



**For information
on 28.2.2019**

AOM-P1456

Hospital Authority

Chief Executive's Progress Report on Key Performance Indicators **(KPI Report No. 41, up to December 2018)**

Purpose

This paper invites Members to note and comment on the report on Key Performance Indicators (KPI) of the Hospital Authority (HA) covering KPIs of clinical services, human resources (HR) and financial performance for the period ended December 2018.

Background

2. In this report, the reporting period is mainly from January to December 2018, unless otherwise specified. The 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.

Key Observations

Clinical Services (Appendix 1)

Service Growth (Year-to-date (YTD) December 2018)

3. In general, HA had achieved the YTD estimates for most of the Controlling Officer's Report service throughput items. The total number of specialist outpatient (SOP) (clinical) attendances exceeded the YTD estimate by over 5%. On the other hand, a few items, namely the number of inpatient discharges and deaths, accident & emergency (A&E) attendances, allied health (community) attendances, geriatric outreach attendances and Visiting Medical Officer attendances, had negative variance when compared with the YTD estimates.

Quality Improvement and Efficiency (January – December 2018, unless specified)

● *Waiting time for A&E services*

4. HA's overall **percentage of A&E patients seen within target waiting time** 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 14.1% points (75.9% vs. target 90%) and 8.5% points (66.5% vs. target 75%) respectively. Compared with prior year, slight drops of 1.1% points and 0.8% point for Triage III and IV were observed for HA overall in meeting the target waiting time. HA has introduced various measures to relieve the workload of A&E departments (AEDs). A&E Support Session Programme has been implemented, where additional medical and nursing staff including those from and outside AEDs are recruited to work extra hours on a voluntary basis with payment of special honorarium, to handle the semi-urgent and non-urgent cases so that A&E staff can focus their effort on managing more urgent cases. HA has implemented the "Rapid Assessment and Treatment Model" in Queen Elizabeth Hospital and tried out another similar model in Prince of Wales Hospital, re-engineering the work process to allow early assessment of Triage III patients by a specific team led by a senior doctor to make initial assessment and define the care plan. In addition, HA also recruits part-time doctors and nurses to strengthen staffing support to AEDs.

● *Waiting time for SOP new case bookings*

5. All clusters met the target overall median waiting time for first appointment for Priority 1 and Priority 2 cases, i.e. within two weeks and eight weeks respectively.

6. On the **90th percentile waiting time for Routine cases**, amongst the eight specialties being monitored, waiting time of Gynaecology and Surgery had slightly decreased while lengthening in waiting time of other specialties for HA overall was observed when compared with prior year. **Medicine (MED)**, **Ophthalmology (OPH)** and **Orthopaedics & Traumatology (ORT)** had waiting time above 100 weeks, with details as provided below:

- (a) **MED** (113 weeks): HA overall waiting time had lengthened by 15 weeks, which was mainly attributed to the growth in service demand in terms of number of new case bookings. Despite the efforts made in clearing the new case backlog, the growth of service throughput was not yet able to catch up with the escalating demand. Theoretically, assuming all factors remained unchanged, the growth of waiting list could be curbed if HA is able to increase its service throughput for SOP first attendances by 14.6%. A multipronged approach along the patient flow from diversion of inflow of patients, increasing capacity of both medical manpower and collaboration of other healthcare professionals, as well as exploring outlet sources to continue managing patients are being considered.

- (b) **OPH** (106 weeks): Waiting time for HA overall had increased by 12 weeks when compared with prior year. This was mainly attributed to medical manpower shortage as a result of high turnover. Measures have been taken to recruit additional medical staff through rehiring of retired doctors and Special Honorarium Scheme (SHS). Clusters will also explore inter-cluster collaboration to better manage the disparity in waiting time among clusters. In addition, clusters will review their appointment scheduling practices to better manage the long waiting time.

- (c) **ORT** (129 weeks): Waiting time for HA overall had slightly lengthened by two weeks when compared with prior year. Long waiting time for ORT cases was generally due to the rising demand from the ageing population, which outpaces the new case clearance rate. Theoretically, assuming all factors remained unchanged, the growth of the waiting list could be curbed if HA is able to increase its throughput for SOP first attendances by 11.1%. To alleviate pressure of growing service demand on ORT SOP service, HA has been adopting a collaborative service model between ORT and Family Medicine Specialist Clinic (FMSC), where appropriate ORT new cases of routine category will be diverted to FMSCs according to protocol.

Human Resources (Appendix 2)

7. As at 31 December 2018, HA had a staffing position of 78 839, which represented a growth of 2.8% when compared with prior year. The workforce in all staff groups had increased and the greatest increase (+3.8%) was in Nursing staff group. Regarding attrition (wastage) rate of full-time staff, the HA overall rate (January – December 2018) was 9.6%, in which the Supporting (Care-related) staff group had the highest rate (14.5%).

8. During the reporting period, the HA overall average sick leave days taken per staff was 7.4 days, which represented a 3.9% reduction when compared with prior year. The average sick leave days taken per staff had either remained unchanged or decreased in all staff groups but the proportion of staff taking long sick leave (≥ 50 days) had slightly increased by 0.1% point and 0.2% point in Allied Health and Nursing staff groups respectively.

