



**For information
via circulation**

AOM-P1735

Hospital Authority

Report on Key Performance Indicators **(KPI Report No. 53, up to December 2021)**

Advice Sought

Members are invited to note for information the quarterly report on Key Performance Indicators (KPIs) of the Hospital Authority (HA), covering KPIs of clinical services, human resources (HR) and financial performance for the period ended December 2021¹. Detailed reports for clinical services, HR and finance performance were submitted to the Medical Services Development Committee (MSDC), Human Resources Committee (HRC) and Finance Committee (FC) respectively² via circulation in February 2022.

Background

2. The period covered in this report is mainly from **January to December 2021**, unless otherwise specified. Key observations on KPI performance are highlighted in ensuing paragraphs, while the detailed statistical reports are available electronically at the Members' Corner for reference.

3. The evolvement of the Coronavirus Disease 2019 (COVID-19) epidemic situation in 2021 was volatile. In response, HA adjusted its services along with tightening up infection control measures. There were a mix of service adjustments and service resumption, and the challenges have been wax and wane. In general, services had been gradually resuming in the **reporting period (January to December 2021)**. *With recent challenges under the severe epidemic situation in early 2022, impact on HA's services, such as reduction in the volume of activities in the majority of services, is expected to be reflected in the coming round(s) of reporting on KPI performance.*

Key Observations

Clinical Services (Appendix 1)

4. With the impact of COVID-19 epidemic on HA's **service volume** across a wide spectrum of services in this reporting period, HA overall was below the Year-to-date

¹ The last quarterly report on KPIs (up to September 2021) was submitted to the Board on 16 December 2021 via Administrative and Operational Meeting Paper No. 1725.

² Via HRC Paper No. 683; MSDC Paper No. 659 and FC Paper No. 917.

(YTD) estimates for most of the Controlling Officer's Report (COR) service throughput items, including inpatient, day hospital, community and outreach services. Among these, day hospital services (including rehabilitation day and palliative care day attendances, geriatric day attendances and psychiatric day attendances) had more than 40% negative variance against the YTD estimates, where more stringent infection control measures have been taken in day hospitals for the respective groups of vulnerable patients.

5. During the reporting period from April to December 2021, the local epidemic situation had shown signs of improvement and services gradually resumed to activity level before the COVID-19 epidemic. This is particularly observed for day inpatient and outpatient services. YTD service throughput for all items, except for psychiatric day attendances³, was higher than that in 2020. Service throughput of the following items were above that of prior year by more than 40% :

- Rehabilitation day and palliative care day attendances;
- Geriatric day attendances;
- Psychiatric outreach attendances; and
- Psychogeriatric outreach attendances.

6. Since the emergence of COVID-19, HA has suitably adjusted its service models where practicable to continue to serve patients. Some services were provided with the use of video conferencing technologies, and the activity might not be fully captured under COR / KPI reporting initially. Since these measures would be continued to provide alternative support to patients, data capture for these activities under the prevailing COR / KPI reporting is ongoing by phases from 2021-22. On the other hand, to support the service adjustments, HA has expanded the service scope of some of the existing Public-Private Partnership Programmes and launched new public-private collaboration initiatives, with a view to diverting suitable patients from public hospitals to receive treatment in the private sector.

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

7. HA's overall **percentage of A&E patient attendances seen within target waiting time**⁴ 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 14.9% points (75.1% vs. target 90%) and 16.7% points (58.3% vs. target 75%) respectively. Compared with prior year, there were respective decreases of 5.7% points and 15.2% points for Triage III and IV in meeting the target waiting time.

³ Under the COVID-19 epidemic situation, provision of psychiatric day hospital (PDH) services was limited to patients requiring supervision of medication in earlier period of 2021 and afterwards has been gradually resumed by phases since late July 2021. During the service suspension, some PDH services were delivered via telehealth, but the activities could not be fully captured under COR / KPI reporting initially until recent system enhancement on data capture for services delivered under telehealth mode with effect from the fourth quarter of 2021.

⁴ 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%).

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

8. All clusters met the target overall **median waiting time for first appointment for Priority 1 (P1) and Priority 2 (P2) cases** within two weeks and eight weeks respectively.

9. On the **90th percentile waiting time for Routine cases**, amongst the eight specialties being monitored, HA overall's waiting time for **Ear, Nose & Throat (ENT), Medicine (MED), Ophthalmology (OPH) and Orthopaedics & Traumatology (ORT)** were equal to or above 100 weeks. As compared with prior year, OPH had the greatest increase in waiting time (i.e. 11 weeks, from 126 weeks to 137 weeks), followed by ENT (i.e. three weeks, from 101 weeks to 104 weeks). The waiting time for MED and ORT were 126 weeks and 100 weeks respectively.

- *Waiting time for elective surgery*

10. In response to COVID-19 epidemic, HA has adjusted non-emergency and non-essential services to conserve manpower and resource in managing emergency cases. Among the two KPIs, **waiting time at 90th percentile for patients receiving the treatment of total joint replacement** was 68 months for HA overall, which was lengthened by 13 months when compared with prior year.

- *Disease specific quality indicators*

11. While HA has adjusted non-emergency and non-essential medical services during the COVID-19 epidemic, emergency and essential treatment to patients are maintained. For example, for **colorectal cancer and breast cancer** which mainly require essential surgical treatment, their respective waiting time at **90th percentile for patients receiving first treatment after diagnosis** (July 2020 to June 2021) was at 77 days and 66 days respectively. Treatment waiting time for colorectal cancer was lengthened by six days while that for breast cancer was five days shorter than that of prior year.

12. For other diseases specific quality indicators, such as stroke, hip fracture, diabetes mellitus, hypertension and cardiac services, etc., variances in KPI performance against prior year were generally within 5% range of normal fluctuation. On **cardiac services**, the percentage of ST-elevation myocardial infarction patients received primary percutaneous coronary intervention was 45.5%, with an increase of 4.9% points as compared with prior year.

Human Resources (Appendix 2)

13. As at 31 December 2021, HA had a **staffing position** of 89 387, which represented a growth of 1.7% when compared with prior year. There was a general increase in workforce in all staff groups except nursing which had decreased by 0.4%. As for the **attrition (wastage)** rate of full-time staff, the HA overall rate (January to December 2021) was 11.0%, in which the "Others"⁵ staff group had the highest rate (14.1%).

⁵ Staff group of "Others" includes management/administrative staff as well as other supporting staff, e.g. clerks, secretaries, workmen, operation assistants, executive assistants, etc.

