde Nethersole Eastern Hospital	1 340	10.8%	132	1.1%
Queen Elizabeth Hospital	4 155	22.9%	340	1.9%
Tin Shui Wai Hospital	379	17.2%	18	0.8%
United Christian Hospital	2 365	20.5%	409	3.6%
Yan Chai Hospital	608	7.5%	3	§

## Previous period

Jul - Sep 2022

	No. / % of patients with access block time more than 4 hours		No. / % of patients with access block time more than 12 hours	
	No.	%	No.	%
Alice Ho Miu Ling Nethersole Hospital	1 050	18.3%	-	-
Caritas Medical Centre	969	9.9%	1	§
Kwong Wah Hospital	1 470	16.6%	13	0.1%
North District Hospital	1 029	16.4%	3	§
Pok Oi Hospital	422	8.0%	1	§
Prince of Wales Hospital	2 739	19.6%	-	-
Queen Elizabeth Hospital	3 625	20.6%	19	0.1%
Tin Shui Wai Hospital	442	20.9%	6	0.3%
United Christian Hospital	1 599	14.9%	158	1.5%
Yan Chai Hospital	405	5.2%	3	§

**Remark:**

N1 Hospitals with admission ward managed by same clinical team of AED are excluded from KPI reporting.

Current period (R57)								Previous period		
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA		
Jan - Dec 2022								Jan - Dec 2021	Variance	
								A	B	C = (A - B) or (A - B) / B

## Quality Improvement (continued)

<b>Access to General Outpatient Clinic (GOPC) Episodic Illness Service</b>	<b>GOPC quota availability (for elders) (%)</b>	98.2%	97.9%	92.2%	96.2%	95.6%	92.3%	99.3%	<b>95.4%</b>	98.7%	- 3.2%pt
<b>Appropriateness of Care</b>	<b>Standardised admission rate for A&amp;E patients (%)</b>	45.8%	46.9%	39.8%	33.2%	39.2%	40.6%	35.2%	<b>39.1%</b>	37.7%	+ 1.5%pt
	* <b>Unplanned readmission rate within 28 days for general inpatients (%)</b> (Dec 2021 - Nov 2022)	10.5%	9.7%	10.1%	11.2%	11.2%	10.2%	11.3%	<b>10.6%</b>	10.9%	- 0.3%pt (Dec 2020 - Nov 2021)
<b>Breastfeeding Rate</b>	<b>Breastfeeding rate on discharge (%)</b> (Dec 2021 - Nov 2022)	87.5%	88.8%	78.2%	72.0%	76.1%	83.8%	73.4%	<b>79.5%</b>	83.7%	- 4.2%pt (Dec 2020 - Nov 2021)
<b>Infection Rate</b>	<b>MRSA bacteraemia in acute beds per 1 000 acute patient days</b>	0.1724	0.1303	0.1395	0.1844	0.1678	0.1489	0.1741	<b>0.1596</b>	0.1588	+ 0.5%

Blue	> 5% / 5%pt above previous period
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Green	> 5% / 5%pt below previous period
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## Remark:

\* COR item

Current period (R57)								Previous period		
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA		
Jan - Dec 2022								Jan - Dec 2021	Variance	
								A	B	C = (A - B)