9. During the reporting period, the HA overall number of injury on duty (IOD) cases per 100 full time equivalent (FTE) staff was 4.3 cases, representing an overall reduction of 0.2 case. Allied Health staff group had the lowest rate (1.5 cases), whereas Supporting (care-related) staff group had the highest rate (7.3 cases). As for number of IOD leave days per 100 FTE staff, HA overall was 71.5 days, representing a decrease of 10.6 days when compared with the same period of prior year. Nursing staff group had a significant reduction (-22.9 days) while that of Medical and Allied Health staff groups had increased by 0.1 day and 2.2 days respectively.

Finance

10. For the nine months ended 31 December 2018, HA recorded an overall underspending of \$2,153 million in its recurrent operating results, exceeding the budgeted underspending by \$927 million. This YTD budget variance was primarily attributable to (i) higher investment income as a result of higher yields achieved and larger fund size; (ii) underspending on Personal Emoluments resulting from lower-than-planned intake given the tight supply of doctors and nurses, coupled with unexpectedly high attrition across most staff groups and recruitment time lag; (iii) lower operating expenses of Hong Kong Children's Hospital (HKCH) due to its rescheduled service commencement; (iv) savings from various corporate programmes; and (v) later-than-planned delivery of goods and services.

11. Taking into account the full-year impact of (i) to (v) above, an overall full-year **underspending of \$955 million** (compared to a balanced budget) was anticipated for 2018-19.

12. All clusters have been allocated additional budget in 2018-19 to uplift their baseline budget to 2017-18 level for addressing common pressure areas. However, as a result of the manpower shortage as mentioned above, almost all clusters (except Hong Kong East Cluster (HKEC) and Kowloon Central Cluster (KCC) (excluding HKCH) and the Head Office (HO) projected a full-year underspending against budget as at December 2018. Both HKEC and KCC (excluding HKCH) projected to reach a balanced position after incorporating the pending allocation of additional budget from HO to cover for their more-than-budgeted medical fee waiver for Old Age Living Allowance recipients and other pressure areas.

13. In 2018-19, HA has planned in advance to deploy a total amount of \$920 million from its revenue reserve to cope with the winter surge. Out of this total, a budget of around \$520 million has been provided upfront to clusters for planning and implementation of contingent measures in anticipation of an increase in workload during winter surge. In response to the severity of the influenza activity upsurge observed since early January 2019 and its anticipated rising trend over the next few months, the HA Board approved on 18 January 2019, after circulation of AOM Paper No. 1445, to increase the rate of SHS allowance by 10% (from 28 January 2019 to 30 April 2019) as a special one-off arrangement to encourage more staff to work during the surge period. Meanwhile, another sum of \$400 million has been reserved to cater for any additional financial requirements to be incurred by clusters for implementation of related enhanced measures. The **Government has also made further announcement in January 2019** to set aside an extra amount of \$500 million for HA in times of the influenza winter surge and HA will advise the Food and Health Bureau on any need to deploy the funding where necessary. Further top-up budget would be allocated to clusters accordingly should more resources be required.

Advice Sought

14. Members are invited to note and comment on the KPI Report No. 41 with key observations highlighted in paragraphs 3 to 13. Detailed reports for clinical services, HR and financial performance were submitted to the respective functional committees via circulation for information.

Hospital Authority
AOM\PAPER\1456
21 February 2019

Report on Key Performance Indicators - Clinical Services
For reporting to the Administrative and Operational Meeting in February 2019
(KPI Report No. 41, up to December 2018)

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

Reporting Period : YTD Dec 2018 (unless specified) for Service Growth in response to Population Change & Ageing Effect ;