14. During the reporting period, the HA overall **average sick leave days taken per staff** was 7.3 days, which represented a 7.4% increase when compared with previous period. There was also a significant increase of 13.3% for medical staff when compared with the previous period. The proportion of staff taken long sick leave (≥ 50 days) in HA (2.5%) had slightly increased.

15. During the reporting period, the HA overall **number of injury on duty (IOD) cases per 100 full time equivalent (FTE) staff** had decreased from 4.0 cases to 3.9 cases when compared with prior year. Allied Health (AH) staff group had the lowest rate (1.6 cases), whereas Supporting (Care-related) staff group had the highest rate (6.6 cases). As for the **number of IOD leave days per 100 FTE staff**, HA overall was 65.3 days, representing a decrease of 6.3 days. All staff groups had a reduction of IOD leave days per 100 FTE staff except AH staff group when compared with prior year and Supporting (Care-related) staff group had the most significant improvement (-16.1 days).

Finance

16. Under HA's 2021-22 original budget, an overall budget underspending of \$750 million was projected for the year. This budgeted underspending was mainly attributable to the unutilised resources anticipated from the manpower supply constraints long-faced by HA and the expected lower-than-usual resource consumption during the lead time required for resuming hospital services (which had been intermittently adjusted last year) amid the ongoing COVID-19 epidemic.

17. During the year, HA's staff attrition has continued to rise under the increasing private market competition for healthcare workers along with the emigration wave. HA's other operational spending was also lower than expected amid the epidemic's ongoing evolution. As a result, HA is likely to remain in an overall underspending position by the end of the year. The final 2021-22 operating results of HA, which continues to be subject to the ongoing development of the prevailing fifth epidemic wave and HA's manpower situation, will be duly presented to the HA Board in due course.

Way Forward

18. With the rapidly changing epidemic situation, HA will continue to stay vigilant, and put in its utmost effort to combat the epidemic. HA will continue to closely monitor the epidemic situation, support the Government's overall infectious disease prevention strategy and suitably adjust the scale of service provision when necessary. In light of recent challenge under severe epidemic situation, impact on HA's services as reflected in KPI performance is expected in coming rounds of reporting.

19. Specifically, for the strategic direction for managing waiting time of specialist out-patient clinics (SOPC) as endorsed by the Task Group on Sustainability (TG), clusters strived to achieving the target waiting time for new case booking of SOPC for the eight major specialties to below 100 weeks from 1 December 2021. Nonetheless, the impact of the prevailing fifth epidemic wave may also affect the waiting time management. These have not been reflected in this report given the 12-month rolling effect from January to

December 2021. More updates will be reported in due course, including through the next half-yearly report on the Action Plan of TG to the Executive Committee in June 2022.

Hospital Authority
AOMPAPER\1735
23 March 2022

Report on Key Performance Indicators - Clinical Services
For reporting to the Administrative and Operational Meeting in March 2022
(KPI Report No. 53, up to December 2021)

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

Reporting Period : YTD Dec 2021 (unless specified) for Service Growth in response to Population Change & Ageing Effect ;

1.1.2021 - 31.12.2021 (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 2021	YTD Dec 2021	Variance	YTD Dec 2020	Variance
		A	B	C = (A - B) or (A - B) / B	D	E = (A - D) or (A - D) / D
Service Growth in response to Population Change & Ageing Effect						
Service Capacity	* No. of hospital beds (overall)	30 105	30 174	- 69	29 791	+ 314
(as at 31 Dec 2021)					(as at 31 Dec 2020)	
	* No. of geriatric day places	703	N.A.	N.A.	703	-
					(as at 31 Dec 2020)	
	* No. of psychiatric day places	889	N.A.	N.A.	889	-
					(as at 31 Dec 2020)	
Inpatient Services	No. of inpatient discharges and deaths					
	* Overall	809 740	914 099	- 11.4%	718 342	+ 12.7%
	* General (acute and convalescent)	793 562	897 792	- 11.6%	703 452	+ 12.8%
	No. of inpatient patient days					
	* Overall	5 999 036	6 489 735	- 7.6%	5 613 076	+ 6.9%
	* General (acute and convalescent)	4 841 204	5 277 824	- 8.3%	4 460 537	+ 8.5%
	* No. of day inpatient discharges and deaths	582 253	562 751	+ 3.5%	501 952	+ 16.0%
Accident & Emergency (A&E) Services	* No. of A&E attendances	1 472 636	1 657 337	- 11.1%	1 243 936	+ 18.4%
	No. of A&E first attendances					
	* triage I (Critical cases)	16 929	N.A.	N.A.	16 490	+ 2.7%
	* triage II (Emergency cases)	39 116	N.A.	N.A.	36 013	+ 8.6%
	* triage III (Urgent cases)	559 086	N.A.	N.A.	451 696	+ 23.8%
Specialist Outpatient (SOP) Services	* No. of SOP (clinical) first attendances	665 849	N.A.	N.A.	550 176	+ 21.0%
	* No. of SOP (clinical) follow-up attendances	5 597 791	N.A.	N.A.	4 996 169	+ 12.0%
	* Total no. of SOP (clinical) attendances	6 263 640	6 089 258	+ 2.9%	5 546 345	+ 12.9%
Primary Care Services	* No. of general outpatient attendances	4 536 323	4 706 615	- 3.6%	4 153 670	+ 9.2%
	* No. of family medicine specialist clinic attendances	250 785	246 249	+ 1.8%	235 774	+ 6.4%
	* Total no. of primary care attendances	4 787 108	4 952 864	- 3.3%	4 389 444	+ 9.1%
Allied Health Outpatient Services	* No. of allied health (outpatient) attendances	2 376 735	2 288 563	+ 3.9%	1 808 575	+ 31.4%
Day Hospital Services	* No. of rehabilitation day and palliative care day attendances	39 483	84 991	- 53.5%	23 701	+ 66.6%
	* No. of geriatric day attendances	70 805	118 633	- 40.3%	24 230	+ 192.2%
	* No. of psychiatric day attendances	27 842	175 663	- 84.2%	41 487	- 32.9%
Community & Outreach Services	* No. of community nurse attendances	690 796	696 390	- 0.8%	671 759	+ 2.8%
	* No. of allied health (community) attendances	20 855	27 595	- 24.4%	19 694	+ 5.9%
	* No. of geriatric outreach attendances	572 032	570 079	+ 0.3%	544 782	+ 5.0%
	* No. of geriatric elderly persons assessed for infirmary care service	1 401	N.A.	N.A.	1 354	+ 3.5%
	* No. of psychiatric outreach attendances	193 978	243 706	- 20.4%	114 989	+ 68.7%
	* No. of psychogeriatric outreach attendances	73 580	82 775	- 11.1%	49 945	+ 47.3%