## Quality Improvement (continued)

Disease Specific Quality Indicators	Stroke										
	% of acute ischaemic stroke patients received IV tPA treatment	8.5%	13.9%	9.6%	13.6%	15.3%	13.0%	12.1%	<b>12.4%</b>	12.4%	- 0.1%pt
	<b>Hip Fracture</b>										
	% of patients indicated for surgery on hip fracture with surgery performed ≤ 2 days after admission through A&E	69.7%	81.4%	19.8%	36.4%	44.2%	37.0%	53.5%	<b>44.1%</b>	53.6%	- 9.5%pt
	<b>Cancer</b>										
	Waiting time (days) at 90 <sup>th</sup> percentile from decision to treat to start of radiotherapy (RT) for cancer patients requiring radical RT	30	28	28	N.A.	28	30	32	<b>28</b>	28	-
	Waiting time (days) at 90 <sup>th</sup> percentile for patients with colorectal cancer receiving first treatment after diagnosis (Jul 2021 - Jun 2022)	73	101	98	78	90	91	80	<b>89</b>	77	+ 12 (Jul 2020 - Jun 2021)
	Waiting time (days) at 90 <sup>th</sup> percentile for patients with breast cancer receiving first treatment after diagnosis (Jul 2021 - Jun 2022)	59	49	95	52	73	108	78	<b>83</b>	66	+ 17 (Jul 2020 - Jun 2021)
	Waiting time (days) at 90 <sup>th</sup> percentile for patients with nasopharynx cancer receiving first treatment after diagnosis	64	61	76	N.A.	65	70	68	<b>70</b>	60	+ 10 (Jul 2020 - Jun 2021)
	<b>Diabetes Mellitus</b>										
	% of diabetes mellitus patients with HbA1c < 7%	59.2%	62.0%	59.5%	52.9%	54.0%	60.7%	60.2%	<b>58.1%</b>	57.2%	+ 0.8%pt
	<b>Hypertension</b>										
	% of hypertension patients treated in GOPCs with blood pressure < 140/90 mmHg	71.3%	74.0%	75.4%	68.8%	73.3%	71.8%	71.4%	<b>72.5%</b>	77.6%	- 5.1%pt
	<b>Mental Health Services</b>										
	Average length of stay (LOS) (days) of acute inpatient care (with LOS ≤ 90 days)	30.8	38.2	31.8	32.6	31.1	34.0	31.9	<b>32.1</b>	30.6	+ 1.5
	% of compulsory psychiatric admissions under the Mental Health Ordinance via AED for patients receiving active Personalised Care Programme care	1.4%	1.6%	1.2%	1.4%	1.7%	1.5%	2.1%	<b>1.6%</b>	1.9%	- 0.2%pt
	<b>Cardiac Services</b>										
	% of acute myocardial infarction patients prescribed with Statin at discharge	93.3%	90.5%	88.4%	91.5%	91.1%	82.8%	85.7%	<b>88.4%</b>	88.3%	+ 0.2%pt
	% of ST-elevation myocardial infarction patients received primary percutaneous coronary intervention	20.8%	66.7%	75.8%	42.5%	26.0%	45.1%	41.8%	<b>46.6%</b>	46.5%	+ 0.1%pt

Blue	> 5% / 5%pt above previous period
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Green	> 5% / 5%pt below previous period
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Current period (R57)								Previous period		
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA		
Jan - Dec 2022								Jan - Dec 2021	Variance	
								A	B	C = (A - B) or (A - B) / B