1.1.2018 - 31.12.2018 (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 2018	YTD Dec 2018	Variance	YTD Dec 2017	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)	28 929	28 923	+ 6	28 329	+ 600
	(as at 31 Dec 2018)				(as at 31 Dec 2017)	
	* No. of community nurses	509	N.A.	N.A.	486	+ 22
					(as at 31 Dec 2017)	
	* No. of geriatric day places	659	N.A.	N.A.	659	-
					(as at 31 Dec 2017)	
	* No. of community psychiatric nurses	141	N.A.	N.A.	137	+ 4
					(as at 31 Dec 2017)	
	* No. of psychiatric day places	889	N.A.	N.A.	889	-
					(as at 31 Dec 2017)	
Inpatient Services	* No. of inpatient discharges & deaths (overall)	860 837	862 642	- 0.2%	869 227	- 1.0%
	* No. of patient days (overall)	6 231 812	6 149 348	+ 1.3%	6 176 496	+ 0.9%
	* No. of day inpatient discharges & deaths	511 114	494 503	+ 3.4%	495 219	+ 3.2%
Accident & Emergency (A&E) Services	* No. of attendances	1 610 162	1 704 569	- 5.5%	1 653 646	- 2.6%
	* No. of first attendances for					
	* triage I (Critical cases)	15 841	N.A.	N.A.	15 648	+ 1.2%
	* triage II (Emergency cases)	38 184	N.A.	N.A.	38 096	+ 0.2%
	* triage III (Urgent cases)	557 839	N.A.	N.A.	561 818	- 0.7%
Specialist Outpatient (SOP) Services	* No. of specialist outpatient (clinical) new attendances	616 601	N.A.	N.A.	597 030	+ 3.3%
	* No. of specialist outpatient (clinical) follow-up attendances	5 321 510	N.A.	N.A.	5 188 254	+ 2.6%
	* Total no. of specialist outpatient (clinical) attendances	5 938 111	5 633 513	+ 5.4%	5 785 284	+ 2.6%
Primary Care Services	* No. of general outpatient attendances	4 565 406	4 560 316	+ 0.1%	4 563 125	+§
	* No. of family medicine specialist clinic attendances	237 650	230 568	+ 3.1%	232 328	+ 2.3%
	* Total no. of primary care attendances	4 803 056	4 790 884	+ 0.3%	4 795 453	+ 0.2%
Allied Health Outpatient Services	* No. of allied health (outpatient) attendances	2 150 728	2 056 394	+ 4.6%	2 065 175	+ 4.1%
Day Hospital Services	* No. of rehabilitation day & palliative care day attendances	74 974	71 878	+ 4.3%	75 312	- 0.4%
	* No. of geriatric day attendances	109 682	108 752	+ 0.9%	114 135	- 3.9%
	* No. of psychiatric day attendances	171 735	169 603	+ 1.3%	165 168	+ 4.0%
Community & Outreach Services	* No. of home visits by community nurses	669 649	645 702	+ 3.7%	654 614	+ 2.3%
	* No. of allied health (community) attendances	26 928	27 397	- 1.7%	27 334	- 1.5%
	* No. of geriatric outreach attendances	507 954	510 519	- 0.5%	511 366	- 0.7%
	* No. of geriatric elderly persons assessed for infirmary care service	1 560	N.A.	N.A.	1 245	+ 25.3%
	* No. of Visiting Medical Officer attendances	81 373	83 758	- 2.8%	82 139	- 0.9%
	* No. of psychiatric outreach attendances	229 039	218 582	+ 4.8%	217 709	+ 5.2%
	* No. of psychogeriatric outreach attendances	76 418	75 095	+ 1.8%	74 301	+ 2.8%

Blue

> 5% above estimate / prior year

Remark:

Green

> 5% below estimate / prior year

* COR item

Current period (R41)								Previous period			
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA			
Jan - Dec 2018								Jan - Dec 2017	Variance		
								A	B	C = (A - B) or (A - B) / B	

Quality Improvement as a result of Technology Advancement or Implementation of New Service Quality & Access Initiatives