Blue

> 5% above estimate / prior year

Green

> 5% below estimate / prior year

Remark:

* COR item

Current period (R53)								Previous period		
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA		
Jan - Dec 2021								Jan - Dec 2020	Variance	
								A	B	C = (A - B) or (A - B) / 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 2020	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%)		93.7%	98.5%	95.9%	98.8%	97.7%	95.4%	98.0%	96.9%	97.6%	- 0.7%pt
*	triage III (urgent cases : < 30 minutes, 90%)		70.3%	84.9%	65.4%	68.6%	81.5%	74.2%	84.0%	75.1%	80.8%	- 5.7%pt
	triage IV (semi-urgent cases : < 120 minutes, 75%)		44.2%	66.6%	52.7%	44.7%	71.6%	66.1%	49.3%	58.3%	73.5%	- 15.2%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 2020	Variance
*	Priority 1 (P1) cases		<1	<1	<1	<1	<1	<1	<1	<1	<1	-
*	Priority 2 (P2) cases		6	4	4	6	6	5	5	5	5	-
Ear, Nose and Throat												
	% of P1 cases at SOPCs with waiting time within 2 weeks		99.4%	99.6%	98.9%	99.6%	98.6%	98.6%	99.1%	99.0%	98.8%	+ 0.2%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks		98.9%	99.2%	99.2%	99.2%	97.6%	97.8%	98.8%	98.6%	94.8%	+ 3.9%pt
	90 th percentile waiting time (weeks) of Routine cases at SOPCs		100	74	132	105	106	100	87	104	101	+ 3.0%
Gynaecology												
	% of P1 cases at SOPCs with waiting time within 2 weeks		99.9%	98.7%	97.5%	99.3%	98.7%	99.6%	96.2%	98.7%	98.5%	+ 0.1%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks		99.3%	98.8%	99.2%	98.4%	98.7%	96.0%	85.7%	98.0%	97.3%	+ 0.8%pt
	90 th percentile waiting time (weeks) of Routine cases at SOPCs		40	54	55	90	76	86	71	76	73	+ 4.1%
Medicine												
	% of P1 cases at SOPCs with waiting time within 2 weeks		99.4%	99.2%	93.3%	97.6%	96.9%	98.0%	98.9%	97.7%	96.9%	+ 0.7%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks		99.3%	97.1%	98.8%	97.9%	97.1%	97.7%	98.0%	98.0%	96.7%	+ 1.3%pt
	90 th percentile waiting time (weeks) of Routine cases at SOPCs		104	129	119	152	117	134	105	126	133	- 5.3%
Ophthalmology												
	% of P1 cases at SOPCs with waiting time within 2 weeks		99.5%	99.3%	99.2%	99.7%	99.8%	98.9%	99.0%	99.3%	99.3%	+§
	% of P2 cases at SOPCs with waiting time within 8 weeks		99.3%	99.6%	98.4%	99.0%	76.9%	99.1%	99.2%	93.4%	97.9%	- 4.6%pt
	90 th percentile waiting time (weeks) of Routine cases at SOPCs		88	69	147	125	152	89	81	137	126	+ 8.7%
Orthopaedics and Traumatology												
	% of P1 cases at SOPCs with waiting time within 2 weeks		99.9%	96.6%	99.7%	99.4%	99.3%	98.6%	99.0%	99.0%	98.9%	+ 0.1%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks		99.0%	99.3%	99.4%	98.6%	98.5%	97.9%	98.4%	98.7%	97.2%	+ 1.5%pt
	90 th percentile waiting time (weeks) of Routine cases at SOPCs		96	81	110	116	84	100	95	100	116	- 13.8%
Paediatrics and Adolescent Medicine												
	% of P1 cases at SOPCs with waiting time within 2 weeks		96.5%	97.0%	99.3%	99.3%	99.4%	98.1%	98.9%	99.1%	98.5%	+ 0.6%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks		98.4%	98.3%	98.9%	96.8%	97.8%	96.2%	98.3%	98.1%	94.7%	+ 3.4%pt
	90 th percentile waiting time (weeks) of Routine cases at SOPCs		15	18	20	55	15	28	24	25	27	- 7.4%
Psychiatry												
	% of P1 cases at SOPCs with waiting time within 2 weeks		99.7%	99.7%	100.0%	100.0%	99.7%	99.8%	99.8%	99.8%	99.6%	+ 0.2%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks		99.7%	100.0%	100.0%	99.8%	99.3%	99.7%	99.9%	99.8%	99.5%	+ 0.3%pt
	90 th percentile waiting time (weeks) of Routine cases at SOPCs		42	82	43	96	87	98	87	92	93	- 1.1%
Surgery												
	% of P1 cases at SOPCs with waiting time within 2 weeks		99.0%	99.1%	98.6%	98.7%	96.0%	95.6%	97.0%	97.7%	97.4%	+ 0.3%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks		99.0%	99.7%	89.8%	98.4%	96.9%	96.1%	92.8%	95.7%	92.3%	+ 3.4%pt
	90 th percentile waiting time (weeks) of Routine cases at SOPCs		82	102	101	99	86	83	84	94	80	+ 17.5%

Blue > 5% / 5%pt above previous period

Green > 5% / 5%pt below previous period

Remark:

* COR item

Current period (R53)								Previous period		
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA		
<i>Jan - Dec 2021</i>								<i>Jan - Dec 2020</i>		
								A	B	C = (A - B) or (A - B) / B

Quality Improvement (continued)

Waiting Time for Allied Health Outpatient (AHOP) New Case Bookings	Occupational Therapy	Current period (R53)							Previous period			
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Jan - Dec 2020	Variance	
	% of P1 cases at AHOP clinics with waiting time within 2 weeks	98.5%	98.4%	98.7%	99.3%	97.4%	99.7%	98.7%	98.7%	98.2%	+ 0.5%pt	
	% of P2 cases at AHOP clinics with waiting time within 8 weeks	98.6%	97.4%	97.7%	98.3%	94.2%	99.6%	96.3%	97.4%	95.4%	+ 2.0%pt	
	90 th percentile waiting time (weeks) of Routine cases at AHOP clinics	19	37	25	30	25	42	19	26	25	+ 4.0%	
	Physiotherapy											
	% of P1 cases at AHOP clinics with waiting time within 2 weeks	98.9%	98.0%	97.5%	98.7%	98.3%	97.7%	97.6%	98.0%	98.0%	-§	
	% of P2 cases at AHOP clinics with waiting time within 8 weeks	98.7%	98.2%	96.7%	97.6%	97.9%	97.3%	95.5%	97.4%	95.4%	+ 2.0%pt	
	90 th percentile waiting time (weeks) of Routine cases at AHOP clinics	34	24	34	33	33	34	34	33	35	- 5.7%	