## Efficiency in Use of Resources

Capacity and Throughput of Specialist Outpatient (SOP) Services	Throughput for SOP services / Waiting list management	Current period (R57)								Previous period	
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Jan - Dec 2021	Variance
	<b>Ear, Nose and Throat</b>										
	No. of SOP first attendances per doctor	691	372	764	557	598	704	633	<b>625</b>	740	-15.5%
	No. of SOP follow-up attendances per doctor	3 430	1 805	2 164	2 512	2 265	2 766	2 078	<b>2 397</b>	2 660	-9.9%
	Growth of waiting list against throughput (%)	-13.8%	1.9%	-18.1%	3.1%	-11.6%	-1.7%	1.1%	<b>-6.7%</b>	-1.9%	-4.8%pt
	<b>Gynaecology</b>										
	No. of SOP first attendances per doctor	181	146	148	191	244	204	137	<b>174</b>	187	-6.9%
	No. of SOP follow-up attendances per doctor	1 005	1 116	968	950	786	682	663	<b>879</b>	954	-7.9%
	Growth of waiting list against throughput (%)	-1.0%	-9.8%	5.4%	1.7%	7.8%	-3.5%	-13.4%	<b>-0.9%</b>	7.9%	-8.8%pt
	<b>Medicine</b>										
	No. of SOP first attendances per doctor	58	62	71	105	71	84	56	<b>73</b>	80	-8.8%
	No. of SOP follow-up attendances per doctor	1 546	1 437	1 171	1 026	1 630	1 384	1 462	<b>1 373</b>	1 431	-4.1%
	Growth of waiting list against throughput (%)	5.7%	§	-8.8%	-18.5%	-6.8%	-7.3%	-19.1%	<b>-8.7%</b>	9.2%	-18.0%pt
	<b>Ophthalmology</b>										
	No. of SOP first attendances per doctor	602	447	682	733	607	607	636	<b>627</b>	677	-7.4%
	No. of SOP follow-up attendances per doctor	5 323	4 472	6 067	4 865	6 057	4 870	6 257	<b>5 499</b>	5 843	-5.9%
	Growth of waiting list against throughput (%)	-2.5%	-1.4%	-32.5%	-3.6%	17.6%	4.3%	1.4%	<b>-5.0%</b>	6.3%	-11.3%pt
	<b>Orthopaedics and Traumatology</b>										
	No. of SOP first attendances per doctor	193	178	170	204	176	217	210	<b>193</b>	206	-6.5%
	No. of SOP follow-up attendances per doctor	1 525	1 178	1 372	1 376	1 407	1 294	1 367	<b>1 356</b>	1 476	-8.1%
	Growth of waiting list against throughput (%)	-14.4%	-11.0%	-8.3%	-3.9%	-9.8%	-17.2%	-38.1%	<b>-14.9%</b>	-2.7%	-12.3%pt
	<b>Paediatrics and Adolescent Medicine</b>										
	No. of SOP first attendances per doctor	27	56	24	68	70	43	47	<b>42</b>	45	-7.3%
	No. of SOP follow-up attendances per doctor	380	405	382	592	456	417	538	<b>433</b>	479	-9.5%
	Growth of waiting list against throughput (%)	-3.1%	-7.2%	2.2%	-3.0%	3.8%	2.0%	3.4%	<b>0.9%</b>	6.5%	-5.6%pt
	<b>Psychiatry</b>										
	No. of SOP first attendances per doctor	70	69	58	131	125	87	65	<b>88</b>	92	-4.6%
	No. of SOP follow-up attendances per doctor	2 002	1 958	1 702	2 697	3 158	1 890	2 209	<b>2 280</b>	2 325	-1.9%
	Growth of waiting list against throughput (%)	13.3%	-3.1%	22.3%	-4.6%	4.3%	4.0%	17.8%	<b>6.2%</b>	10.9%	-4.7%pt
	<b>Surgery</b>										
	No. of SOP first attendances per doctor	201	117	179	250	187	235	215	<b>194</b>	209	-7.5%
	No. of SOP follow-up attendances per doctor	1 320	1 134	1 110	1 274	1 110	997	1 084	<b>1 127</b>	1 193	-5.5%
	Growth of waiting list against throughput (%)	§	5.3%	8.6%	-0.3%	9.2%	-5.5%	-7.2%	<b>1.4%</b>	11.5%	-10.1%pt
<b>Operating Theatre (OT) Utilisation</b>	<b>Ratio of scheduled to expected elective OT session hours (%)</b>	101.3%	97.3%	95.3%	99.7%	96.5%	96.8%	98.0%	<b>97.4%</b>	97.3%	+0.1%pt
	<b>Utilisation rate of scheduled elective OT sessions (%)</b>	95.6%	101.2%	92.2%	83.4%	92.2%	98.8%	95.3%	<b>94.3%</b>	96.9%	-2.7%pt

Blue &gt; 5% / 5%pt above previous period

Green &gt; 5% / 5%pt below previous period

Current period (R57)								Previous period		
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA		
<i>Jan - Dec 2022</i>								<i>Jan - Dec 2021</i>	<i>Variance</i>	
								A	B	C = (A - B)

**Efficiency in Use of Resources** (continued)

<b>Bed Management</b>	<b>Inpatient bed occupancy rate (%)</b>											
	*	Overall	77.5%	65.7%	78.2%	87.5%	93.6%	80.1%	79.5%	<b>80.9%</b>	82.0%	- 1.2%pt
	*	General (acute and convalescent)	81.3%	64.9%	78.6%	88.4%	101.2%	82.6%	88.1%	<b>83.9%</b>	84.4%	- 0.6%pt
	*	<b>Average length of stay (days) for general inpatients</b>	7.2	6.0	7.5	7.0	6.3	7.2	7.0	<b>6.9</b>	6.2	<b>+ 0.7</b>
<b>Day and Same Day Surgery Services</b>	<b>Rate of day surgery plus same day surgery (%)</b>											
		Surgery	62.9%	49.2%	36.8%	80.4%	57.1%	65.2%	65.0%	<b>58.0%</b>	57.9%	+ 0.1%pt
		Orthopaedics and Traumatology	62.6%	25.7%	43.0%	86.6%	49.6%	66.8%	56.6%	<b>55.2%</b>	56.4%	- 1.3%pt
		Ophthalmology	73.6%	44.8%	89.2%	82.9%	75.4%	81.0%	27.0%	<b>71.2%</b>	65.6%	<b>+ 5.6%pt</b>