		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Jan - Dec 2017	Variance
Waiting Time for Accident & Emergency (A&E) Services	% of A&E patients 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%)	98.8%	98.6%	94.0%	98.1%	97.0%	96.0%	98.4%	97.1%	97.2%	- 0.1%pt
	* triage III (urgent cases : < 30 minutes, 90%)	93.5%	84.1%	60.7%	70.6%	87.6%	66.5%	82.0%	75.9%	77.0%	- 1.1%pt
	triage IV (semi-urgent cases : < 120 minutes, 75%)	71.5%	73.0%	52.2%	47.7%	78.3%	68.6%	62.6%	66.5%	67.3%	- 0.8%pt
Waiting Time for Specialist Outpatient (SOP) New Case Bookings	Median waiting time for first appointment at specialist outpatient clinics										
	<u>Overall</u>										
*	Priority 1 (P1) patients (≤ 2 weeks)	<1	<1	<1	<1	<1	<1	<1	<1	<1	-
*	Priority 2 (P2) patients (≤ 8 weeks)	5	5	5	7	5	4	4	5	5	-
	<u>Ear, Nose and Throat</u>										
	% of patients seen within 2 weeks for P1 patients	99.5%	99.5%	96.8%	99.5%	98.7%	98.8%	99.0%	98.7%	98.7%	-§
	% of patients seen within 8 weeks for P2 patients	98.7%	98.5%	95.6%	99.2%	97.2%	98.4%	98.6%	98.2%	98.4%	- 0.3%pt
	Waiting time (week) for 90 th percentile of Routine cases	59	85	94	91	94	67	69	89	78	+ 14.1%
	<u>Gynaecology</u>										
	% of patients seen within 2 weeks for P1 patients	100.0%	98.8%	99.1%	99.0%	98.1%	99.0%	98.9%	99.0%	98.5%	+ 0.5%pt
	% of patients seen within 8 weeks for P2 patients	99.8%	98.5%	99.1%	98.5%	98.0%	97.2%	94.1%	98.5%	98.1%	+ 0.4%pt
	Waiting time (week) for 90 th percentile of Routine cases	64	57	40	69	86	87	133	80	82	- 2.4%
	<u>Medicine</u>										
	% of patients seen within 2 weeks for P1 patients	97.4%	99.1%	97.9%	97.1%	97.0%	98.9%	94.4%	97.7%	97.6%	+ 0.1%pt
	% of patients seen within 8 weeks for P2 patients	98.8%	98.2%	99.2%	98.6%	89.9%	98.2%	98.3%	96.9%	98.0%	- 1.1%pt
	Waiting time (week) for 90 th percentile of Routine cases	102	109	113	116	95	112	118	113	98	+ 15.3%
	<u>Ophthalmology</u>										
	% of patients seen within 2 weeks for P1 patients	99.8%	99.4%	99.4%	99.6%	100.0%	98.6%	98.3%	99.2%	99.1%	+ 0.1%pt
	% of patients seen within 8 weeks for P2 patients	99.7%	98.8%	98.6%	98.6%	99.2%	98.9%	84.9%	97.2%	97.9%	- 0.7%pt
	Waiting time (week) for 90 th percentile of Routine cases	73	63	112	162	78	78	83	106	94	+ 12.8%
	<u>Orthopaedics and Traumatology</u>										
	% of patients seen within 2 weeks for P1 patients	99.0%	99.5%	99.6%	99.1%	97.9%	98.5%	98.0%	98.7%	98.4%	+ 0.3%pt
	% of patients seen within 8 weeks for P2 patients	98.4%	99.5%	99.5%	98.7%	97.0%	96.4%	98.4%	98.1%	97.4%	+ 0.8%pt
	Waiting time (week) for 90 th percentile of Routine cases	103	166	141	133	103	150	118	129	127	+ 1.6%
	<u>Paediatrics and Adolescent Medicine</u>										
	% of patients seen within 2 weeks for P1 patients	97.4%	99.1%	99.5%	99.4%	99.0%	96.7%	99.2%	99.1%	98.9%	+ 0.2%pt
	% of patients seen within 8 weeks for P2 patients	97.3%	96.0%	99.3%	98.3%	98.6%	98.2%	98.8%	98.1%	98.1%	+§
	Waiting time (week) for 90 th percentile of Routine cases	13	14	22	30	25	34	36	34	29	+ 17.2%
	<u>Psychiatry</u>										
	% of patients seen within 2 weeks for P1 patients	99.5%	97.8%	97.9%	98.4%	98.5%	98.6%	99.4%	98.7%	97.7%	+ 0.9%pt
	% of patients seen within 8 weeks for P2 patients	99.7%	98.9%	99.7%	99.4%	99.4%	98.6%	99.6%	99.2%	97.5%	+ 1.7%pt
	Waiting time (week) for 90 th percentile of Routine cases	55	104	89	131	88	115	95	98	97	+ 1.0%
	<u>Surgery</u>										
	% of patients seen within 2 weeks for P1 patients	98.0%	96.6%	97.2%	96.9%	97.0%	96.3%	97.8%	97.1%	97.9%	- 0.8%pt
	% of patients seen within 8 weeks for P2 patients	98.7%	95.9%	93.7%	97.7%	97.3%	96.9%	98.0%	96.9%	97.9%	- 1.1%pt
	Waiting time (week) for 90 th percentile of Routine cases	86	83	68	101	51	76	89	78	79	- 1.3%

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

Remark:

* COR item

Current period (R41)								Previous period	
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	
<i>Jan - Dec 2018</i>								<i>Jan - Dec 2017</i>	<i>Variance</i>
A								B	C = (A - B) or (A - B) / B

Quality Improvement as a result of Technology Advancement or Implementation of New Service Quality & Access Initiatives (continued)

		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	Variance
		<i>Jan - Dec 2018</i>								<i>Jan - Dec 2017</i>	<i>C = (A - B) or (A - B) / B</i>
Waiting Time for Allied Health Outpatient New Case Bookings	<u>Occupational Therapy</u>										
	% of patients seen within 2 weeks for P1 patients	99.1%	95.0%	97.1%	96.9%	99.1%	98.4%	99.3%	98.0%	97.7%	+ 0.2%pt
	% of patients seen within 8 weeks for P2 patients	93.1%	93.1%	94.2%	98.1%	95.1%	96.7%	96.4%	95.3%	96.5%	- 1.2%pt
	Waiting time (week) for 90 th percentile of Routine cases	22	25	22	32	21	25	14	27	27	-
	<u>Physiotherapy</u>										
	% of patients seen within 2 weeks for P1 patients	99.3%	98.0%	94.2%	97.4%	98.1%	97.2%	99.2%	97.3%	97.8%	- 0.5%pt
	% of patients seen within 8 weeks for P2 patients	99.4%	97.2%	94.6%	94.5%	97.5%	95.8%	98.6%	96.1%	96.7%	- 0.6%pt
	Waiting time (week) for 90 th percentile of Routine cases	40	21	37	42	40	39	24	39	36	+ 8.3%

Blue > 5% / 5%pt above previous period

Green > 5% / 5%pt below previous period

Current period (R41)								Previous period	
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	
Jan - Dec 2018								Jan - Dec 2017	Variance
								B	C = (A - B) or (A - B) / B
								A	

