醫院管理局
HOSPITAL AUTHORITY

與民攜手 保健安康 Helping People Stay Healthy

For information on 23.6.2022

AOM-P1765

Hospital Authority

Report on Key Performance Indicators
(KPI Report No. 54, up to March 2022)

Advice Sought

Members are invited to comment on 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 March 2022[1]. Detailed reports on the KPI performance of clinical services, HR and finance had been considered by the Medical Services Development Committee (MSDC), Human Resources Committee (HRC) and Finance Committee (FC) respectively at their meetings held in May /June 2022[2].

Background

2. The period covered in this report is mainly from **April 2021 to March 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. In the face of a geometric growth of COVID-19 cases in Hong Kong during the fifth wave since January 2022, HA implemented a series of measures including service adjustment to conserve its capacity to tackle the crisis arising from the sharp increase in the number of patients with imminent medical needs. **While there was substantial service adjustment in the last quarter during the reporting period from April 2021 to March 2022, there has been a mix of gradual service resumption in the first three quarters.** With the evolving epidemic situation, impact on HA's services, such as reduction in the volume of activities in the majority of services, is observed and expected to continue reflecting in the coming round(s) of reporting on KPI performance.

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[1] The last quarterly report on KPIs (up to December 2021) was submitted to the Board by circulation on 23 March 2022 via Administrative and Operational Meeting Paper No. 1735.

[2] Via MSDC Paper No. 666 discussed on 13 June 2022; HRC Paper No. 691 discussed on 17 May 2022; and FC Paper No. 927 discussed on 24 May 2022.

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 2021-22 estimates for most of the Controlling Officer's Report (COR) service throughput items, including inpatient, outpatient, day hospital, community and outreach services, except geriatric outreach attendances. 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 estimates, where more stringent infection control measures have been taken in day hospitals for the respective groups of vulnerable patients. Separately, the throughput from geriatric outreach attendances was above estimate by 7.5% with the enhancing support to COVID-19 patients in Residential Care Homes for the Elderly by Community Geriatric Assessment Teams in the fifth wave of COVID-19.

5. During the reporting period in 2021-22, despite with a sharp service adjustments during the fifth wave outbreak, services have been **gradually resuming to activity levels before the COVID-19 epidemic in the first three quarters**. Service throughput in 2021-22 for most of the items was therefore generally higher than that of prior year, ranging from more than 5% for inpatients and specialist outpatient (SOP) services to more than 30% for day hospital services, except for psychiatric day attendances[3].

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. On the other hand, to **support the service adjustments**, HA has expanded the service scope of some of the existing Public-Private Partnership (PPP) Programmes[4] and launched new public-private collaboration initiatives[5] with a view to diverting suitable patients from public hospitals to receive treatment in the private sector. Specifically, in response to the exponential growth of COVID-19 cases in the fifth wave, HA strengthened the collaboration with private hospitals under the existing Low Charge Bed mechanism and new contingency PPP initiatives to refer selected groups of HA patients to private hospitals for treatment.

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

7. HA's overall **percentage of A&E patient attendances seen within target waiting time**[6] for Triage I (critical) and II (emergency) met the targets.

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[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] Examples on expanding service scope of existing PPP Programmes include Cataract Surgeries Programme, Haemodialysis PPP Programme, Project on Enhancing Radiological Investigation Services through Collaboration, and Colon Assessment PPP Programme.

[5] Examples on new public-private collaboration initiatives include Trauma Operative Service Collaboration Programme, Breast Cancer Operative Service Collaboration Programme, Oseophago-Gastro-Duodenoscopy Collaboration Programme.

[6] 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%).

For Triage III (urgent) and IV (semi-urgent), HA overall fell short of the targets by 17.6% points (72.4% vs. target 90%) and 16.7% points (58.3% vs. target 75%) respectively. Compared with prior year, drop of 8.0% points and 13.3% points for Triage III and IV was observed respectively for HA overall in meeting the target waiting time. Some may attribute to the long waiting at A&E at the peak of the fifth wave.

- *Waiting time for 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) and **Ophthalmology** (OPH) were above 100 weeks, i.e. at 104 weeks, 122 weeks and 139 weeks respectively. Comparing with prior year, waiting time for ENT and OPH had increased by two weeks and 12 weeks respectively while that for MED had shortened by 11 weeks.

10. Despite the COVID-19 epidemic, clusters have put in efforts along the **three-pronged strategy (narrowing upstream, diverting midstream and collaborating downstream) to improve the SOP waiting time** in the fourth quarter of 2021. *Short-term* and *medium-and long-term measures*[7] implemented by the clusters include Special Honorarium Scheme (SHS), demand management initiatives, internal referral management, enhancement of Family Medicine-Specialty Collaboration, development of more integrated clinics, enhancement of case close mechanism and the rollout of Co-care PPP to download stable cases to private General Practitioners for further management.

- *Waiting time for allied health outpatient (AHOP) new case bookings*

11. Waiting time monitoring for AHOP has been extended to Dietetics, with same definition and calculation formula with that of Occupational Therapy and Physiotherapy, for KPI reporting with effect from this report onwards. HA overall's waiting time for Dietetics is listed below:

Waiting Time for Dietetics	HA Overall
% of Priority 1 cases at AHOP clinics with waiting time within two weeks	96.9%
% of Priority 2 cases at AHOP clinics with waiting time within eight weeks	96.7%
90th percentile waiting time (weeks) of Routine cases at AHOP clinics	17

[7] Short-term measures implemented by the clusters to improve the SOP waiting time include (i) SHS to devote extra hours to see SOP new cases; (ii) demand management by diverting cases from an specialist outpatient clinic (SOPC) with longer waiting time to another SOPC within the same cluster with a shorter waiting time to even service demand; (iii) review of booking pattern to ensure SOPC quotas are well utilised; and (iv) internal referral management, such as regular monitoring and gatekeeping by Triage Clinics. Other medium-and long-term measures implemented include (i) establishment of secondary consultation to control internal referrals by developing Family Medicine's (FM) special interests and ability; (ii) enhancement of FM-Specialty Collaboration to divert defined referrals from SOPC to Family Medicine Specialist Clinics for management; (iii) development of more integrated clinics involving nurses and allied health professionals; (iv) enhancement of case close by having seniors to monitor case close, review stable cases and enhance mechanism for case review to facilitate case close; and (v) expedite the rollout of Co-care PPP to all clusters to download stable cases to private General Practitioners for further management.

- *Access block monitoring*

12. In light of the extremely high service demand in the peak of the fifth wave of the epidemic, **A&E Departments and inpatient services faced immense pressure**. As a result, a total of 15 hospitals were listed under exception reporting[8] during the period from January to March 2022, while six hospitals were listed in the previous quarter. Besides, the percentage of patients with **access block time above four hours and 12 hours** had increased for all of the 15 hospitals when compared with previous quarter. Details of the exception reporting in the current period are listed at the **Appendix 1**.

- *Waiting time for elective surgery*

13. In response to COVID-19 epidemic, HA has adjusted non-emergency and non-essential services to conserve manpower and resource in managing emergency cases. With the reduction in elective Operating Theatre (OT) sessions and conversion of some hospitals to designated hospitals for COVID-19 patients during the epidemic, some elective surgeries have been rescheduled to support service adjustment. Among the two KPIs on elective surgery, **waiting time at 90th percentile for patients receiving the treatment of total joint replacement** was 70 months for HA overall, which was lengthened by 15 months when compared with prior year.