**Blue** > 5% / 5%pt above previous period  
**Green** > 5% / 5%pt below previous period

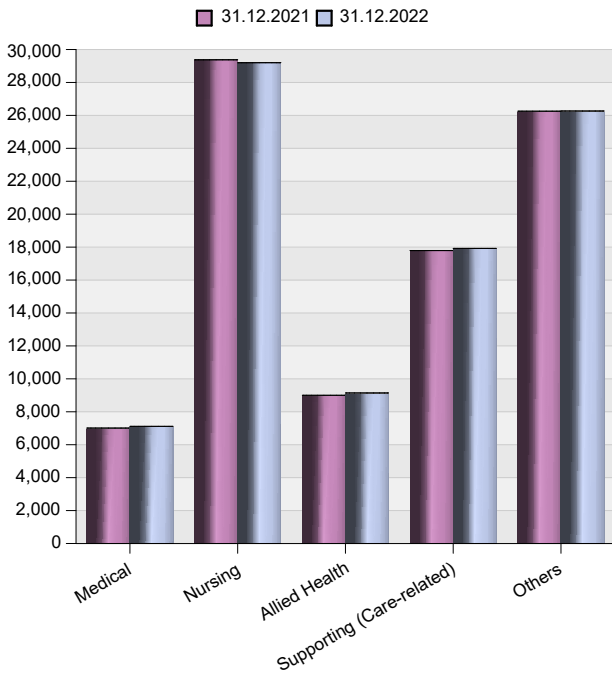
**Remark:**

\* COR item

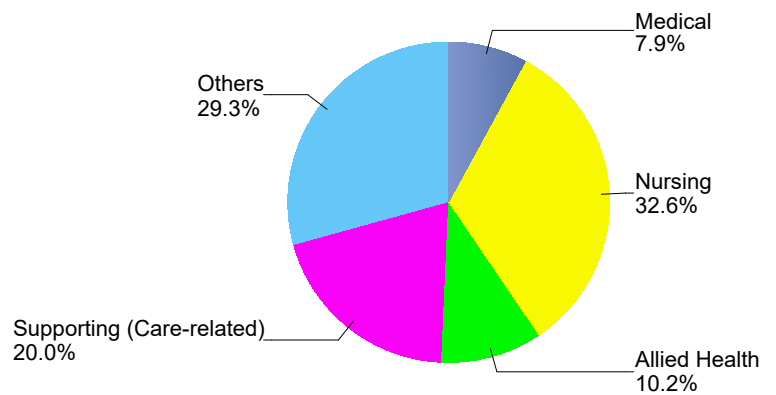
**Manpower position by Staff Group (as at 31.12.2022)**

Staff group	Prior year	Current year	COR Estimate as at 31.03.2023 <sup>(2)</sup>	Variance from			
	31.12.2021	31.12.2022 <sup>(1)</sup>		COR estimate		prior year	
	A	B		C	D = B - C	D / C	E = B - A
Medical <sup>(3)</sup>	7,008	7,114	7,184	- 70	- 1.0%	+ 106	+ 1.5%
Nursing	29,378	29,200	30,540	- 1,340	- 4.4%	- 178	- 0.6%
Allied Health	9,001	9,140	9,480	- 340	- 3.6%	+ 139	+ 1.5%
Supporting (Care-related)	17,790	17,921	46,450	- 2,265	- 4.9%	+ 131	+ 0.7%
Others	26,254	26,264				+ 10	+ 0.0%
<b>Total<sup>(4)</sup></b>	<b>89,430</b>	<b>89,639</b>	<b>93,654</b>	<b>- 4,015</b>	<b>- 4.3%</b>	<b>+ 209</b>	<b>+ 0.2%</b>