Quality Improvement as a result of Technology Advancement or Implementation of New Service Quality & Access Initiatives (continued)

Waiting Time for Elective Surgery	Total Joint Replacement										
	Waiting time (month) at 90 th percentile of patients receiving the treatment of Total Joint Replacement	52	46	26	42	39	48	61	49	46	+ 6.5%
	Benign Prostatic Hyperplasia										
	% of patients provided with surgery within 2 months for P1 patients (Oct 2017 - Sep 2018)	100.0%	99.1%	94.5%	88.1%	88.0%	91.0%	54.5%	88.1%	89.9%	- 1.8%pt (Oct 2016 - Sep 2017)
^A	% of patients provided with surgery within 12 months for P2 patients (Jan - Dec 2017)	100.0%	100.0%	100.0%	95.7%	100.0%	97.1%	94.2%	98.1%	98.2%	- 0.1%pt (Jan - Dec 2016)
				(Apr - Dec 2017)		(Apr - Dec 2017)					
Waiting Time for Diagnostic Radiological Investigations	CT										
	% of urgent cases with examination done within 24 hours	99.9%	99.6%	99.1%	98.2%	99.0%	99.3%	98.9%	99.1%	99.1%	+ \$
	Median waiting time (week) for P1 patients	3	15	13	8	1	2	10	6	4	+ 50.0%
	Median waiting time (week) for P2 patients	13	37	31	26	17	28	21	21	16	+ 31.3%
	Waiting time (week) for 90 th percentile of Routine cases	54	119	115	110	130	109	111	113	88	+ 28.4%
	MRI										
	% of urgent cases with examination done within 24 hours	100.0%	95.4%	96.2%	98.0%	98.0%	91.7%	82.2%	92.8%	93.7%	- 0.9%pt
	Median waiting time (week) for P1 patients	1	3	19	15	2	3	3	5	4	+ 25.0%
	Median waiting time (week) for P2 patients	12	51	37	42	18	17	26	26	21	+ 23.8%
	Waiting time (week) for 90 th percentile of Routine cases	63	140	103	85	126	80	94	106	95	+ 11.6%
	Ultrasonography										
	% of urgent cases with examination done within 24 hours	99.8%	95.7%	97.3%	94.4%	97.2%	94.8%	93.5%	95.9%	95.8%	+ 0.1%pt
	Median waiting time (week) for P1 patients	4	4	1	2	2	4	2	2	2	-
	Median waiting time (week) for P2 patients	20	22	27	60	41	37	21	26	21	+ 23.8%
	Waiting time (week) for 90 th percentile of Routine cases	64	84	142	148	135	121	101	124	106	+ 17.0%
Mammogram											
Median waiting time (week) for P1 patients	2	2	5	<1	2	1	2	2	2	-	
Median waiting time (week) for P2 patients	17	30	46	53	42	22	13	31	41	- 24.4%	
Waiting time (week) for 90 th percentile of Routine cases	104	154	177	95	160	100	143	155	140	+ 10.7%	

Blue > 5% / 5%pt above previous period

Green > 5% / 5%pt below previous period

Remark for KCC and KWC:

^A KWH, OLMH and WTSH, together with the service units in the concerned communities, were re-delineated from KWC to KCC wef 1 December 2016. Reporting based on the new clustering arrangement started from 1 April 2017. Data for KCC and KWC with reporting period before 1 April 2017 will not be reported.

Quality Improvement as a result of Technology Advancement or Implementation of New Service Quality & Access Initiatives (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 2018

	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	909	12.7%	-	-
Prince of Wales Hospital	1 809	12.3%	-	-
Queen Elizabeth Hospital	2 500	12.1%	591	2.9%
United Christian Hospital	1 011	8.5%	92	0.8%

Previous period

Jul - Sep 2018

	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	598	9.0%	-	-
North District Hospital	401	5.5%	-	-
Prince of Wales Hospital	1 602	11.4%	-	-
Queen Elizabeth Hospital	1 635	8.5%	181	0.9%

Remark:

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

Current period (R41)								Previous period		
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA		
<i>Jan - Dec 2018</i>								<i>Jan - Dec 2017</i>	<i>Variance</i>	
								A	B	C = (A - B) or (A - B) / B

Quality Improvement as a result of Technology Advancement or Implementation of New Service Quality & Access Initiatives (continued)

Access to General Outpatient Clinic (GOPC) Episodic Illness Service	GOPC quota availability (for elders) (%)	99.9%	99.6%	92.0%	98.6%	88.9%	86.3%	93.1%	92.9%	91.4%	+ 1.6%pt
Appropriateness of Care	Standardised admission rate for A&E patients (%)	40.9%	41.7%	33.6%	31.6%	35.5%	34.8%	31.0%	34.7%	34.0%	+ 0.7%pt
	* Unplanned readmission rate within 28 days for general inpatients (%) <i>(Dec 2017 - Nov 2018)</i>	10.2%	9.1%	9.9%	10.9%	12.6%	9.8%	10.9%	10.6%	10.6%	+§ <i>(Dec 2016 - Nov 2017)</i>
Breastfeeding Rate	Breastfeeding rate on discharge (%) <i>(Dec 2017 - Nov 2018)</i>	88.4%	92.2%	86.0%	89.4%	74.4%	85.5%	75.3%	84.1%	83.0%	+ 1.1%pt <i>(Dec 2016 - Nov 2017)</i>
Infection Rate	MRSA bacteraemia in acute beds per 1 000 acute patient days	0.1383	0.1252	0.1436	0.1344	0.2306	0.1314	0.1404	0.1523	0.1443	+ 5.5%