- *Disease specific quality indicators*

14. While non-emergency and non-essential medical services have been adjusted during the COVID-19 epidemic, OT capacity is adversely impacted. For example, 51.2% of patients indicated for **surgery on hip fracture with surgery performed within two days after admission through A&E**, with a drop of 6.2% points when compared with prior year.

15. 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** (October 2020 to September 2021) was at 81 days and 72 days respectively, which was lengthened by 11 days and five days respectively when compared with prior year. Apart from surgical treatment, service capacity for chemotherapy and radiotherapy was also limited under the enhanced infection control measures during the epidemic. To maintain cancer treatment, HA has implemented PPP programmes such as Breast Cancer Operative Service Collaboration Programme and Trauma Operative Service Collaboration Programme, together with the planned SHS to provide extra OT sessions to manage cancelled cases.

Human Resources (Appendix 2)

16. As at 31 March 2022, HA had a **staffing position of 89 696**, which represented a growth of 1.1% when compared with prior year. There was a general increase in workforce in all staff groups except Nursing which had decreased by 0.1%. As for the **attrition (wastage) rate of full-time staff**, the HA overall rate was 12%, in which the "Others" staff group had the highest rate (15.3%)

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[8] This KPI is to reflect performance of individual hospital via exception reporting, i.e. only those hospitals with **more than 5%** of patients with access block time above 4 hours **will be listed** and their number and percentage of patients with access block time more than 12 hours will also be shown.

17. The overall **average sick leave days taken per staff** was 7.7 days, which represented a 14.9% increase when compared with prior year. There was also a significant increase of 21.4% for Allied Health (AH) staff group where compared with prior year. The **proportion of staff taken long sick leave (≥ 50 days)** in HA (2.6%) had slightly increased.

18. The overall **number of injury on duty (IOD) cases per 100 full time equivalent (FTE) staff** had remained unchanged when compared with prior year. AH staff group had the lowest rate (1.5 cases), whereas Supporting (Care-related) staff group had the highest rate (6.8 cases). As for the **number of IOD leave days per 100 FTE staff**, HA overall was 65.3 days, representing a decrease of 8.2 days. All staff groups had a reduction of IOD leave days per 100 FTE staff except AH staff group (+27.5 days) when compared with prior year and Nursing staff group had the most significant improvement (-23.1 days).

19. During the reporting period, the **total training days attended by permanent and contract full-time and part-time staff on headcount basis** were 321 782.3 days, which was increased by 37% when compared with prior year. The **average training days per staff** were 3.7 days, as compared to 2.8 days of prior year. Among various staff groups, the total training days attended by Nursing staff group was relatively higher at 212 122 days with average training days per staff at 7.7 days, which was mainly attributed to the increase of online essential training for Nursing staff.

20. In view of the prolonged impact of unstable COVID-19 epidemic around the world, apart from a few exceptional cases, overseas training activities scheduled in 2021-22 were suspended with staff safety as the top priority of considerations. A number of non-essential local training activities were cancelled or deferred to adhere to the social distancing measures. As a result, there was around 20% reduction of training days for 2021-22 compared to that in the pre-pandemic period. The impact of COVID-19 epidemic on training activities, in particular overseas training, may continue for some time in 2022-23, and hence implications to the total training days and average training days per staff in 2022-23 are anticipated. Having considered the unstable COVID-19 situation as well as the increasing trend of online training under the new normal, the practice for granting study leave for staff to attend training programmes /events via online or in person has been aligned according to the current HR policy. HA is also reviewing the arrangement of overseas professional training having regard to prevailing epidemic situation globally and clinical training needs. Proper approval would be sought on the proposed adjustment upon completion of the review.

Finance

21. Under HA's 2021-22 original budget, an overall budget underspending of $750 million was expected 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 due to the lead time required for resuming hospital services amid the COVID-19 epidemic.

22. As the year progressed, HA's projected full-year underspending has continued to rise (from the original budgeted underspending of $750 million) primarily due to the ongoing manpower supply constraint being further exacerbated by the escalating staff attrition during the year, coupled with the release of unused resources as a result of lower-

than-expected operational spending under the impact of COVID-19 (including the significant service adjustments during the fifth wave). The final 2021-22 operating results of HA is subject to further changes, including the audit fieldwork currently being conducted by HA's external auditor. After the review by the external auditor, the Audited Financial Statements for 2021-22 will be presented to the HA Board later in 2022.

Way Forward

23. 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. Due to severe epidemic situation and implications, the impact on HA's services, and hence as reflected in KPI performance, will continue in coming rounds of reporting.

Hospital Authority
AOM\PAPER\1765
16 June 2022

Appendix 1
(Internet version)

Report on Key Performance Indicators - Clinical Services

For reporting to the Administrative and Operational Meeting in June 2022

(KPI Report No. 54, up to March 2022)

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

Reporting Period : 2021/22 (unless specified) for Service Growth in response to Population Change & Ageing Effect ;

1.4.2021 - 31.3.2022 (unless specified) for other items

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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

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			Current Year	Estimate		Prior Year	
			2021/22	*2021/22*	*Variance*	*2020/21*	*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)**	**30 169**	**30 174**	**- 5**	**29 850**	**+ 319**
(as at 31 Mar 2022)						(as at 31 Mar 2021)	
	*	**No. of geriatric day places**	**703**	**703**	**-**	**703**	**-**
						(as at 31 Mar 2021)	
	*	**No. of psychiatric day places**	**899**	**899**	**-**	**889**	**+ 10**
						(as at 31 Mar 2021)	
Inpatient Services		**No. of inpatient discharges and deaths**					
	*	Overall	**1 024 571**	**1 217 570**	**- 15.9%**	**961 912**	**+ 6.5%**
	*	General (acute and convalescent)	**1 004 190**	**1 196 100**	**- 16.0%**	**942 092**	**+ 6.6%**
		No. of inpatient patient days					
	*	Overall	**7 926 402**	**8 654 000**	**- 8.4%**	**7 526 207**	**+ 5.3%**
	*	General (acute and convalescent)	**6 408 545**	**7 049 000**	**- 9.1%**	**6 001 201**	**+ 6.8%**
	*	**No. of day inpatient discharges and deaths**	**732 499**	**747 300**	**- 2.0%**	**675 649**	**+ 8.4%**
Accident & Emergency (A&E) Services	*	**No. of A&E attendances**	**1 840 032**	**2 203 000**	**- 16.5%**	**1 640 453**	**+ 12.2%**
		No. of A&E first attendances					
	*	triage I (Critical cases)	**27 153**	**22 300**	**+ 21.8%**	**22 928**	**+ 18.4%**
	*	triage II (Emergency cases)	**52 238**	**52 000**	**+ 0.5%**	**48 726**	**+ 7.2%**
	*	triage III (Urgent cases)	**704 877**	**748 600**	**- 5.8%**	**608 311**	**+ 15.9%**
Specialist Outpatient (SOP) Services	*	**No. of SOP (clinical) first attendances**	**831 539**	**864 000**	**- 3.8%**	**742 556**	**+ 12.0%**
	*	**No. of SOP (clinical) follow-up attendances**	**7 132 625**	**7 225 000**	**- 1.3%**	**6 731 110**	**+ 6.0%**
	*	**Total no. of SOP (clinical) attendances**	**7 964 164**	**8 089 000**	**- 1.5%**	**7 473 666**	**+ 6.6%**
Primary Care Services	*	**No. of general outpatient attendances**	**5 762 091**	**6 249 000**	**- 7.8%**	**5 568 280**	**+ 3.5%**
	*	**No. of family medicine specialist clinic attendances**	**321 756**	**326 600**	**- 1.5%**	**313 065**	**+ 2.8%**
	*	**Total no. of primary care attendances**	**6 083 847**	**6 575 600**	**- 7.5%**	**5 881 345**	**+ 3.4%**
Allied Health Outpatient Services	*	**No. of allied health (outpatient) attendances**	**2 926 193**	**3 044 000**	**- 3.9%**	**2 512 370**	**+ 16.5%**
Day Hospital Services	*	**No. of rehabilitation day and palliative care day attendances**	**45 327**	**112 900**	**- 59.9%**	**33 429**	**+ 35.6%**
	*	**No. of geriatric day attendances**	**79 481**	**156 700**	**- 49.3%**	**37 525**	**+ 111.8%**
	*	**No. of psychiatric day attendances**	**34 437**	**233 100**	**- 85.2%**	**45 285**	**- 24.0%**
Community & Outreach Services	*	**No. of community nurse attendances**	**882 713**	**926 000**	**- 4.7%**	**900 059**	**- 1.9%**
	*	**No. of allied health (community) attendances**	**25 233**	**36 700**	**- 31.2%**	**26 307**	**- 4.1%**
	*	**No. of geriatric outreach attendances**	**816 076**	**759 100**	**+ 7.5%**	**732 985**	**+ 11.3%**
	*	**No. of geriatric elderly persons assessed for infirmary care service**	**1 667**	**1 850**	**- 9.9%**	**1 629**	**+ 2.3%**
	*	**No. of psychiatric outreach attendances**	**221 942**	**323 700**	**- 31.4%**	**158 826**	**+ 39.7%**
	*	**No. of psychogeriatric outreach attendances**	**86 300**	**110 900**	**- 22.2%**	**67 983**	**+ 26.9%**