Blue > 5% / 5%pt above previous period

Green > 5% / 5%pt below previous period

		Current period (R53)							Previous period		
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	
		Jan - Dec 2021							Jan - Dec 2020	Variance	
		A							B	C = (A - B) or (A - B) / B	
Quality Improvement (continued)											
Waiting Time for Elective Surgery	Total Joint Replacement										
	Waiting time (months) at 90 th percentile for patients receiving the treatment of total joint replacement	72	55	45	60	61	51	91	68	55	+ 23.6%
	Benign Prostatic Hyperplasia										
	% of patients provided with surgery within 2 months for P1 patients (Oct 2020 - Sep 2021)	90.2%	62.7%	30.1%	45.3%	61.0%	50.6%	17.2%	51.1%	60.2%	- 9.1%pt (Oct 2019 - Sep 2020)
	% of patients provided with surgery within 12 months for P2 patients (Jan - Dec 2020)	100.0%	95.8%	70.4%	72.9%	50.0%	87.5%	78.1%	78.3%	88.8%	- 10.5%pt (Jan - Dec 2019)
Waiting Time for Diagnostic Radiological Investigations	CT										
	% of urgent cases with examination done within 24 hours	99.1%	99.6%	98.9%	97.7%	99.3%	99.2%	99.5%	99.1%	99.2%	- 0.1%pt
	Δ Median waiting time (weeks) of P1 cases	5	10	19	13	1	<1	4	4	N.A.	N.A.
	Δ Median waiting time (weeks) of P2 cases	18	64	44	40	26	47	17	32	N.A.	N.A.
	Δ 90 th percentile waiting time (weeks) of Routine cases	167	213	191	212	228	185	212	203	N.A.	N.A.
	MRI										
	% of urgent cases with examination done within 24 hours	100.0%	92.9%	97.5%	97.6%	96.2%	98.0%	94.8%	97.0%	96.3%	+ 0.6%pt
	Δ Median waiting time (weeks) of P1 cases	2	<1	10	17	1	7	3	4	N.A.	N.A.
	Δ Median waiting time (weeks) of P2 cases	14	10	53	60	18	29	24	27	N.A.	N.A.
	Δ 90 th percentile waiting time (weeks) of Routine cases	65	137	188	104	126	170	82	140	N.A.	N.A.
	Ultrasonography										
	% of urgent cases with examination done within 24 hours	99.2%	98.6%	96.7%	96.9%	93.1%	93.4%	96.4%	95.7%	94.9%	+ 0.8%pt
	Δ Median waiting time (weeks) of P1 cases	2	1	2	<1	1	2	1	1	N.A.	N.A.
	Δ Median waiting time (weeks) of P2 cases	24	16	51	21	55	31	21	27	N.A.	N.A.
	Δ 90 th percentile waiting time (weeks) of Routine cases	149	104	183	186	259	180	116	180	N.A.	N.A.
	Mammogram										
	Δ Median waiting time (weeks) of P1 cases	2	2	2	<1	1	2	2	2	N.A.	N.A.
	Δ Median waiting time (weeks) of P2 cases	16	24	12	54	14	15	11	19	N.A.	N.A.
Δ 90 th percentile waiting time (weeks) of Routine cases	129	70	184	149	141	198	128	168	N.A.	N.A.	

Blue > 5% / 5%pt above previous period

Green > 5% / 5%pt below previous period

Remark:

Δ The data coverage of KPIs on waiting time for diagnostic radiological investigations has been refined with effect from April 2020 to exclude cancelled appointments from the calculation. Figures of previous period(s) straddling April 2020 with rolling 12-month data under different data coverages are not reported. Comparison against previous period(s) is not applicable.

Quality Improvement (continued)

Access Block
MonitoringNumber / percentage of patients with access block time more than [4 hours, 12 hours] ^{N1}**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 2021

	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	817	12.9%	-	-
Kwong Wah Hospital	1 064	11.9%	59	0.7%
North District Hospital	622	9.9%	-	-
Prince of Wales Hospital	1 539	10.5%	-	-
Queen Elizabeth Hospital	6 859	34.6%	1 596	8.0%
United Christian Hospital	2 327	22.5%	1 096	10.6%

Previous period

Jul - Sep 2021

	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	1 204	18.6%	-	-
Kwong Wah Hospital	764	8.4%	42	0.5%
North District Hospital	432	6.8%	-	-
Prince of Wales Hospital	1 684	11.8%	-	-
Queen Elizabeth Hospital	6 923	34.8%	1 565	7.9%
United Christian Hospital	1 694	16.3%	432	4.1%

Remark:

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

Current period (R53)								Previous period	
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	
Jan - Dec 2021								Jan - Dec 2020	Variance
								B	C = (A - B) or (A - B) / B
								A	

Quality Improvement (continued)

Access to General Outpatient Clinic (GOPC) Episodic Illness Service	GOPC quota availability (for elders) (%)	99.6%	99.8%	99.1%	97.5%	98.3%	98.8%	98.1%	98.7%	99.0%	- 0.3%pt
Appropriateness of Care	Standardised admission rate for A&E patients (%)	44.2%	44.0%	38.3%	33.7%	38.2%	38.0%	33.1%	37.7%	37.8%	- 0.1%pt
	* Unplanned readmission rate within 28 days for general inpatients (%) (Dec 2020 - Nov 2021)	10.3%	9.6%	10.2%	11.1%	12.4%	10.4%	11.5%	10.9%	10.8%	+ 0.1%pt (Dec 2019 - Nov 2020)
Breastfeeding Rate	Breastfeeding rate on discharge (%) (Dec 2020 - Nov 2021)	93.3%	90.6%	84.3%	69.5%	81.3%	86.7%	80.2%	83.7%	82.7%	+ 1.0%pt (Dec 2019 - Nov 2020)
Infection Rate	MRSA bacteraemia in acute beds per 1 000 acute patient days	0.1905	0.1636	0.1619	0.1400	0.1715	0.1243	0.1677	0.1588	0.1661	- 4.4%

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 (R53)								Previous period		
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA		
Jan - Dec 2021								Jan - Dec 2020	Variance	
								A	B	C = (A - B) or (A - B) / B

Quality Improvement (continued)

