



**For decision
on 21.12.2023**

AOM-P1922

Hospital Authority

2023 Key Performance Indicator Annual Review

Decision Sought

Members are invited to **comment** on the recommendations of the 2023 Key Performance Indicator (**KPI**) annual review made by the KPI Review Working Group (**Working Group**); and **approve** the list of KPIs for reporting in 2024-25 as set out in **Annex 2**. Respective information for the review on clinical service, human resources (**HR**) and finance KPIs had also been reported to the Medical Services Development Committee (**MSDC**), Human Resources Committee (**HRC**), and Finance Committee (**FC**)¹ separately.

Background

2. The KPI framework of the Hospital Authority (**HA**), which covers three pillars, namely clinical services, HR and finance, was formulated in 2008². For continuous development of KPIs, the Working Group conducts annual review to ensure that the KPIs are in line with the service directions and priorities of HA.

3. Comments and feedback on the KPIs are collected during the course of the year through various channels, such as Coordinating Committees / Central Committees, Committee on Official Statistics, Medical Policy Group, Directors' Meeting, Cluster Management Meeting, HA Board's AOM and related functional committees, are put forward to the Working Group for consideration in the annual review. The overall framework of the structure, selection criteria and process of KPI development and review are outlined in **Annex 1**.

2023 KPI Annual Review

4. In the 2023 KPI Annual Review, the Working Group has revisited the existing **three-pillar KPI framework** and agreed that it should **remain unchanged**. The Working Group has also reviewed the proposal on the revision of HR KPIs, while agreed that the

¹ Clinical service KPIs to MSDC meeting on 4 December 2023 via MSDC Paper No. 710; HR KPIs to HRC meeting on 8 November 2023 via HRC Papers No. 751 and 752; and Finance KPIs to FC meeting on 5 December 2023 via FC Paper No. 972.

² Via Administrative and Operational Meeting (**AOM**) Paper No. 530 on "New Framework for Key Performance Indicators" discussed on 28 February 2008.

current lists of clinical service and finance KPIs should remain unchanged, with the consideration that they remain relevant to the corporate directions and priorities. The recommendations of the review on clinical service, finance and HR KPIs were reported to the respective functional committees of the Board, i.e., MSDC, FC and HRC¹. The proposed revision on HR KPIs is outlined in the ensuing paragraph.

Change in data coverage for existing HR KPIs on Training

5. Training and development is always a priority for HA to ensure a healthcare workforce with the right skills to maintain the standard of care and improve patient outcomes. Two KPIs on training, namely “**total training days**” and “**average training days per staff**” were first introduced in 2021³ to denote the commitment of HA in staff training. In recent years, more trainings have been offered in hybrid mode with e-Courses being available at HA e-Learning Centre (**eLC**), which is an electronic learning platform providing staff with a wide spectrum of learning resources and the latest training and development information. To better reflect the training opportunities offered to staff, it is proposed to enhance the data coverage of these two KPIs by **including training days of e-Learning⁴ in the calculation of training days**, while other parameters in the calculation formulas for the two KPIs will remain the same. The KPIs on Training will continue to be reported annually and the change in data coverage will be reflected in KPI reporting in 2024-25⁵.

List of KPIs on Clinical Services, Finance and HR for Reporting in 2024-25

6. The list of KPIs for reporting in 2024-25, incorporating the recommendations of the Working Group mentioned above, is set out in **Annex 2** for Members’ approval. The first reporting in accordance with the revised list will commence in 2024-25.

7. Continuous efforts are made to review the **Guidebook on KPIs**. The electronic edition will be released (available at the Members’ Corner) within the first quarter of 2024-25 to cover the latest revisions mentioned in the preceding paragraphs. Other textual refinements will be incorporated to keep the Guidebook updated.