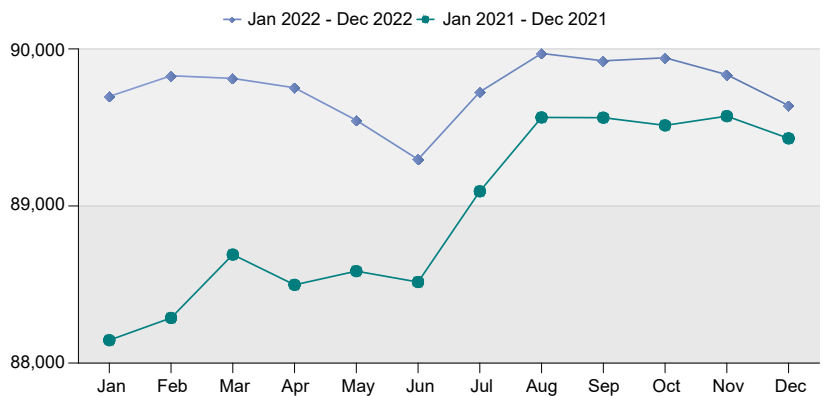
Blue >3% above COR estimate/prior year  
Green >3% below COR estimate/prior year



Distribution % by Staff Group (as at 31.12.2022)



HA Total



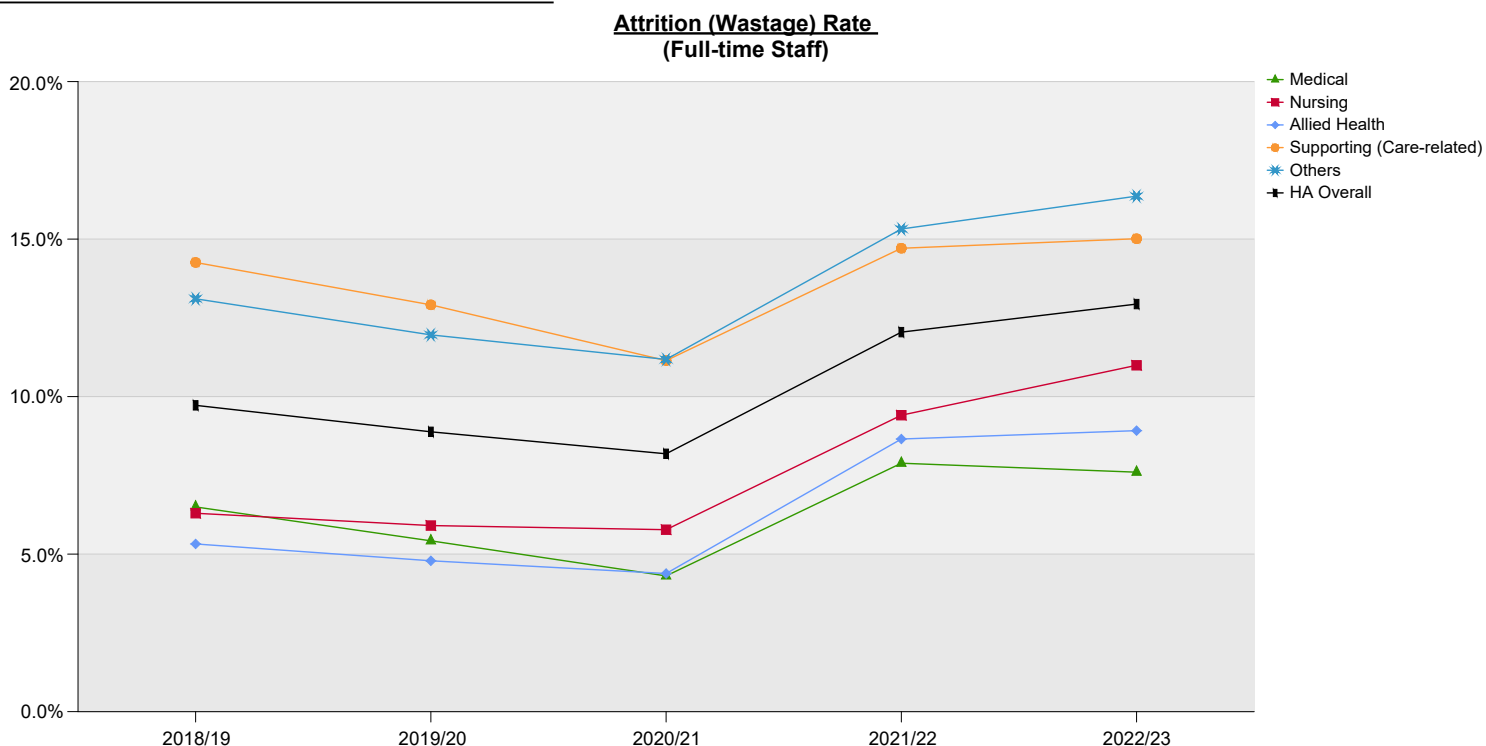
	Medical	Nursing	Allied Health	Supporting (Care-related)	Others
Prior Year 31.12.2021	7,008	29,378	9,001	17,790	26,254
Current Year 31.12.2022	7,114	29,200	9,140	17,921	26,264