Disease Specific Quality Indicators	Stroke										
	% of acute ischaemic stroke patients received IV tPA treatment	8.6%	6.8%	12.8%	13.5%	14.3%	11.0%	14.5%	12.3%	12.1%	+ 0.2%pt
	Hip Fracture										
	% of patients indicated for surgery on hip fracture with surgery performed ≤ 2 days after admission through A&E	76.6%	83.4%	31.4%	40.4%	51.9%	54.1%	64.4%	53.6%	58.6%	- 5.0%pt
	Cancer										
	Waiting time (days) at 90 th percentile from decision to treat to start of radiotherapy (RT) for cancer patients requiring radical RT	31	28	28	N.A.	28	29	28	28	29	- 3.4%
	Waiting time (days) at 90 th percentile for patients with colorectal cancer receiving first treatment after diagnosis (Jul 2020 - Jun 2021)	64	85	76	74	83	80	75	77	71	+ 8.5%
	Waiting time (days) at 90 th percentile for patients with breast cancer receiving first treatment after diagnosis (Jul 2020 - Jun 2021)	59	53	70	45	67	80	70	66	71	- 7.0%
	Waiting time (days) at 90 th percentile for patients with nasopharynx cancer receiving first treatment after diagnosis	51	55	60	N.A.	58	67	65	60	60	-
	Diabetes Mellitus										
	% of diabetes mellitus patients with HbA1c < 7%	60.5%	60.6%	59.8%	56.0%	50.7%	56.2%	60.1%	57.2%	57.2%	+§
	Hypertension										
	% of hypertension patients treated in GOPCs with blood pressure < 140/90 mmHg	77.1%	79.0%	83.6%	74.8%	76.7%	73.9%	77.7%	77.6%	74.8%	+ 2.8%pt
	Mental Health Services										
	Average length of stay (LOS) (days) of acute inpatient care (with LOS ≤ 90 days)	29.1	34.3	30.3	33.6	30.4	31.8	30.5	30.7	30.0	+ 2.4%
	% of compulsory psychiatric admissions under the Mental Health Ordinance via AED for patients receiving active Personalised Care Programme care	1.3%	1.4%	1.1%	2.4%	2.1%	2.0%	1.8%	1.9%	1.7%	+ 0.2%pt
	Cardiac Services										
	% of acute myocardial infarction patients prescribed with Statin at discharge	92.2%	90.8%	87.3%	94.0%	88.4%	83.2%	87.2%	88.3%	88.7%	- 0.5%pt
	% of ST-elevation myocardial infarction patients received primary percutaneous coronary intervention	20.4%	65.7%	79.8%	46.2%	16.5%	48.0%	28.3%	45.5%	40.5%	+ 4.9%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 (R53)								Previous period		
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA		
Jan - Dec 2021								Jan - Dec 2020	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										
	Ear, Nose and Throat										
Δ	No. of SOP first attendances per doctor	729	490	959	753	611	782	817	741	550	+ 34.7%
Δ	No. of SOP follow-up attendances per doctor	3 489	2 318	2 642	2 767	2 372	2 881	2 360	2 663	2 008	+ 32.6%
	Growth of waiting list against throughput (%)	3.9%	7.9%	- 16.0%	- 7.2%	18.6%	8.5%	- 0.4%	1.2%	8.5%	- 7.3%pt
Gynaecology											
Δ	No. of SOP first attendances per doctor	197	143	160	223	257	223	141	187	160	+ 16.9%
Δ	No. of SOP follow-up attendances per doctor	1 012	1 275	1 075	1 117	818	707	691	954	803	+ 18.8%
	Growth of waiting list against throughput (%)	1.5%	9.6%	16.6%	11.3%	14.3%	11.1%	3.0%	10.8%	- 7.5%	+ 18.3%pt
Medicine											
Δ	No. of SOP first attendances per doctor	71	84	71	100	75	91	69	80	62	+ 28.9%
Δ	No. of SOP follow-up attendances per doctor	1 585	1 501	1 232	1 074	1 780	1 415	1 476	1 431	1 381	+ 3.6%
	Growth of waiting list against throughput (%)	7.7%	3.0%	19.9%	15.2%	27.5%	16.7%	- 14.5%	12.6%	9.0%	+ 3.6%pt
Ophthalmology											
Δ	No. of SOP first attendances per doctor	637	510	660	781	686	644	776	677	572	+ 18.4%
Δ	No. of SOP follow-up attendances per doctor	5 615	5 348	6 257	5 112	6 531	5 060	6 649	5 843	5 144	+ 13.6%
	Growth of waiting list against throughput (%)	10.7%	18.2%	3.7%	- 2.1%	14.8%	11.7%	5.9%	7.9%	- 8.1%	+ 16.0%pt
Orthopaedics and Traumatology											
Δ	No. of SOP first attendances per doctor	213	205	178	237	174	244	196	206	177	+ 16.6%
Δ	No. of SOP follow-up attendances per doctor	1 614	1 320	1 503	1 525	1 487	1 417	1 490	1 476	1 292	+ 14.2%
	Growth of waiting list against throughput (%)	3.6%	4.2%	6.2%	- 0.6%	12.3%	- 13.7%	- 0.5%	0.4%	- 11.4%	+ 11.8%pt
Paediatrics and Adolescent Medicine											
Δ	No. of SOP first attendances per doctor	29	62	28	74	73	44	44	45	36	+ 26.3%
Δ	No. of SOP follow-up attendances per doctor	413	446	427	646	504	437	617	479	402	+ 19.1%
	Growth of waiting list against throughput (%)	12.0%	14.7%	7.9%	11.1%	5.4%	13.4%	10.5%	9.7%	- 12.4%	+ 22.2%pt
Psychiatry											
Δ	No. of SOP first attendances per doctor	75	73	61	123	130	91	71	92	86	+ 7.4%
Δ	No. of SOP follow-up attendances per doctor	2 135	2 123	1 853	2 607	3 064	1 999	2 147	2 325	2 148	+ 8.2%
	Growth of waiting list against throughput (%)	17.9%	23.1%	11.1%	6.9%	14.3%	21.1%	21.4%	16.2%	- 3.6%	+ 19.8%pt
Surgery											
Δ	No. of SOP first attendances per doctor	198	133	194	259	202	244	252	209	176	+ 18.7%
Δ	No. of SOP follow-up attendances per doctor	1 404	1 253	1 190	1 306	1 200	1 019	1 103	1 193	1 033	+ 15.5%
	Growth of waiting list against throughput (%)	9.4%	15.1%	22.7%	18.7%	28.8%	12.0%	- 2.4%	15.3%	- 0.8%	+ 16.1%pt
Operating Theatre (OT) Utilisation											
	Ratio of scheduled to expected elective OT session hours (%)	101.3%	97.6%	94.6%	98.8%	96.7%	96.7%	99.1%	97.3%	97.7%	- 0.4%pt
	Utilisation rate of scheduled elective OT sessions (%)	97.1%	101.2%	97.6%	90.8%	94.8%	100.7%	93.6%	96.9%	92.9%	+ 4.0%pt

Blue > 5% / 5%pt above previous period

Green > 5% / 5%pt below previous period

Remark:

- Δ Starting from April 2021, the calculation of "No. of SOP first/follow-up attendances per doctor" has been revised. For comparison purposes, the figures for previous period(s) have been adjusted accordingly.