Hospital Authority
AOM/PAPER/1922
14 December 2023

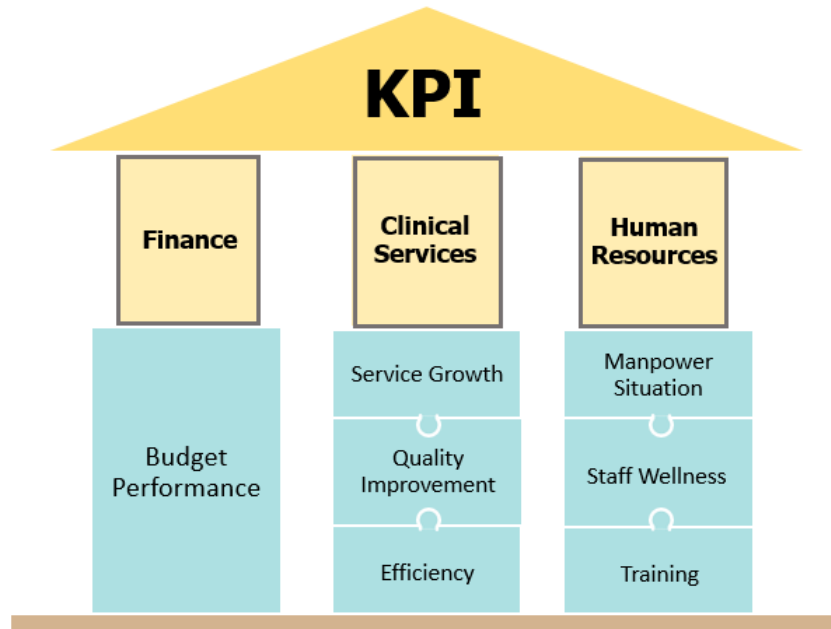
³ Via AOM Paper No. 1630 on “2020 Key Performance Indicator Annual Review” on 28 January 2021.

⁴ “e-Learning” refers to Courseware and e-Course currently posted at eLC for staff’s self-learning. Online lectures and webinars are defined as “classroom training in online mode” and they have already been counted in the existing KPIs on Training.

⁵ Full-year data of 2023-24 on training will be reported in the first quarter of 2024-25.

Key Performance Indicator (KPI) Framework

Under the Hospital Authority (HA)'s framework, there are three pillars, namely clinical services, human resources (HR), and finance. Each pillar is supported by a collection of KPIs.