**Remarks:**

- (1) Provisional data for reference only. The data will be updated in the following month to include any backdated transactions
- (2) Grouping is based on COR
- (3) Medical staff group includes Intern & Dental Officers
- (4) Individual figures may not add up to the total due to rounding



## Attrition (Wastage) Rate (%)<sup>(1)</sup> by Staff Group



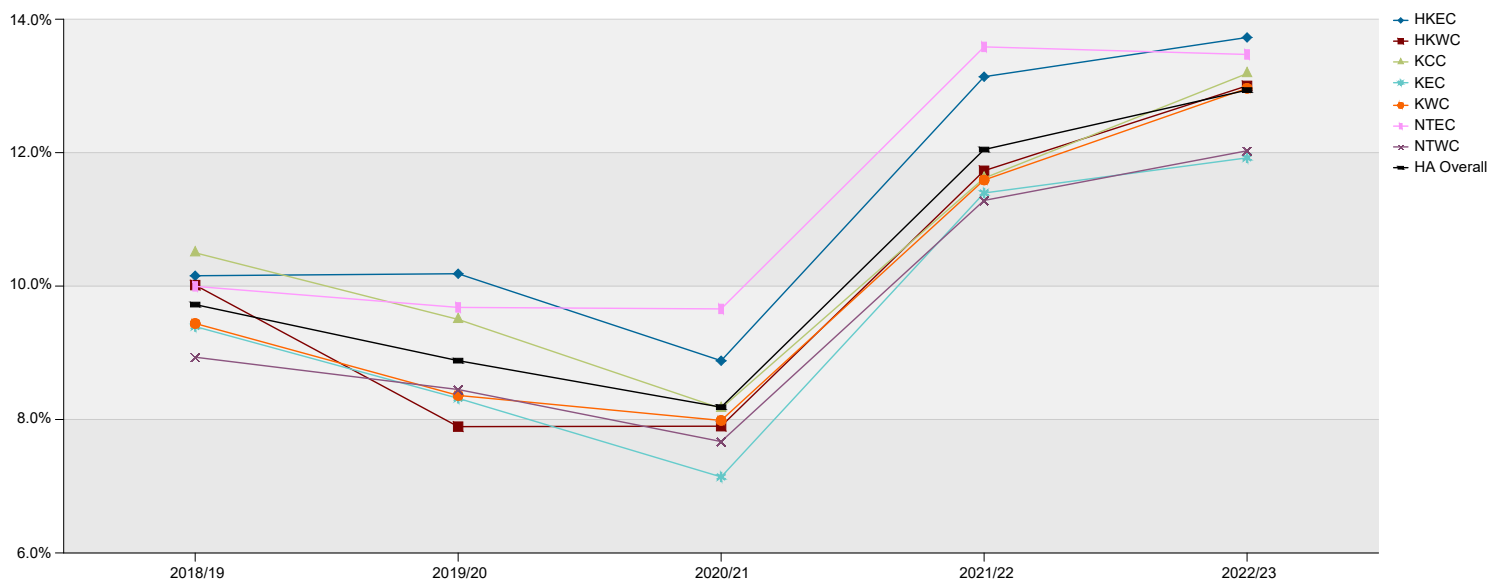
Staff Group	Full-time <sup>(4)</sup>					Part-time <sup>(4)(5)</sup>				
	2018/19	2019/20	2020/21	2021/22	2022/23 (Rolling from Jan 22 to Dec 22) <sup>(3)</sup>	2018/19	2019/20	2020/21	2021/22	2022/23 (Rolling from Jan 22 to Dec 22) <sup>(3)</sup>
Medical <sup>(2)</sup>	6.5%	5.4%	4.3%	7.9%	7.6%	24.3%	15.6%	11.5%	17.8%	12.5%
Nursing	6.3%	5.9%	5.8%	9.4%	11.0%	15.6%	15.7%	15.0%	26.2%	22.5%
Allied Health	5.3%	4.8%	4.4%	8.7%	8.9%	15.4%	13.9%	8.3%	21.8%	20.0%
Supporting (Care-related)	14.3%	12.9%	11.1%	14.7%	15.0%	14.5%	17.0%	10.2%	20.3%	19.3%
Others	13.1%	12.0%	11.2%	15.3%	16.4%	38.5%	28.3%	31.4%	34.8%	41.5%
HA Overall	9.7%	8.9%	8.2%	12.0%	12.9%	21.0%	16.4%	13.9%	22.5%	19.1%