Current period (R53)								Previous period		
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA		
Jan - Dec 2021								Jan - Dec 2020	Variance	
								A	B	C = (A - B) or (A - B) / B

Efficiency in Use of Resources (continued)

		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Jan - Dec 2020	Variance
Bed Management	Inpatient bed occupancy rate (%)										
	* Overall	79.7%	68.5%	82.1%	90.0%	86.3%	81.6%	83.1%	82.0%	78.3%	+ 3.7%pt
	* General (acute and convalescent)	82.7%	67.3%	82.4%	90.9%	90.4%	83.0%	93.3%	84.4%	79.7%	+ 4.7%pt
	* Average length of stay (days) for general inpatients	5.9	5.4	7.0	6.4	5.4	6.6	6.4	6.2	6.4	- 2.4%
Day and Same Day Surgery Services	Rate of day surgery plus same day surgery (%)										
	Surgery	64.5%	43.4%	41.1%	81.7%	57.8%	63.9%	65.7%	57.9%	53.5%	+ 4.4%pt
	Orthopaedics and Traumatology	63.7%	30.1%	39.0%	88.4%	53.2%	70.3%	57.1%	56.4%	49.7%	+ 6.7%pt
	Ophthalmology	62.4%	36.0%	88.8%	80.3%	68.4%	75.2%	28.6%	65.6%	62.1%	+ 3.5%pt

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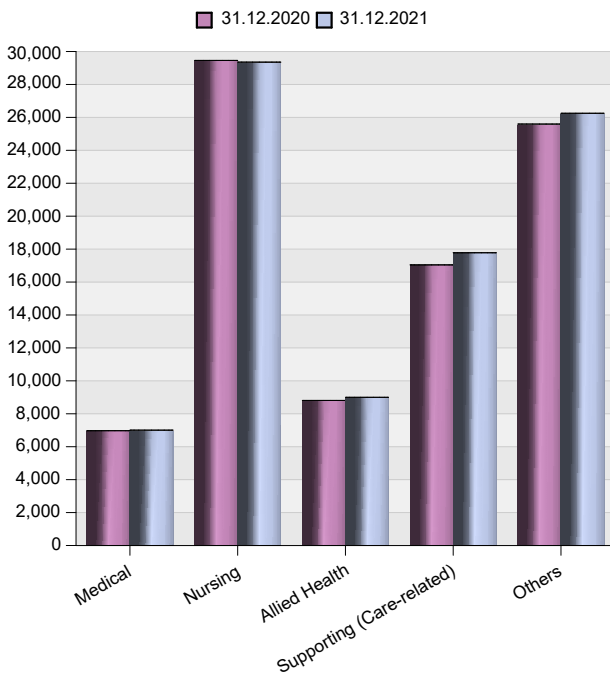
Green	> 5% / 5%pt below previous period
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Remark:

* COR item

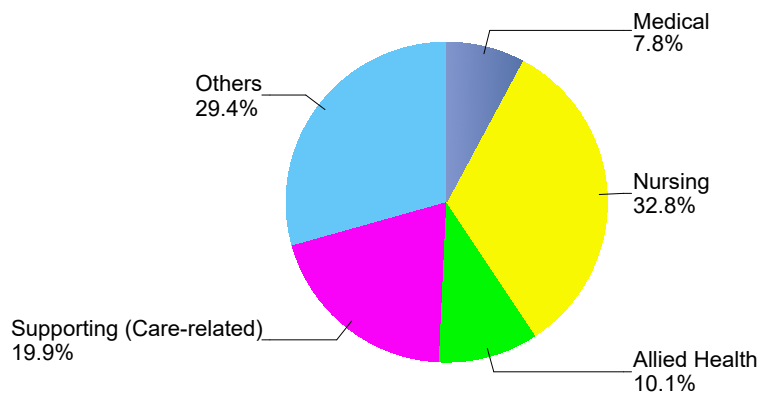
Staff group	Prior year	Current year	COR Estimate as at 31.03.2022 ⁽²⁾	Variance from			
	31.12.2020	31.12.2021 ⁽¹⁾		COR estimate		prior year	
	A	B		D = B - C	D / C	E = B - A	E / A
Medical ⁽³⁾	6,972	7,004	7,149	- 145	- 2.0%	+ 32	+ 0.5%
Nursing	29,459	29,355	30,810	- 1,455	- 4.7%	- 104	- 0.4%
Allied Health	8,811	9,000	9,250	- 250	- 2.7%	+ 189	+ 2.1%
Supporting (Care-related)	17,043	17,779	44,670	- 642	- 1.4%	+ 736	+ 4.3%
Others	25,594	26,249				+ 655	+ 2.6%
Total⁽⁴⁾	87,878	89,387	91,879	- 2,492	- 2.7%	+ 1,509	+ 1.7%

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

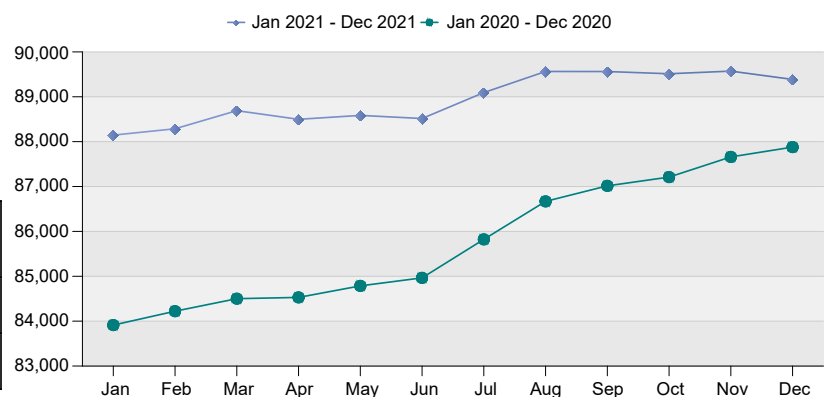


	Medical	Nursing	Allied Health	Supporting (Care-related)	Others
Prior Year 31.12.2020	6,972	29,459	8,811	17,043	25,594
Current Year 31.12.2021	7,004	29,355	9,000	17,779	26,249