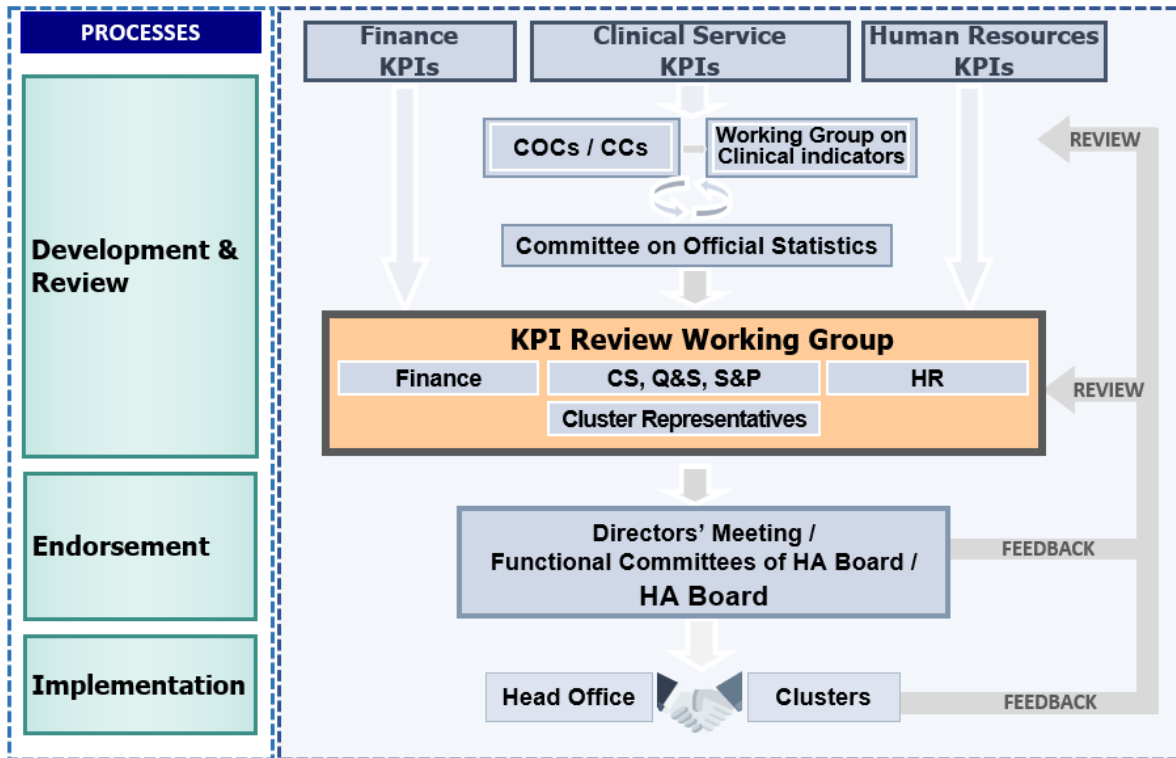
KPI Selection Criteria

In selecting a KPI, the following considerations would be taken into account:

- (a) Relevance to the overall corporate priorities and organisational objectives to facilitate ongoing monitoring in key areas at cluster and corporate levels;
- (b) Availability of automated data to minimise manual efforts in the collection of data and compilation of reports;
- (c) Reliability of available data to enhance confidence of stakeholders in using the data for service improvement;
- (d) Comparability of data across clusters to facilitate meaningful discussion on service improvement and establishment of best practices;
- (e) Materiality of the selected KPIs in influencing managers and clinicians' behaviour to drive changes in service organisation or clinical practices for better quality and higher efficiency;
- (f) Impact on service outcome and cost efficiency to maximise the benefits of KPIs; and
- (g) Burden of disease in clinical services to ascertain relevant focus on diseases with high patient volume or diseases which consume significant proportion of the HA's resources.

Current Processes of KPI Development and Review

For continuous development of KPIs, the KPI Review Working Group conducts annual review to ensure that KPIs are in line with HA's service directions and priorities.



COCs / CCs: Coordinating Committees / Central Committees
CS: Cluster Services Division, HAHO
Q&S: Quality and Safety Division, HAHO
S&P: Strategy and Planning Division, HAHO

List of Clinical Service Key Performance Indicators (KPIs) for 2024-25
(Nil revision under 2023 KPI Annual Review)

<i>Service Growth in response to Population Change & Ageing Effect</i>	
Service Capacity	<i>(as at month end)</i>
*	No. of hospital beds (overall)
*	No. of geriatric day places
*	No. of psychiatric day places
Service Throughput	<i>(year-to-date)</i>
<i>Inpatient Services</i>	
<i>No. of inpatient discharges and deaths</i>	
*	- Overall
*	- General (acute and convalescent)
<i>No. of inpatient patient days</i>	
*	- Overall
*	- General (acute and convalescent)
*	No. of day inpatient discharges and deaths
<i>Accident & Emergency Services</i>	
*	No. of accident & emergency attendances
<i>No. of accident & emergency first attendances</i>	
*	- Triage I (Critical cases)
*	- Triage II (Emergency cases)
*	- Triage III (Urgent cases)
<i>Specialist Outpatient Services</i>	
*	No. of specialist outpatient (clinical) first attendances
*	No. of specialist outpatient (clinical) follow-up attendances
*	Total no. of specialist outpatient (clinical) attendances
<i>Primary Care Services</i>	
*	No. of general outpatient attendances
*	No. of family medicine specialist clinic attendances
*	Total no. of primary care attendances
<i>Allied Health Outpatient Services</i>	
*	No. of allied health (outpatient) attendances
<i>Day Hospital Services</i>	
*	No. of rehabilitation day and palliative care day attendances
*	No. of geriatric day attendances
*	No. of psychiatric day attendances
<i>Community & Outreach Services</i>	
*	No. of community nurse attendances
*	No. of allied health (community) attendances
*	No. of geriatric outreach attendances
*	No. of geriatric elderly persons assessed for infirmary care service
*	No. of psychiatric outreach attendances
*	No. of psychogeriatric outreach attendances