Blue	> 5% / 5%pt <u>above</u> previous period
------	--

Green	> 5% / 5%pt <u>below</u> previous period
-------	--

Remark:

* COR item

		Current period (R41)								Previous period		
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA		
		Jan - Dec 2018								Jan - Dec 2017	Variance	
		A								B	C = (A - B) or (A - B) / B	
Quality Improvement as a result of Technology Advancement or Implementation of New Service Quality & Access Initiatives (continued)												
Disease Specific Quality Indicators	Stroke											
	% of acute ischaemic stroke patients received IV tPA treatment	7.2%	8.5%	9.3%	10.6%	9.3%	9.0%	14.0%	9.8%	8.5%	+ 1.3%pt	
	Hip Fracture											
	% of patients indicated for surgery on hip fracture with surgery performed ≤ 2 days after admission through A&E	79.4%	92.4%	55.7%	58.1%	68.1%	61.4%	72.9%	66.9%	68.6%	- 1.7%pt	
	Cancer											
	Waiting time (day) from decision to treat (DTT) to start of radiotherapy (RT) for 90 th percentile for cancer patients requiring radical RT	27	28	28	N.A.	28	33	28	28	28	-	
Δ	Waiting time (day) at 90 th percentile for patients with colorectal cancer receiving first treatment after diagnosis (Jul 2017 - Jun 2018)	57	73	69	82	78	83	63	74	80	N.A. (Jul 2016 - Jun 2017)	
Δ	Waiting time (day) at 90 th percentile for patients with breast cancer receiving first treatment after diagnosis (Jul 2017 - Jun 2018)	50	47	66	54	67	84	61	65	66	N.A. (Jul 2016 - Jun 2017)	
	Waiting time (day) at 90 th percentile for patients with nasopharynx cancer receiving first treatment after diagnosis	47	53	55	N.A.	58	62	52	56	59	- 5.1%	
	Diabetes Mellitus											
	% of diabetes mellitus patients with HbA1c < 7%	51.9%	58.2%	57.2%	51.8%	51.9%	51.0%	49.0%	52.6%	53.4%	- 0.8%pt	
	Hypertension											
	% of hypertension patients treated in GOPCs with blood pressure < 140/90 mmHg	79.8%	82.7%	85.5%	79.6%	78.7%	72.9%	77.9%	79.4%	79.5%	- 0.1%pt	
	Mental Health Services											
	Average length of stay (LOS) of acute inpatient care (with LOS ≤ 90 days)	30.1	28.6	29.0	35.0	31.1	31.0	33.0	30.9	31.2	- 0.9%	
	% of compulsory psychiatric admissions under the Mental Health Ordinance via AED for patients receiving active Personalised Care Programme care	1.1%	2.3%	1.9%	2.4%	2.0%	2.8%	1.6%	2.0%	1.8%	+ 0.2%pt	
	Cardiac Services											
	% of acute myocardial infarction patients prescribed with Statin at discharge	88.9%	89.4%	84.9%	91.8%	85.4%	84.7%	89.2%	87.3%	87.1%	+ 0.2%pt	
	% of ST-elevation myocardial infarction patients received primary percutaneous coronary intervention	25.9%	57.9%	48.1%	21.8%	17.7%	16.6%	23.8%	28.4%	23.8%	+ 4.5%pt	

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

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

Remark:

- Δ Definition for KPIs on breast / colorectal cancer waiting time has been revised with effect from Report No. 38 to include cases with pathological diagnosis confirmed in private sector and exclude cases with first treatment in private sector. Data of current period is based on the revised definition. Data of previous period (Jul 2016 - Jun 2017) based on old definition is provided for reference only. Variance % against prior year is not available for comparison.

Current period (R41)								Previous period		
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA		
Jan - Dec 2018								Jan - Dec 2017	Variance	
								A	B	C = (A - B) or (A - B) / B