Blue	> 5% above estimate / prior year
Green	> 5% below estimate / prior year

Remark:

* COR item

Quality Improvement

		Current period (R54)								Previous period	
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	
		Apr 2021 - Mar 2022								Apr 2020 - Mar 2021	Variance
									A	B	C = (A - B)
Waiting Time for Accident & Emergency (A&E) Services	**% of A&E patient attendances seen within target waiting time**										
*	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%)	92.0%	97.9%	94.3%	97.6%	96.4%	94.5%	96.4%	**95.6%**	97.7%	- 2.1%pt
*	triage III (urgent cases : < 30 minutes, 90%)	67.4%	83.6%	63.3%	66.0%	76.5%	72.9%	82.1%	**72.4%**	80.3%	**- 8.0%pt**
	triage IV (semi-urgent cases : < 120 minutes, 75%)	46.1%	66.4%	51.3%	47.1%	68.7%	66.8%	50.4%	**58.3%**	71.6%	**- 13.3%pt**
Waiting Time for Specialist Outpatient (SOP) New Case Bookings	**Median waiting time (weeks) for first appointment at specialist outpatient clinics (SOPCs)**										
*	Priority 1 (P1) cases	<1	<1	<1	<1	<1	<1	<1	**<1**	<1	-
*	Priority 2 (P2) cases	6	4	5	6	6	5	5	**5**	5	-
	Ear, Nose and Throat										
	% of P1 cases at SOPCs with waiting time within 2 weeks	99.8%	99.7%	99.2%	99.6%	98.5%	98.5%	99.3%	**99.1%**	98.8%	+ 0.3%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks	97.8%	98.2%	98.7%	99.0%	97.2%	96.9%	98.6%	**98.0%**	96.7%	+ 1.3%pt
	90th percentile waiting time (weeks) of Routine cases at SOPCs	99	72	117	105	105	101	89	**104**	102	+ 2
	Gynaecology										
	% of P1 cases at SOPCs with waiting time within 2 weeks	99.9%	98.6%	97.8%	99.4%	98.7%	98.6%	96.2%	**98.4%**	98.4%	+§
	% of P2 cases at SOPCs with waiting time within 8 weeks	99.3%	98.0%	98.8%	98.0%	98.4%	95.4%	85.2%	**97.7%**	97.2%	+ 0.4%pt
	90th percentile waiting time (weeks) of Routine cases at SOPCs	32	54	58	90	77	88	72	**77**	73	**+ 4**
	Medicine										
	% of P1 cases at SOPCs with waiting time within 2 weeks	99.1%	99.1%	95.6%	97.1%	95.7%	98.3%	98.7%	**97.7%**	97.0%	+ 0.7%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks	98.8%	96.3%	98.8%	97.6%	96.0%	97.3%	97.6%	**97.5%**	97.3%	+ 0.2%pt
	90th percentile waiting time (weeks) of Routine cases at SOPCs	100	138	118	120	114	134	84	**122**	133	**- 11**
	Ophthalmology										
	% of P1 cases at SOPCs with waiting time within 2 weeks	99.3%	99.2%	99.4%	99.6%	99.6%	98.8%	99.0%	**99.3%**	99.3%	-§
	% of P2 cases at SOPCs with waiting time within 8 weeks	98.6%	99.4%	98.5%	98.4%	63.4%	98.8%	99.2%	**90.0%**	98.5%	**- 8.5%pt**
	90th percentile waiting time (weeks) of Routine cases at SOPCs	90	71	147	125	164	93	81	**139**	127	**+ 12**
	Orthopaedics and Traumatology										
	% of P1 cases at SOPCs with waiting time within 2 weeks	99.8%	98.0%	99.8%	99.3%	99.3%	98.6%	98.9%	**99.1%**	99.0%	+ 0.1%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks	96.9%	99.4%	99.3%	98.4%	98.3%	96.6%	97.6%	**98.2%**	98.0%	+ 0.2%pt
	90th percentile waiting time (weeks) of Routine cases at SOPCs	95	80	109	116	83	97	91	**97**	114	**- 17**
	Paediatrics and Adolescent Medicine										
	% of P1 cases at SOPCs with waiting time within 2 weeks	95.7%	97.1%	98.7%	98.4%	99.3%	95.7%	98.1%	**98.6%**	98.8%	- 0.2%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks	95.9%	96.6%	98.1%	95.3%	97.2%	93.0%	95.8%	**96.5%**	96.8%	- 0.3%pt
	90th percentile waiting time (weeks) of Routine cases at SOPCs	17	20	21	50	17	28	27	**26**	26	-
	Psychiatry										
	% of P1 cases at SOPCs with waiting time within 2 weeks	99.7%	99.7%	100.0%	100.0%	99.6%	99.9%	99.7%	**99.8%**	99.7%	+ 0.1%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks	99.5%	99.9%	100.0%	100.0%	99.1%	99.6%	99.8%	**99.7%**	99.7%	+ 0.1%pt
	90th percentile waiting time (weeks) of Routine cases at SOPCs	45	83	46	97	90	97	91	**93**	89	+ 4
	Surgery										
	% of P1 cases at SOPCs with waiting time within 2 weeks	98.6%	99.0%	98.7%	98.6%	95.7%	96.3%	97.3%	**97.8%**	97.3%	+ 0.5%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks	98.3%	99.6%	89.1%	97.9%	96.3%	95.4%	95.7%	**95.7%**	93.2%	+ 2.6%pt
	90th percentile waiting time (weeks) of Routine cases at SOPCs	85	103	104	99	90	80	78	**96**	84	**+ 12**