* COR item

List of Clinical Service KPIs for 2024-25 (con't)

Quality Improvement	
Waiting Time for Accident & Emergency (A&E) Services	
<i>% of A&E patient attendances seen within target waiting time</i>	
*	- Triage I (critical cases - 0 minute)
*	- Triage II (emergency cases - 15 minutes)
*	- Triage III (urgent cases - 30 minutes)
	- Triage IV (semi-urgent cases - 120 minutes)
Waiting Time for Specialist Outpatient (SOP) New Case Bookings	
<i>Overall for ENT, GYN, MED, OPH, ORT, PAE, PSY and SUR</i>	
*	- Median waiting time (weeks) of Priority 1 (P1) cases at SOPCs
*	- Median waiting time (weeks) of Priority 2 (P2) cases at SOPCs
<i>For each of ENT, GYN, MED, OPH, ORT, PAE, PSY and SUR</i>	
	- % of P1 cases at SOPCs with waiting time within 2 weeks
	- % of P2 cases at SOPCs with waiting time within 8 weeks
	- 90 th percentile waiting time (weeks) of Routine cases at SOPCs
Waiting Time for Allied Health Outpatient (AHOP) New Case Bookings	
<i>For each of Dietetics, Occupational Therapy and Physiotherapy</i>	
	- % of P1 cases at AHOP clinics with waiting time within 2 weeks
	- % of P2 cases at AHOP clinics with waiting time within 8 weeks
	- 90 th percentile waiting time (weeks) of Routine cases at AHOP clinics
Waiting Time for Elective Surgery	
<i>Total Joint Replacement</i>	
	- Waiting time (months) at 90 th percentile for patients receiving the treatment of total joint replacement
<i>Benign Prostatic Hyperplasia</i>	
	- % of patients provided with surgery within 2 months for P1 patients
	- % of patients provided with surgery within 12 months for P2 patients
Waiting Time for Diagnostic Radiological Investigations	
<i>For each of CT, MRI and US</i>	
	- % of urgent cases with examination done within 24 hours
<i>For each of CT, MRI, US and Mammogram</i>	
	- Median waiting time (weeks) of P1 cases
	- Median waiting time (weeks) of P2 cases
	- 90 th percentile waiting time (weeks) of Routine cases
Access Block Monitoring [via exception reporting]	
	- No. / % of patients with access block time more than [4 hours, 12 hours]

* COR item

List of Clinical Service KPIs for 2024-25 (con't)

Quality Improvement (con't)	
Access to General Outpatient Clinic (GOPC) Episodic Illness Service	
-	GOPC quota availability (for elders) (%)
Appropriateness of Care	
-	Standardised admission rate for A&E patients (%)
*	Unplanned readmission rate within 28 days for general inpatients (%)
Breastfeeding Rate	
-	Breastfeeding rate on discharge (%)
Infection Rate	
-	MRSA bacteraemia in acute beds per 1 000 acute patient days
Access to Outreach Service	
-	% of RCHEs covered by Community Geriatric Assessment Service
Disease Specific Quality Indicators	
Stroke	
-	% of acute ischaemic stroke patients received IV thrombolysis
Hip Fracture	
-	% of patients indicated for surgery on hip fracture with surgery performed ≤ 2 days after admission through A&E
Cancer	
-	Waiting time (days) at 90 th percentile from decision to treat to start of radiotherapy (RT) for cancer patients requiring radical RT
-	Waiting time (days) at 90 th percentile for patients with colorectal cancer receiving first treatment after diagnosis
-	Waiting time (days) at 90 th percentile for patients with breast cancer receiving first treatment after diagnosis
-	Waiting time (days) at 90 th percentile for patients with nasopharynx cancer receiving first treatment after diagnosis
Diabetes Mellitus	
-	% of diabetes mellitus patients with HbA1c < 7%
Hypertension	
-	% of hypertension patients treated in GOPCs with BP < 140/90 mmHg
End Stage Renal Disease	
-	% of end-stage renal disease patients receiving haemodialysis treatment
Mental Health Services	
-	Average length of stay (LOS) (days) of acute inpatient care (with LOS ≤ 90 days)
-	% of compulsory psychiatric admissions under the Mental Health Ordinance via AED for patients receiving active Personalised Care Programme care
Cardiac Services	
-	% of acute myocardial infarction patients prescribed with Statin at discharge
-	% of ST-elevation myocardial infarction patients received primary percutaneous coronary intervention
Technology	
-	% of medical equipment with age beyond the expected life