Efficiency in Use of Resources

Capacity and Throughput of Specialist Outpatient (SOP) Services	Throughput for SOP services / Waiting list management	Current period (R41)								Previous period	
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Jan - Dec 2017	Variance
	<u>Ear, Nose and Throat</u>										
	No. of SOP first attendances per doctor	775	554	941	724	685	845	818	769	745	+ 3.2%
	No. of SOP follow-up attendances per doctor	3 798	2 640	3 610	2 309	2 914	2 454	2 618	2 858	2 838	+ 0.7%
	Growth of waiting list against throughput (%)	10.2%	13.1%	18.2%	- 10.1%	17.2%	1.0%	3.4%	7.3%	10.4%	- 3.1%pt
	<u>Gynaecology</u>										
	No. of SOP first attendances per doctor	196	162	169	225	247	243	151	195	199	- 2.0%
	No. of SOP follow-up attendances per doctor	911	1 281	1 049	1 276	896	762	742	991	997	- 0.6%
	Growth of waiting list against throughput (%)	- 10.7%	0.4%	- 2.5%	1.2%	8.2%	4.2%	- 1.4%	0.4%	4.0%	- 3.6%pt
	<u>Medicine</u>										
	No. of SOP first attendances per doctor	69	65	67	89	73	96	74	76	75	+ 1.8%
	No. of SOP follow-up attendances per doctor	1 722	1 572	1 465	1 202	1 943	1 511	1 572	1 573	1 562	+ 0.7%
	Growth of waiting list against throughput (%)	13.4%	20.3%	13.2%	19.7%	9.2%	17.0%	9.8%	14.6%	14.9%	- 0.3%pt
	<u>Ophthalmology</u>										
	No. of SOP first attendances per doctor	677	452	624	724	739	667	745	666	654	+ 1.9%
	No. of SOP follow-up attendances per doctor	6 166	4 899	6 260	6 010	6 472	5 470	6 915	6 066	5 854	+ 3.6%
	Growth of waiting list against throughput (%)	10.6%	19.5%	13.8%	6.7%	13.4%	13.4%	10.8%	12.3%	7.3%	+ 5.0%pt
	<u>Orthopaedics and Traumatology</u>										
	No. of SOP first attendances per doctor	206	197	201	250	166	242	201	208	213	- 2.1%
	No. of SOP follow-up attendances per doctor	1 592	1 497	1 552	1 620	1 480	1 534	1 730	1 564	1 521	+ 2.8%
	Growth of waiting list against throughput (%)	9.5%	9.5%	9.8%	13.6%	7.8%	11.3%	16.1%	11.1%	2.0%	+ 9.2%pt
	<u>Paediatrics and Adolescent Medicine</u>										
	No. of SOP first attendances per doctor	39	54	42	85	87	54	44	57	61	- 6.4%
	No. of SOP follow-up attendances per doctor	492	601	627	880	640	553	727	640	659	- 2.8%
	Growth of waiting list against throughput (%)	- 2.7%	1.0%	2.6%	- 0.8%	1.3%	2.3%	8.7%	1.7%	0.1%	+ 1.6%pt
	<u>Psychiatry</u>										
	No. of SOP first attendances per doctor	70	105	58	121	127	109	68	96	97	- 0.8%
	No. of SOP follow-up attendances per doctor	2 419	2 076	1 861	2 845	3 084	1 934	2 017	2 333	2 281	+ 2.3%
	Growth of waiting list against throughput (%)	3.7%	- 2.5%	- 5.7%	32.6%	14.8%	- 4.6%	7.6%	7.9%	5.0%	+ 2.9%pt
	<u>Surgery</u>										
	No. of SOP first attendances per doctor	199	141	225	277	229	219	242	218	218	+ 0.1%
	No. of SOP follow-up attendances per doctor	1 429	1 357	1 346	1 312	1 219	920	1 119	1 228	1 214	+ 1.2%
	Growth of waiting list against throughput (%)	12.3%	2.6%	6.5%	13.4%	- 5	4.3%	2.8%	5.6%	3.5%	+ 2.1%pt
Operating Theatre (OT) Utilisation	Ratio of scheduled to expected elective OT session hours (%)	102.0%	100.4%	95.1%	98.1%	96.0%	96.3%	97.2%	97.5%	96.7%	+ 0.8%pt
	Utilisation rate of scheduled elective OT sessions (%)	96.5%	101.0%	99.0%	97.8%	95.8%	101.1%	94.7%	98.4%	98.7%	- 0.3%pt

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

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

Current period (R41)								Previous period			
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA			
Jan - Dec 2018								Jan - Dec 2017	Variance		
								A	B	C = (A - B) or (A - B) / B	

Efficiency in Use of Resources (continued)

Bed Management	*	Bed occupancy rate (%) (inpatient overall midnight)	88.1%	78.3%	90.4%	97.3%	86.4%	89.2%	91.1%	88.8%	88.0%	+ 0.8%pt
	*	Average length of stay (day) for general inpatients	5.4	5.8	6.7	5.8	5.2	6.3	6.2	6.0	5.8	+ 3.3%
Day and Same Day Surgery Services		Rate of day surgery plus same day surgery (%)										
		Surgery	64.5%	44.4%	55.3%	82.0%	53.4%	55.4%	65.6%	59.2%	58.4%	+ 0.7%pt
		Orthopaedics and Traumatology	64.2%	18.9%	42.5%	84.5%	49.9%	63.4%	36.2%	50.4%	48.7%	+ 1.7%pt
	Ophthalmology	62.8%	59.9%	87.8%	73.6%	45.4%	71.8%	19.5%	65.2%	67.4%	- 2.2%pt	
Productivity	€	Total weighted episodes (WEs) of acute inpatient services (Apr - Sep 2018)	79 951	97 987	159 041	90 537	135 225	141 457	108 431	812 629	843 029	- 3.6% (Apr - Sep 2017)