Blue > 5% / 5%pt above previous period

Green > 5% / 5%pt below previous period

Remark:

* COR item

Quality Improvement (continued)

		Current period (R54)								Previous period	
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	
		Apr 2021 - Mar 2022								Apr 2020 - Mar 2021	Variance
									A	B	C = (A - B)
Waiting Time for Allied Health Outpatient (AHOP) New Case Bookings	**Dietetics (new)**										
	% of P1 cases at AHOP clinics with waiting time within 2 weeks	97.2%	99.9%	96.5%	97.4%	94.3%	95.6%	98.3%	**96.9%**	96.2%	+ 0.7%pt
	% of P2 cases at AHOP clinics with waiting time within 8 weeks	98.6%	97.9%	97.2%	98.0%	91.7%	97.3%	98.4%	**96.7%**	95.3%	+ 1.4%pt
	90th percentile waiting time (weeks) of Routine cases at AHOP clinics	15	12	14	13	18	16	17	**17**	17	-
	Occupational Therapy										
	% of P1 cases at AHOP clinics with waiting time within 2 weeks	98.6%	98.3%	98.4%	99.3%	96.5%	99.6%	98.9%	**98.6%**	98.4%	+ 0.2%pt
	% of P2 cases at AHOP clinics with waiting time within 8 weeks	97.9%	95.5%	97.5%	97.8%	94.0%	99.6%	96.3%	**97.0%**	96.9%	+ 0.1%pt
	90th percentile waiting time (weeks) of Routine cases at AHOP clinics	20	51	27	28	27	44	19	**27**	25	**+ 2**
	Physiotherapy										
	% of P1 cases at AHOP clinics with waiting time within 2 weeks	99.1%	98.1%	97.4%	98.6%	97.4%	97.3%	97.6%	**97.7%**	98.0%	- 0.3%pt
	% of P2 cases at AHOP clinics with waiting time within 8 weeks	98.6%	98.0%	96.5%	97.2%	96.8%	96.5%	94.4%	**96.8%**	96.6%	+ 0.2%pt
	90th percentile waiting time (weeks) of Routine cases at AHOP clinics	34	24	36	33	34	34	36	**34**	34	-

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

Quality Improvement (continued)

		Current period (R54)								Previous period	
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	
		Apr 2021 - Mar 2022								Apr 2020 - Mar 2021	Variance
									A	B	C = (A - B)
Waiting Time for Elective Surgery	**Total Joint Replacement**										
	Waiting time (months) at 90th percentile for patients receiving the treatment of total joint replacement	73	58	45	62	58	54	101	**70**	55	**+ 15**
	Benign Prostatic Hyperplasia										
	% of patients provided with surgery within 2 months for P1 patients (Jan - Dec 2021)	74.8%	59.5%	30.6%	46.7%	54.4%	43.9%	14.0%	**47.5%**	53.3% (Jan - Dec 2020)	**- 5.8%pt**
	% of patients provided with surgery within 12 months for P2 patients (Apr 2020 - Mar 2021)	100.0%	100.0%	68.0%	76.8%	47.6%	92.2%	83.3%	**82.1%**	85.1% (Apr 2019 - Mar 2020)	- 3.0%pt
Waiting Time for Diagnostic Radiological Investigations	**CT**										
	% of urgent cases with examination done within 24 hours	98.5%	99.6%	98.6%	97.5%	99.2%	99.2%	99.4%	**98.9%**	99.1%	- 0.2%pt
	Median waiting time (weeks) of P1 cases	5	8	25	13	1	<1	4	**5**	4	**+ 1**
	Median waiting time (weeks) of P2 cases	20	63	53	39	28	55	17	**35**	26	**+ 9**
	90th percentile waiting time (weeks) of Routine cases	171	227	202	219	241	166	237	**214**	183	**+ 31**
	MRI										
	% of urgent cases with examination done within 24 hours	100.0%	91.8%	98.3%	98.1%	95.6%	98.1%	96.4%	**97.3%**	96.3%	+ 1.0%pt
	Median waiting time (weeks) of P1 cases	2	<1	10	17	1	7	3	**4**	4	-
	Median waiting time (weeks) of P2 cases	16	10	52	61	18	31	26	**29**	25	**+ 4**
	90th percentile waiting time (weeks) of Routine cases	81	150	186	108	131	176	89	**148**	124	**+ 24**
	Ultrasonography										
	% of urgent cases with examination done within 24 hours	99.4%	98.5%	96.6%	97.0%	92.6%	93.4%	96.7%	**95.7%**	95.5%	+ 0.3%pt
	Median waiting time (weeks) of P1 cases	1	1	2	<1	1	2	1	**1**	1	-
	Median waiting time (weeks) of P2 cases	25	17	52	17	53	33	22	**27**	26	+ 1
	90th percentile waiting time (weeks) of Routine cases	149	108	195	195	263	182	119	**187**	168	**+ 19**
	Mammogram										
	Median waiting time (weeks) of P1 cases	1	2	2	<1	1	2	2	**2**	1	**+ 1**
	Median waiting time (weeks) of P2 cases	19	21	14	54	12	15	11	**20**	33	**- 13**
	90th percentile waiting time (weeks) of Routine cases	132	71	188	154	138	223	165	**191**	185	+ 6

Blue > 5% / 5%pt above previous period

Green > 5% / 5%pt below previous period

Quality Improvement (continued)

Access Block Monitoring

Number / 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

Jan - Mar 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	1 310	29.4%	628	14.1%
Caritas Medical Centre	2 415	30.3%	993	12.5%
Kwong Wah Hospital	1 314	18.8%	415	5.9%
North District Hospital	1 314	27.0%	527	10.8%
Princess Margaret Hospital	1 191	10.1%	546	4.6%
Pok Oi Hospital	692	16.3%	262	6.2%
Prince of Wales Hospital	3 009	25.9%	1 025	8.8%
Pamela Youde Nethersole Eastern Hospital	1 552	14.9%	761	7.3%
Queen Elizabeth Hospital	5 271	36.4%	1 914	13.2%
Queen Mary Hospital	724	6.7%	408	3.8%
Ruttonjee Hospital	227	6.7%	137	4.0%
Tseung Kwan O Hospital	763	12.5%	272	4.5%
Tin Shui Wai Hospital	208	19.6%	119	11.2%
United Christian Hospital	2 837	33.9%	1 257	15.0%
Yan Chai Hospital	1 075	15.8%	468	6.9%

Previous 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	1 540	10.5%	-	-
Queen Elizabeth Hospital	6 859	34.6%	1 596	8.0%
United Christian Hospital	2 327	22.5%	1 096	10.6%

Remark:

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

		Current period (R54)								Previous period	
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	
		Apr 2021 - Mar 2022								*Apr 2020 - Mar 2021*	*Variance*
									A	B	C = (A - B) or (A - B) / B
Quality Improvement (continued)											
Access to General Outpatient Clinic (GOPC) Episodic Illness Service	**GOPC quota availability (for elders) (%)**	99.6%	99.8%	99.1%	97.2%	96.6%	97.9%	97.9%	**98.1%**	99.3%	- 1.2%pt
Appropriateness of Care	**Standardised admission rate for A&E patients (%)**	43.9%	44.2%	38.4%	32.7%	37.9%	38.4%	33.8%	**37.6%**	38.4%	- 0.8%pt
	* **Unplanned readmission rate within 28 days for general inpatients (%)** (Mar 2021 - Feb 2022)	10.4%	9.6%	10.1%	10.9%	12.1%	10.2%	11.3%	**10.8%**	11.0% (Mar 2020 - Feb 2021)	- 0.2%pt
Breastfeeding Rate	**Breastfeeding rate on discharge (%)** (Mar 2021 - Feb 2022)	92.7%	89.6%	83.0%	69.3%	80.7%	86.0%	78.7%	**82.8%**	83.4% (Mar 2020 - Feb 2021)	- 0.6%pt
Infection Rate	**MRSA bacteraemia in acute beds per 1 000 acute patient days**	0.1879	0.1367	0.1666	0.1681	0.1591	0.1409	0.1894	**0.1639**	0.1595	+ 2.7%

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

Remark:

* COR item

Quality Improvement (continued)

		Current period (R54)								Previous period	
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	
		Apr 2021 - Mar 2022								Apr 2020 - Mar 2021	Variance
									A	B	C = (A - B)
Disease Specific Quality Indicators	**Stroke**										
	% of acute ischaemic stroke patients received IV tPA treatment	8.4%	8.8%	12.4%	15.2%	13.6%	12.7%	12.7%	**12.5%**	12.2%	+ 0.3%pt
	Hip Fracture										
	% of patients indicated for surgery on hip fracture with surgery performed ≤ 2 days after admission through A&E	74.4%	80.1%	32.6%	38.1%	48.2%	50.9%	60.7%	**51.2%**	57.4%	**- 6.2%pt**
	Cancer										
	Waiting time (days) at 90th percentile from decision to treat to start of radiotherapy (RT) for cancer patients requiring radical RT	31	28	28	N.A.	29	29	29	**28**	28	-
	Waiting time (days) at 90th percentile for patients with colorectal cancer receiving first treatment after diagnosis (Oct 2020 - Sep 2021)	70	85	79	76	87	88	72	**81**	70 (Oct 2019 - Sep 2020)	**+ 11**
	Waiting time (days) at 90th percentile for patients with breast cancer receiving first treatment after diagnosis (Oct 2020 - Sep 2021)	59	49	80	51	70	92	70	**72**	67 (Oct 2019 - Sep 2020)	**+ 5**
	Waiting time (days) at 90th percentile for patients with nasopharynx cancer receiving first treatment after diagnosis	52	59	60	N.A.	58	69	70	**63**	60	+ 3
	Diabetes Mellitus										
	% of diabetes mellitus patients with HbA1c < 7%	60.6%	59.6%	58.4%	54.3%	49.3%	55.9%	57.7%	**56.0%**	56.2%	- 0.2%pt
	Hypertension										
	% of hypertension patients treated in GOPCs with blood pressure < 140/90 mmHg	77.3%	78.9%	83.0%	75.0%	77.3%	74.7%	77.4%	**77.8%**	74.7%	+ 3.1%pt
	End Stage Renal Disease										
	% of end stage renal disease patients receiving haemodialysis treatment (as at 31 Dec 2021)	27.7%	33.1%	28.7%	26.5%	25.9%	24.6%	21.6%	**26.4%**	27.4% (as at 31 Dec 2020)	- 1.0%pt
	Mental Health Services										
	Average length of stay (LOS) (days) of acute inpatient care (with LOS ≤ 90 days)	28.6	35.5	30.5	32.1	30.4	32.2	31.0	**30.9**	30.2	+ 0.7
	% of compulsory psychiatric admissions under the Mental Health Ordinance via AED for patients receiving active Personalised Care Programme care	1.3%	1.6%	1.1%	2.3%	2.0%	1.7%	1.9%	**1.8%**	1.8%	+ 0.1%pt
	Cardiac Services										
	% of acute myocardial infarction patients prescribed with Statin at discharge	92.0%	90.2%	89.0%	93.0%	88.9%	81.5%	86.2%	**88.1%**	89.1%	- 1.0%pt
	% of ST-elevation myocardial infarction patients received primary percutaneous coronary intervention	25.9%	67.5%	79.5%	47.4%	20.5%	45.1%	29.3%	**46.0%**	41.0%	+ 5.0%pt

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

Efficiency in Use of Resources

			Current period (R54)								Previous period	
			HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	
			Apr 2021 - Mar 2022								*Apr 2020 - Mar 2021*	*Variance*
										A	B	C = (A - B) or (A - B) / B
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	707	450	923	690	598	749	778	**706**	610	**+ 15.7%**
	Δ	No. of SOP follow-up attendances per doctor	3 247	2 075	2 483	2 614	2 484	2 854	2 235	**2 561**	2 221	**+ 15.3%**
		Growth of waiting list against throughput (%)	- 7.5%	0.9%	- 22.9%	- 8.4%	8.1%	3.7%	- 5.7%	**- 5.4%**	9.0%	**- 14.4%pt**
		Gynaecology										
	Δ	No. of SOP first attendances per doctor	195	144	157	214	249	216	138	**183**	168	**+ 9.3%**
	Δ	No. of SOP follow-up attendances per doctor	992	1 226	1 019	1 053	796	681	666	**915**	852	**+ 7.4%**
		Growth of waiting list against throughput (%)	- 2.9%	3.8%	11.3%	6.4%	12.0%	5.0%	- 0.8%	**6.0%**	- 3.2%	**+ 9.2%pt**
		Medicine										
	Δ	No. of SOP first attendances per doctor	70	76	71	99	74	90	69	**78**	65	**+ 19.7%**
	Δ	No. of SOP follow-up attendances per doctor	1 551	1 466	1 201	1 038	1 721	1 406	1 462	**1 401**	1 403	- 0.2%
		Growth of waiting list against throughput (%)	3.7%	5.6%	11.3%	5.9%	14.0%	6.5%	- 23.2%	**4.7%**	13.7%	**- 9.0%pt**
		Ophthalmology										
	Δ	No. of SOP first attendances per doctor	618	488	674	753	638	621	718	**653**	593	**+ 10.1%**
	Δ	No. of SOP follow-up attendances per doctor	5 476	5 114	6 119	5 057	6 338	4 948	6 330	**5 680**	5 314	**+ 6.9%**
		Growth of waiting list against throughput (%)	5.3%	10.1%	- 9.0%	- 6.6%	15.0%	7.6%	2.3%	**2.1%**	- 2.5%	+ 4.7%pt
		Orthopaedics and Traumatology										
	Δ	No. of SOP first attendances per doctor	203	204	174	219	172	236	208	**202**	183	**+ 10.2%**
	Δ	No. of SOP follow-up attendances per doctor	1 569	1 263	1 459	1 477	1 449	1 367	1 436	**1 428**	1 339	**+ 6.6%**
		Growth of waiting list against throughput (%)	3.6%	- 6.6%	- 2.8%	- 1.0%	- 0.3%	- 18.3%	- 20.6%	**- 7.9%**	- 7.5%	- 0.4%pt
		Paediatrics and Adolescent Medicine										
	Δ	No. of SOP first attendances per doctor	29	59	26	71	71	42	43	**43**	39	**+ 12.9%**
	Δ	No. of SOP follow-up attendances per doctor	390	418	402	612	472	412	572	**449**	426	**+ 5.4%**
		Growth of waiting list against throughput (%)	7.5%	12.7%	6.9%	10.9%	6.5%	11.2%	16.3%	**9.5%**	- 10.6%	**+ 20.1%pt**
		Psychiatry										
	Δ	No. of SOP first attendances per doctor	72	71	58	125	128	88	70	**91**	88	+ 2.8%
	Δ	No. of SOP follow-up attendances per doctor	2 077	2 054	1 806	2 610	3 112	1 966	2 149	**2 306**	2 192	**+ 5.2%**
		Growth of waiting list against throughput (%)	15.7%	9.3%	3.8%	- 3.2%	5.1%	12.6%	9.1%	**6.9%**	3.2%	+ 3.7%pt
		Surgery										
	Δ	No. of SOP first attendances per doctor	198	126	188	258	197	240	243	**204**	185	**+ 10.3%**
	Δ	No. of SOP follow-up attendances per doctor	1 385	1 180	1 155	1 294	1 157	997	1 071	**1 157**	1 083	**+ 6.9%**
		Growth of waiting list against throughput (%)	7.4%	11.9%	18.0%	9.9%	21.4%	4.5%	- 7.4%	**9.5%**	3.4%	**+ 6.0%pt**
Operating Theatre (OT) Utilisation		**Ratio of scheduled to expected elective OT session hours (%)**	101.2%	97.7%	94.7%	99.0%	96.8%	96.8%	99.1%	**97.4%**	97.6%	- 0.1%pt
		Utilisation rate of scheduled elective OT sessions (%)	96.3%	100.0%	96.0%	88.5%	93.6%	99.1%	93.1%	**95.5%**	95.7%	- 0.1%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.