* COR item

List of Clinical Service KPIs for 2024-25 (con't)

<i>Efficiency in Use of Resources</i>	
Capacity and Throughput of SOP Services	
<i>For each of ENT, GYN, MED, OPH, ORT, PAE, PSY and SUR</i>	
<i>Throughput for SOP services</i>	
- No. of SOP first attendances per doctor	
- No. of SOP follow-up attendances per doctor	
<i>Waiting list management</i>	
- Growth of waiting list against throughput (%)	
Operating Theatre (OT) Utilisation	
- Ratio of scheduled to expected elective OT session hours (%)	
- Utilisation rate of scheduled elective OT sessions (%)	
Bed Management	
<i>Bed occupancy rate (%)</i>	
*	- Overall
*	- General (acute and convalescent)
*	Average length of stay (days) for general inpatients
Day and Same Day Surgery Services	
<i>For each of OPH, ORT and SUR</i>	
- Rate of day surgery plus same day surgery (%)	

* COR item

Abbreviations:

AED	Accident and Emergency Department
BP	Blood Pressure
COR	Controlling Officer's Report
CT	Computed Tomography
ENT	Ear, Nose and Throat
GYN	Gynaecology
HbA1c	Glycosylated Haemoglobin
IV	Intravenous
MED	Medicine
MRI	Magnetic Resonance Imaging
MRSA	Methicillin-resistant Staphylococcus Aureus
OPH	Ophthalmology
ORT	Orthopaedics & Traumatology
PAE	Paediatrics
PSY	Psychiatry
RCHEs	Residential Care Homes for the Elderly
SOPC(s)	Specialist Outpatient Clinics
SUR	Surgery
US	Ultrasonography

List of Human Resources KPIs for 2024-25

<i>Manpower Situation</i>	
Manpower Position	
-	By Staff Group
Attrition (Wastage) Rate / Resignation	
<i>5 Years Trend Attrition (Wastage) Rate (%)</i>	
-	By Cluster
-	By Staff Group
<i>No. of Resignations (Doctor)</i>	
-	No. of resignations
-	No. of resignations per 100 staff (Resignation rate) (%)
<i>No. of Resignations (Nursing)</i>	
-	No. of resignations
-	No. of resignations per 100 staff (Resignation rate) (%)
<i>No. of Resignations (Allied Health)</i>	
-	No. of resignations
-	No. of resignations per 100 staff (Resignation rate) (%)
<i>No. of Resignations (Supporting (Care-related))</i>	
-	No. of resignations
-	No. of resignations per 100 staff (Resignation rate) (%)
<i>Staff Wellness</i>	
Sick Leave	
<i>Average Sick Leave Days taken per staff</i>	
-	By Staff Group
<i>Percentage of staff with Sick Leave taken ≥ 50 days</i>	
-	By Staff Group
Injury on Duty (IOD)	
<i>No. of IOD Cases per 100 Full-time equivalent (FTE) staff</i>	
-	By Staff Group
<i>No. of IOD Leave Days per 100 FTE staff</i>	
-	By Staff Group
<i>Training</i>	
Training Days △	
<i>Total Training Days △</i>	
-	By Staff Group
<i>Average Training Days per Staff △</i>	
-	By Staff Group

△ Proposal of changing data coverage for KPIs on Training under 2023 KPI Annual Review Recommendation

List of Finance KPIs for 2024-25
(Nil revision under 2023 KPI Annual Review)

<i>Budgetary Performance</i>
Budget Performance
Capital Expenditure
Untaken Leave Balance
Drug Stock Balance and Stock Holding Period