### Remarks:

- (1) Attrition (Wastage) includes all types of cessation of service from HA for permanent and contract staff on Headcount basis
- (2) Medical staff group includes Intern & Dental Officers
- (3) Rolling Attrition (Wastage) Rate = Total no. of staff left HA in the past 12 months / Average strength in the past 12 months x 100%
- (4) Under situation where the total count of staff left HA in the 12-month period is higher than the average strength in the period, the attrition (wastage) rate will be higher than 100%
- (5) "N/A" will be displayed when the average staff strength (part-time) is  $\leq 3$  staff

## Attrition (Wastage) Rate (%)<sup>(1)</sup> by Cluster

### Attrition (Wastage) Rate (Full-time Staff)



Cluster	Full-time <sup>(3)</sup>					Part-time <sup>(3)(4)</sup>				
	2018/19	2019/20	2020/21	2021/22	2022/23 (Rolling from Jan 22 to Dec 22) <sup>(2)</sup>	2018/19	2019/20	2020/21	2021/22	2022/23 (Rolling from Jan 22 to Dec 22) <sup>(2)</sup>
HKEC	10.2%	10.2%	8.9%	13.1%	13.7%	22.8%	18.0%	16.8%	21.8%	18.5%
HKWC	10.0%	7.9%	7.9%	11.7%	13.0%	25.3%	21.0%	17.5%	31.1%	30.1%
KCC	10.5%	9.5%	8.2%	11.6%	13.2%	24.7%	19.1%	9.3%	16.7%	15.5%
KEC	9.4%	8.3%	7.1%	11.4%	11.9%	15.0%	14.6%	13.4%	23.9%	23.6%
KWC	9.4%	8.4%	8.0%	11.6%	13.0%	21.5%	8.5%	11.4%	22.6%	11.0%
NTEC	10.0%	9.7%	9.7%	13.6%	13.5%	17.8%	19.4%	20.3%	22.0%	24.7%
NTWC	8.9%	8.4%	7.7%	11.3%	12.0%	15.7%	11.1%	10.3%	16.1%	8.4%
HA Overall	9.7%	8.9%	8.2%	12.0%	12.9%	21.0%	16.4%	13.9%	22.5%	19.1%

#### Remarks:

- (1) Attrition (Wastage) includes all types of cessation of service from HA for permanent and contract staff on Headcount basis
- (2) Rolling Attrition (Wastage) Rate = Total no. of staff left HA in the past 12 months / Average strength in the past 12 months x 100%
- (3) Under situation where the total count of staff left HA in the 12-month period is higher than the average strength in the period, the attrition (wastage) rate will be higher than 100%
- (4) "N/A" will be displayed when the average staff strength (part-time) is ≤ 3 staff

## Resignation Number and Rate

Staff Group		No. of resignations				Resignation rate				
		2022				Previous period	Current period	Previous period	Current period	Variance from previous period % pt
		1Q	2Q	3Q	4Q	(Jan21 - Dec21)	(Jan22 - Dec22)	(Jan21 - Dec21) %	(Jan22 - Dec22) %	
Doctor	Senior Staff <sup>(1)</sup>	71	46	52	51	213	220	7.2%	7.5%	+ 0.3
	Junior Staff <sup>(2)</sup>	52	14	49	32	123	147	3.6%	4.4%	+ 0.8
	<b>Overall</b>	<b>123</b>	<b>60</b>	<b>101</b>	<b>83</b>	<b>336</b>	<b>367</b>	<b>5.3%</b>	<b>5.8%</b>	<b>+ 0.5</b>
Nursing	Senior Staff <sup>(3)</sup>	96	85	75	64	234	320	3.5%	4.6%	+ 1.1
	Junior Staff <sup>(4)</sup>	519	458	488	522	1,443	1,987	7.0%	9.9%	+ 2.9
	<b>Overall</b>	<b>615</b>	<b>543</b>	<b>563</b>	<b>586</b>	<b>1,677</b>	<b>2,307</b>	<b>6.1%</b>	<b>8.5%</b>	<b>+ 2.4</b>
<b>Allied Health <sup>(5)</sup> Overall</b>		<b>143</b>	<b>127</b>	<b>155</b>	<b>117</b>	<b>463</b>	<b>542</b>	<b>5.3%</b>	<b>6.2%</b>	<b>+ 0.9</b>
<b>Supporting (Care-related) Overall</b>		<b>466</b>	<b>387</b>	<b>543</b>	<b>421</b>	<b>1,620</b>	<b>1,817</b>	<b>9.5%</b>	<b>10.4%</b>	<b>+ 0.9</b>