Efficiency in Use of Resources (continued)

			Current period (R54)								Previous period	
			HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	
			Apr 2021 - Mar 2022								Apr 2020 - Mar 2021	Variance
										A	B	C = (A - B)
Bed Management		**Inpatient bed occupancy rate (%)**										
	*	Overall	79.2%	67.9%	81.2%	89.4%	89.3%	81.4%	82.2%	**82.0%**	79.3%	+ 2.7%pt
	*	General (acute and convalescent)	82.4%	66.7%	81.6%	90.4%	94.7%	83.0%	91.9%	**84.6%**	81.0%	+ 3.5%pt
	*	**Average length of stay (days) for general inpatients**	6.2	5.7	7.2	6.7	5.6	6.8	6.6	**6.4**	6.4	+ 0.1
Day and Same Day Surgery Services		**Rate of day surgery plus same day surgery (%)**										
		Surgery	65.1%	45.1%	41.1%	81.1%	57.0%	64.2%	66.7%	**58.2%**	54.6%	+ 3.6%pt
		Orthopaedics and Traumatology	62.9%	32.0%	39.1%	87.8%	51.0%	69.7%	57.7%	**56.1%**	51.9%	+ 4.2%pt
		Ophthalmology	65.7%	38.2%	91.0%	77.4%	67.9%	78.3%	30.3%	**67.7%**	62.6%	**+ 5.1%pt**

Blue > 5% / 5%pt above previous period

Green > 5% / 5%pt below previous period

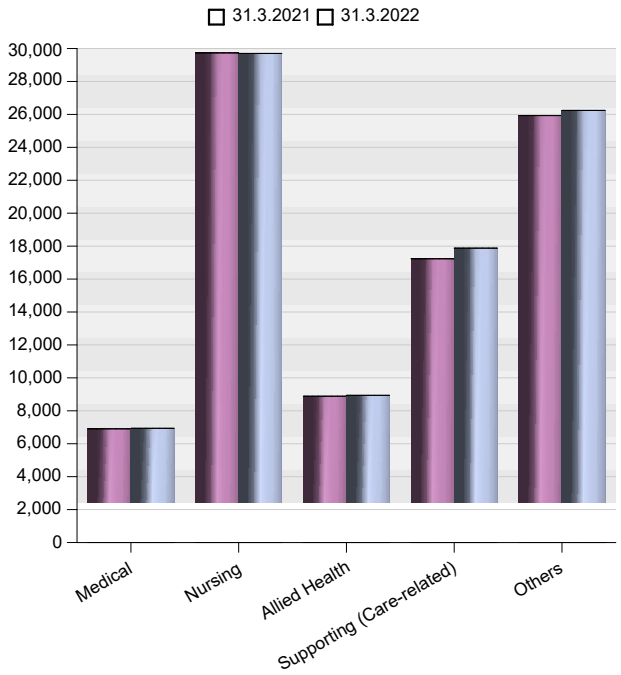
Remark:

* COR item

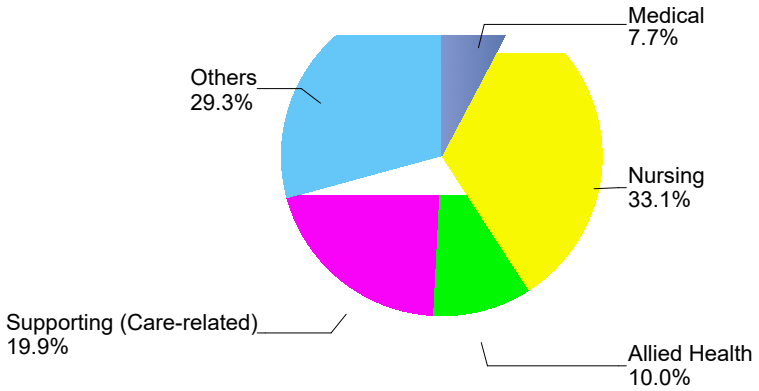
Manpower position by Staff Group (as at 31.03.2022)

Staff group	Prior year 31.03.2021	Current year 31.03.2022[1]	COR Revised Estimate as at 31.03.2022[2]	Variance from COR estimate		Variance from prior year	
	A	B	C	D = B - C	D / C	E = B - A	E / A
Medical[3]	6,906	6,936	6,998	- 62	- 0.9%	+ 30	+ 0.4%
Nursing	29,736	29,703	29,890	- 187	- 0.6%	- 33	- 0.1%
Allied Health	8,886	8,938	9,150	- 212	- 2.3%	+ 52	+ 0.6%
Supporting (Care-related)	17,233	17,878	45,160	- 1,040	- 2.3%	+ 645	+ 3.7%
Others	25,929	26,242				+ 313	+ 1.2%
Total[4]	**88,690**	**89,696**	**91,198**	**- 1,502**	**- 1.6%**	**+ 1,006**	**+ 1.1%**

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

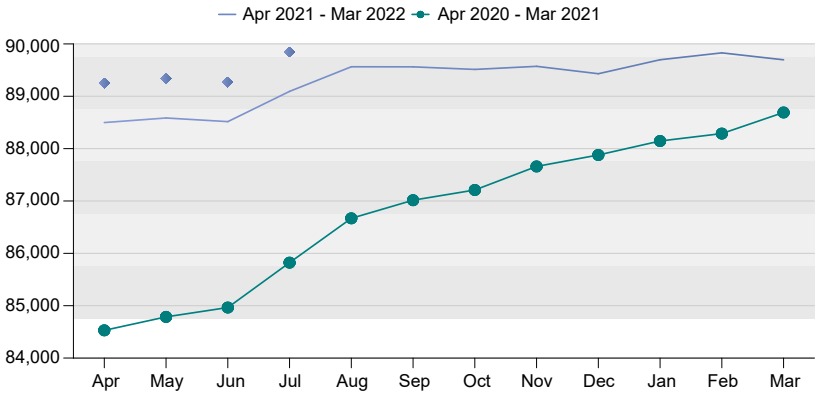


Distribution % by Staff Group
(as at 31.03.2022)