Distribution % by Staff Group (as at 31.12.2021)



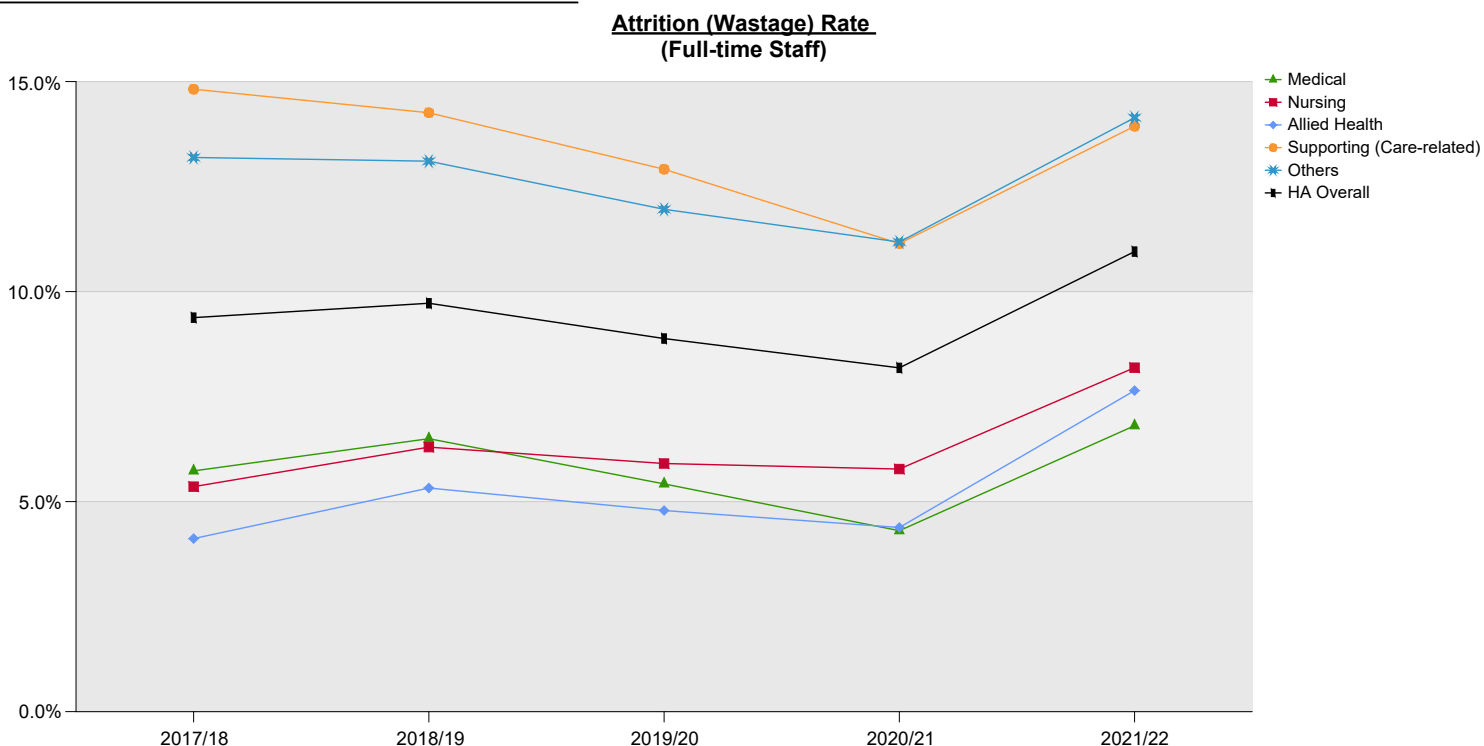
HA Total



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 (%)⁽¹⁾ by Staff Group



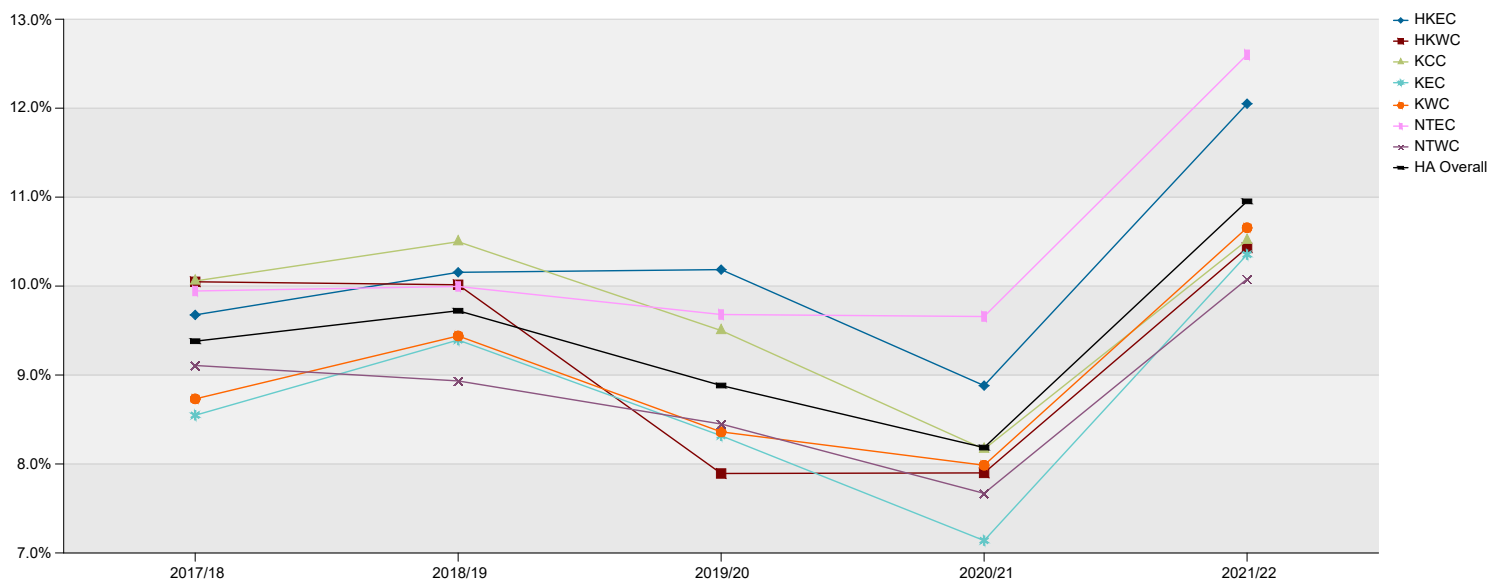
Staff Group	Full-time ⁽⁴⁾					Part-time ⁽⁴⁾⁽⁵⁾				
	2017/18	2018/19	2019/20	2020/21	2021/22 (Rolling from Jan 21 to Dec 21) ⁽³⁾	2017/18	2018/19	2019/20	2020/21	2021/22 (Rolling from Jan 21 to Dec 21) ⁽³⁾
Medical ⁽²⁾	5.7%	6.5%	5.4%	4.3%	6.8%	29.4%	24.3%	15.6%	11.5%	16.0%
Nursing	5.4%	6.3%	5.9%	5.8%	8.2%	16.0%	15.6%	15.7%	15.0%	21.4%
Allied Health	4.1%	5.3%	4.8%	4.4%	7.6%	22.2%	15.4%	13.9%	8.3%	19.7%
Supporting (Care-related)	14.8%	14.3%	12.9%	11.1%	13.9%	14.9%	14.5%	17.0%	10.2%	20.8%
Others	13.2%	13.1%	12.0%	11.2%	14.1%	14.1%	38.5%	28.3%	31.4%	33.4%
HA Overall	9.4%	9.7%	8.9%	8.2%	11.0%	23.5%	21.0%	16.4%	13.9%	19.8%