### Remarks:

- (1) Doctor Senior Staff include permanent and contract full time staff in the rank group of Consultant, Associate Consultant and Senior Medical Officer
- (2) Doctor Junior Staff include permanent and contract full time staff in the rank group of Medical Officer/Resident and Medical Officer (Specialist)/Resident (Specialist)
- (3) Nursing Senior Staff include permanent and contract full time staff in the rank group of Chief Nursing Officer, Department Operations Manager, Nurse Consultant, Senior Nursing Officer, Ward Manager, Associate Nurse Consultant, Advanced Practice Nurse, Nurse Specialist and Nursing Officer
- (4) Nursing Junior Staff include permanent and contract full time staff in the rank group of Registered Nurse, Enrolled Nurse, Midwife, Student Nurse
- (5) Allied Health includes radiographers, medical technologists/ medical laboratory technicians, occupational therapists, physiotherapists, pharmacists, medical social workers, etc

## Sick Leave <sup>(1)(2)</sup>

### (A) Average sick leave days taken per staff

Staff Group	Previous period	Current period	Variance from previous period
	Jan 21 - Dec 21	Jan 22 - Dec 22	
	A	B	$C = (B - A) / A$
Medical	3.6	4.2	+ 16.7%
Nursing	8.2	9.5	+ 15.9%
Allied Health	5.0	6.4	+ 28.0%
Supporting (Care-related)	9.4	10.4	+ 10.6%
Others	7.3	8.4	+ 15.1%
<b>HA Overall</b>	<b>7.5</b>	<b>8.6</b>	<b>+ 14.7%</b>

### (B) % of staff with sick leave taken ≥ 50 days

Staff Group	Previous period	Current period	Variance from previous period
	Jan 21 - Dec 21	Jan 22 - Dec 22	
	A	B	$C = B - A$
	%	%	% pt
Medical	1.2	0.9	- 0.3
Nursing	3.0	2.9	- 0.1
Allied Health	1.4	1.3	- 0.1
Supporting (Care-related)	3.2	2.9	- 0.3
Others	2.4	2.3	- 0.1
<b>HA Overall</b>	<b>2.5</b>	<b>2.4</b>	<b>- 0.1</b>

Blue

> 5%pt above previous period

Green

> 5%pt below previous period

#### Remarks:

- (1) Include sick leave for full time HA staff on permanent & contract terms of employment, Civil Servants & subvented staff. Exclude sick leave for temporary & part-time staff.
- (2) Exclude EC (employee compensation) sick leave.

## Injury on Duty

### (A) No. of IOD cases per 100 FTE staff

Staff Group	Previous period	Current period	Variance from previous period
	Jan 21 - Dec 21	Jan 22 - Dec 22	
	A	B	
Medical	4.6	3.7	- 0.9
Nursing	4.0	4.1	+ 0.1
Allied Health	1.6	1.4	- 0.2
Supporting (Care-related)	6.7	6.2	- 0.5
Others	2.7	2.3	- 0.4
<b>HA Overall</b>	<b>4.0</b>	<b>3.7</b>	<b>- 0.3</b>

### (B) No. of IOD leave days per 100 FTE staff <sup>(1)</sup>

Staff Group	Previous period	Current period	Variance from previous period
	Jan 21 - Dec 21	Jan 22 - Dec 22	
	A	B	
Medical	4.9	9.6	+ 4.7
Nursing	61.6	42.8	- 18.8
Allied Health	41.3	30.1	- 11.2
Supporting (Care-related)	133.8	121.7	- 12.1
Others	80.3	84.0	+ 3.7
<b>HA Overall</b>	<b>75.1</b>	<b>67.3</b>	<b>- 7.8</b>

#### Remarks:

(1) As per audit recommendation, with effect from June 2011 report, all leave days taken in the reporting period will be counted, regardless of the year in which the IOD took place.