	Medical	Nursing	Allied Health	Supporting (Care-related)	Others
Prior Year 31.03.2021	6,906	29,736	8,886	17,233	25,929
Current Year 31.03.2022	6,936	29,703	8,938	17,878	26,242

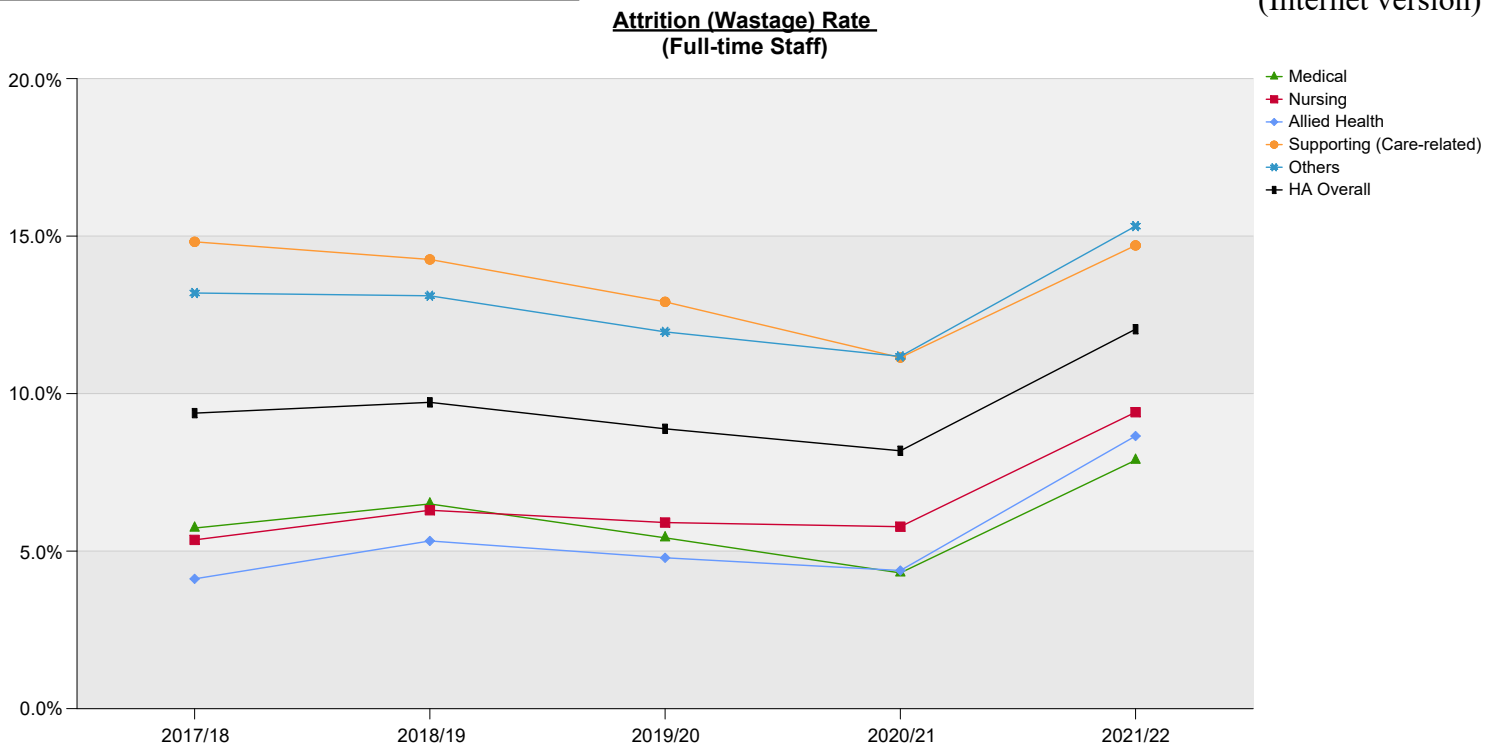
HA Total



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

(Internet version)