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 ≤ 3 staff

Attrition (Wastage) Rate (%)⁽¹⁾ by Cluster

Attrition (Wastage) Rate (Full-time Staff)



Cluster	Full-time ⁽³⁾					Part-time ⁽³⁾⁽⁴⁾				
	2017/18	2018/19	2019/20	2020/21	2021/22 (Rolling from Jan 21 to Dec 21) ⁽²⁾	2017/18	2018/19	2019/20	2020/21	2021/22 (Rolling from Jan 21 to Dec 21) ⁽²⁾
HKEC	9.7%	10.2%	10.2%	8.9%	12.1%	25.1%	22.8%	18.0%	16.8%	17.4%
HKWC	10.0%	10.0%	7.9%	7.9%	10.4%	25.1%	25.3%	21.0%	17.5%	24.6%
KCC	10.1%	10.5%	9.5%	8.2%	10.5%	15.3%	24.7%	19.1%	9.3%	13.6%
KEC	8.5%	9.4%	8.3%	7.1%	10.4%	22.3%	15.0%	14.6%	13.4%	23.4%
KWC	8.7%	9.4%	8.4%	8.0%	10.7%	32.7%	21.5%	8.5%	11.4%	20.5%
NTEC	9.9%	10.0%	9.7%	9.7%	12.6%	15.0%	17.8%	19.4%	20.3%	21.7%
NTWC	9.1%	8.9%	8.4%	7.7%	10.1%	38.0%	15.7%	11.1%	10.3%	15.1%
HA Overall	9.4%	9.7%	8.9%	8.2%	11.0%	23.5%	21.0%	16.4%	13.9%	19.8%

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				
		2021				Previous period	Current period	Previous period	Current period	Variance from previous period % pt
		1Q	2Q	3Q	4Q	(Jan20 - Dec20)	(Jan21 - Dec21)	(Jan20 - Dec20) %	(Jan21 - Dec21) %	
Doctor	Senior Staff ⁽¹⁾	38	27	69	79	90	213	3.1%	7.2%	+ 4.1
	Junior Staff ⁽²⁾	26	14	44	39	75	123	2.3%	3.6%	+ 1.3
	Overall	64	41	113	118	165	336	2.7%	5.3%	+ 2.6
Nursing	Senior Staff ⁽³⁾	27	76	67	64	85	234	1.3%	3.5%	+ 2.2
	Junior Staff ⁽⁴⁾	284	335	384	438	983	1,441	4.8%	7.0%	+ 2.2
	Overall	311	411	451	502	1,068	1,675	4.0%	6.1%	+ 2.1
Allied Health ⁽⁵⁾ Overall		74	98	133	158	209	463	2.5%	5.3%	+ 2.8
Supporting (Care-related) Overall		302	338	498	482	1,132	1,620	7.0%	9.5%	+ 2.5

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, Nursing Consultant, Department Operations Manager, Senior Nursing Officer, Ward Manager, Nursing Officer and Advanced Practice Nurses
- (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 ⁽¹⁾⁽²⁾

(A) Average sick leave days taken per staff

Staff Group	Previous period	Current period	Variance from previous period
	Jan 20 - Dec 20	Jan 21 - Dec 21	
	A	B	C = (B - A) / A
Medical	3.0	3.4	+ 13.3%
Nursing	7.7	8.0	+ 3.9%
Allied Health	4.5	4.8	+ 6.7%
Supporting (Care-related)	8.3	9.2	+ 10.8%
Others	6.8	7.1	+ 4.4%
HA Overall	6.8	7.3	+ 7.4%

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

Staff Group	Previous period	Current period	Variance from previous period
	Jan 20 - Dec 20	Jan 21 - Dec 21	
	A	B	C = B - A
	%	%	% pt
Medical	0.9	1.1	+ 0.2
Nursing	2.8	3.0	+ 0.2
Allied Health	1.4	1.4	0
Supporting (Care-related)	2.7	3.1	+ 0.4
Others	2.2	2.3	+ 0.1
HA Overall	2.3	2.5	+ 0.2

Blue	> 5%pt <u>above</u> previous period
Green	> 5%pt <u>below</u> 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 20 - Dec 20	Jan 21 - Dec 21	
	A	B	
Medical	4.4	4.5	+ 0.1
Nursing	4.2	3.9	- 0.3
Allied Health	1.7	1.6	- 0.1
Supporting (Care-related)	6.4	6.6	+ 0.2
Others	3.0	2.6	- 0.4
HA Overall	4.0	3.9	- 0.1

(B) No. of IOD leave days per 100 FTE staff ⁽¹⁾

Staff Group	Previous period	Current period	Variance from previous period
	Jan 20 - Dec 20	Jan 21 - Dec 21	
	A	B	
Medical	7.2	4.5	- 2.7
Nursing	64.4	49.8	- 14.6
Allied Health	12.1	36.3	+ 24.2
Supporting (Care-related)	134.5	118.4	- 16.1
Others	75.4	72.3	- 3.1
HA Overall	71.6	65.3	- 6.3

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.