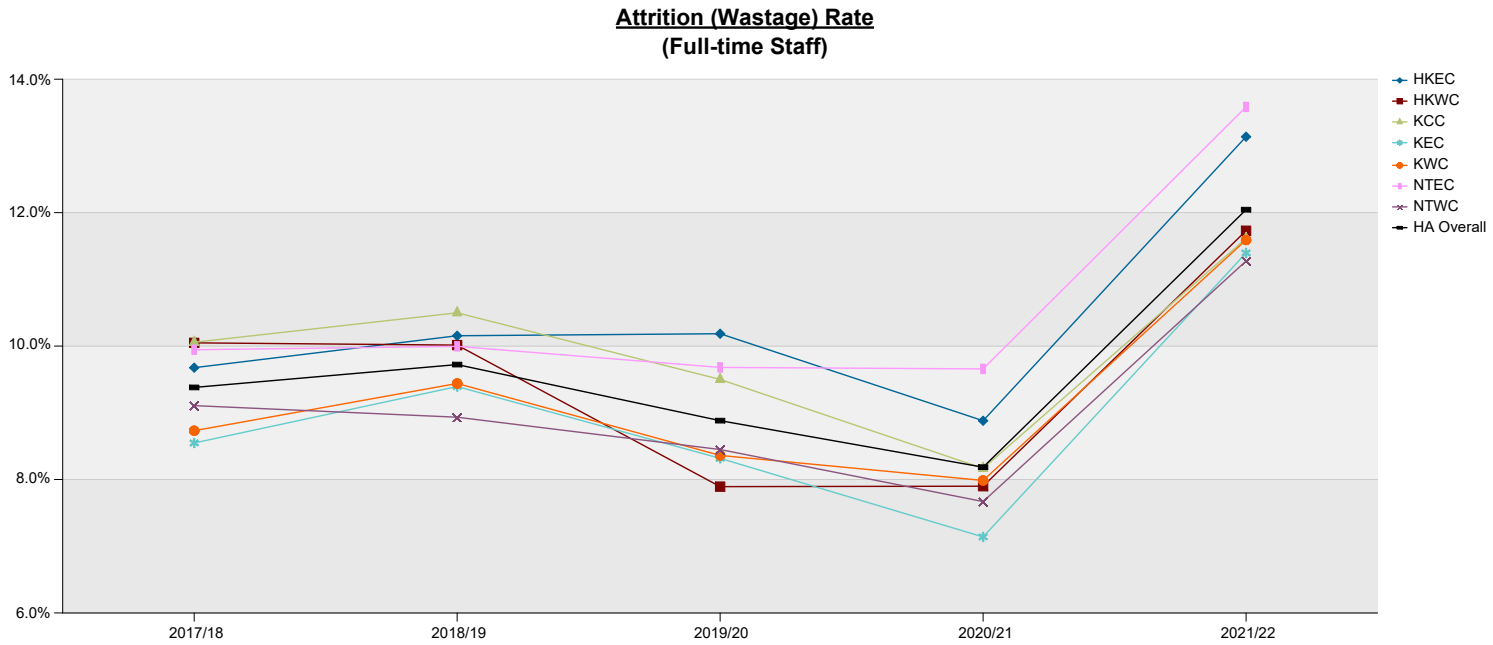


Staff Group	Full-time[4]					Part-time [4][5]				
	2017/18	2018/19	2019/20	2020/21	2021/22 (Rolling from Apr 21 to Mar 22)[3]	2017/18	2018/19	2019/20	2020/21	2021/22 (Rolling from Apr 21 to Mar 22)[3]
Medical[2]	5.7%	6.5%	5.4%	4.3%	7.9%	29.4%	24.3%	15.6%	11.5%	17.8%
Nursing	5.4%	6.3%	5.9%	5.8%	9.4%	16.0%	15.6%	15.7%	15.0%	26.2%
Allied Health	4.1%	5.3%	4.8%	4.4%	8.7%	22.2%	15.4%	13.9%	8.3%	21.8%
Supporting (Care-related)	14.8%	14.3%	12.9%	11.1%	14.7%	14.9%	14.5%	17.0%	10.2%	20.3%
Others	13.2%	13.1%	12.0%	11.2%	15.3%	14.1%	38.5%	28.3%	31.4%	34.8%
HA Overall	9.4%	9.7%	8.9%	8.2%	12.0%	23.5%	21.0%	16.4%	13.9%	22.5%

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

(Internet version)



Cluster	Full-time[3]					Part-time[3][4]				
	2017/18	2018/19	2019/20	2020/21	2021/22 (Rolling from Apr 21 to Mar 22)[2]	2017/18	2018/19	2019/20	2020/21	2021/22 (Rolling from Apr 21 to Mar 22)[2]
HKEC	9.7%	10.2%	10.2%	8.9%	13.1%	25.1%	22.8%	18.0%	16.8%	21.8%
HKWC	10.0%	10.0%	7.9%	7.9%	11.7%	25.1%	25.3%	21.0%	17.5%	31.1%
KCC	10.1%	10.5%	9.5%	8.2%	11.6%	15.3%	24.7%	19.1%	9.3%	16.7%
KEC	8.5%	9.4%	8.3%	7.1%	11.4%	22.3%	15.0%	14.6%	13.4%	23.9%
KWC	8.7%	9.4%	8.4%	8.0%	11.6%	32.7%	21.5%	8.5%	11.4%	22.6%
NTEC	9.9%	10.0%	9.7%	9.7%	13.6%	15.0%	17.8%	19.4%	20.3%	22.0%
NTWC	9.1%	8.9%	8.4%	7.7%	11.3%	38.0%	15.7%	11.1%	10.3%	16.1%
HA Overall	9.4%	9.7%	8.9%	8.2%	12.0%	23.5%	21.0%	16.4%	13.9%	22.5%

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

(Internet version)

Staff Group		No. of resignations						Resignation rate		
		2021			2022	Previous period	Current period	Previous period	Current period	Variance from previous period % pt
		2Q	3Q	4Q	1Q	(Apr20 - Mar21)	(Apr21 - Mar22)	(Apr20 - Mar21) %	(Apr21 - Mar22) %	
Doctor	Senior Staff (1)	27	69	79	71	96	246	3.3%	8.4%	+ 5.1
	Junior Staff (2)	14	44	39	52	80	149	2.4%	4.4%	+ 2.0
	Overall	**41**	**113**	**118**	**123**	**176**	**395**	**2.8%**	**6.2%**	**+ 3.4**
Nursing	Senior Staff (3)	76	67	64	96	92	303	1.4%	4.5%	+ 3.1
	Junior Staff (4)	335	384	440	519	976	1,678	4.7%	8.1%	+ 3.4
	Overall	**411**	**451**	**504**	**615**	**1,068**	**1,981**	**4.0%**	**7.2%**	**+ 3.2**
Allied Health (5) Overall		**98**	**133**	**158**	**143**	**231**	**532**	**2.7%**	**6.1%**	**+ 3.4**
Supporting (Care-related) Overall		**338**	**498**	**482**	**465**	**1,105**	**1,783**	**6.7%**	**10.3%**	**+ 3.6**

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 Apr 20 - Mar 21 A	Current period Apr 21 - Mar 22 B	Variance from previous period C = (B - A) / A
Medical	3.1	3.4	+ 9.7%
Nursing	7.4	8.4	+ 13.5%
Allied Health	4.2	5.1	+ 21.4%
Supporting (Care-related)	8.3	9.7	+ 16.9%
Others	6.6	7.5	+ 13.6%
HA Overall	**6.7**	**7.7**	**+ 14.9%**

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

Staff Group	Previous period Apr 20 - Mar 21 A %	Current period Apr 21 - Mar 22 B %	Variance from previous period C = B - A % pt
Medical	1.0	1.2	+ 0.2
Nursing	2.8	3.0	+ 0.2
Allied Health	1.2	1.4	+ 0.2
Supporting (Care-related)	2.8	3.2	+ 0.4
Others	2.1	2.4	+ 0.3
HA Overall	**2.3**	**2.6**	**+ 0.3**

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 Apr 20 - Mar 21 A	Current period Apr 21 - Mar 22 B	Variance from previous period C = B - A
Medical	4.6	4.3	- 0.3
Nursing	4.2	4.3	+ 0.1
Allied Health	1.8	1.5	- 0.3
Supporting (Care-related)	6.4	6.8	+ 0.4
Others	2.9	2.6	- 0.3
HA Overall	**4.0**	**4.0**	**0**

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

Staff Group	Previous period Apr 20 - Mar 21 A	Current period Apr 21 - Mar 22 B	Variance from previous period C = B - A
Medical	6.3	4.3	- 2.0
Nursing	67.1	44.0	- 23.1
Allied Health	16.1	43.6	+ 27.5
Supporting (Care-related)	132.8	116.2	- 16.6
Others	78.6	77.5	- 1.1
HA Overall	**73.5**	**65.3**	**- 8.2**

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.

Training Day [1][2][3][4]

(a) Total Training Days

Staff Group	Previous period Apr 20 - Mar 21	Current period [5] Apr 21 - Mar 22	Variance from previous period
	A	B	C = (B - A) / A
Medical	25,945.9	25,731.6	- 0.8%
Nursing	139,220.2	212,122.0	+ 52.4%
Allied Health	24,868.2	33,173.2	+ 33.4%
Supporting (Care-related)	27,778.4	30,258.3	+ 8.9%
Others	17,089.8	20,497.2	+ 19.9%
HA Overall	**234,902.5**	**321,782.3**	**+ 37.0%**

(b) Average Training Days per Staff

Staff Group	Previous period Apr 20 - Mar 21	Current period [5] Apr 21 - Mar 22	Variance from previous period
	A	B	C = B - A
Medical	3.7	3.6	- 0.1
Nursing	5.1	7.7	+ 2.6
Allied Health	2.9	3.8	+ 0.9
Supporting (Care-related)	1.7	1.7	0
Others	0.7	0.8	+ 0.1
HA Overall	**2.8**	**3.7**	**+ 0.9**

Remarks

(1) Include Permanent and Contract staff on headcount basis

(2) Include training activities with reference to the prevailing Human Resources policies of HA

(3) Exclude eLearning, on-the-job training and fellowship training organised by HKAM for HA doctors (records not available within HA)

(4) According to Training Data Governance Framework, training organizers are allowed 3-month time for date-back input. The training KPI will be finalized on 1 Jul every year and reported in the next reporting year.

(5) Provisional data for reference only.