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

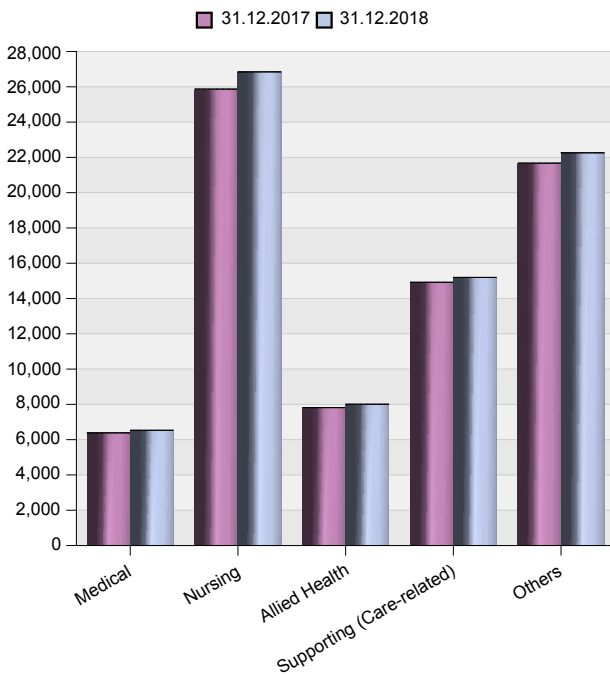
Remarks:

* COR item

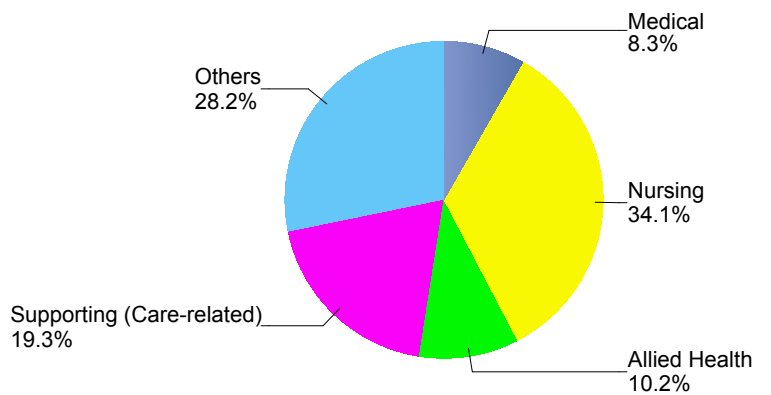
€ Data for WEs were compiled by the latest Cost Weight (CW) version 4.6.

Staff group ⁽¹⁾	Prior year	Current year	COR Estimate as at 31.03.2019	Variance from			
	31.12.2017	31.12.2018 ⁽²⁾		COR estimate		prior year	
	A	B		C	D = B - C	D / C	E = B - A
Medical ⁽³⁾	6,386	6,530	6,588	- 58	- 0.9%	+ 144	+ 2.3%
Nursing	25,869	26,847	26,560	+ 287	+ 1.1%	+ 978	+ 3.8%
Allied Health	7,817	8,007	8,070	- 63	- 0.8%	+ 190	+ 2.4%
Supporting (Care-related)	14,920	15,197	38,590	- 1,134	- 2.9%	+ 277	+ 1.9%
Others	21,672	22,259				+ 587	+ 2.7%
Total⁽⁴⁾⁽⁵⁾	76,663	78,839	79,808	- 969	- 1.2%	+ 2,176	+ 2.8%

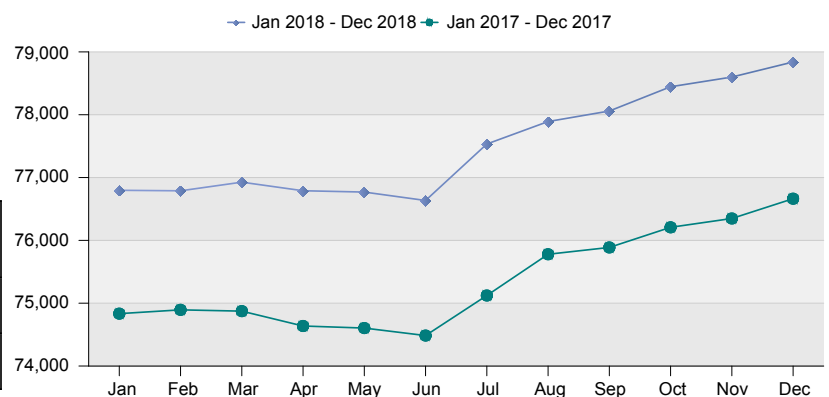
Blue >3% above COR estimate/prior year
 Green >3% below COR estimate/prior year



Distribution % by Staff Group (as at 31.12.2018)



HA Total

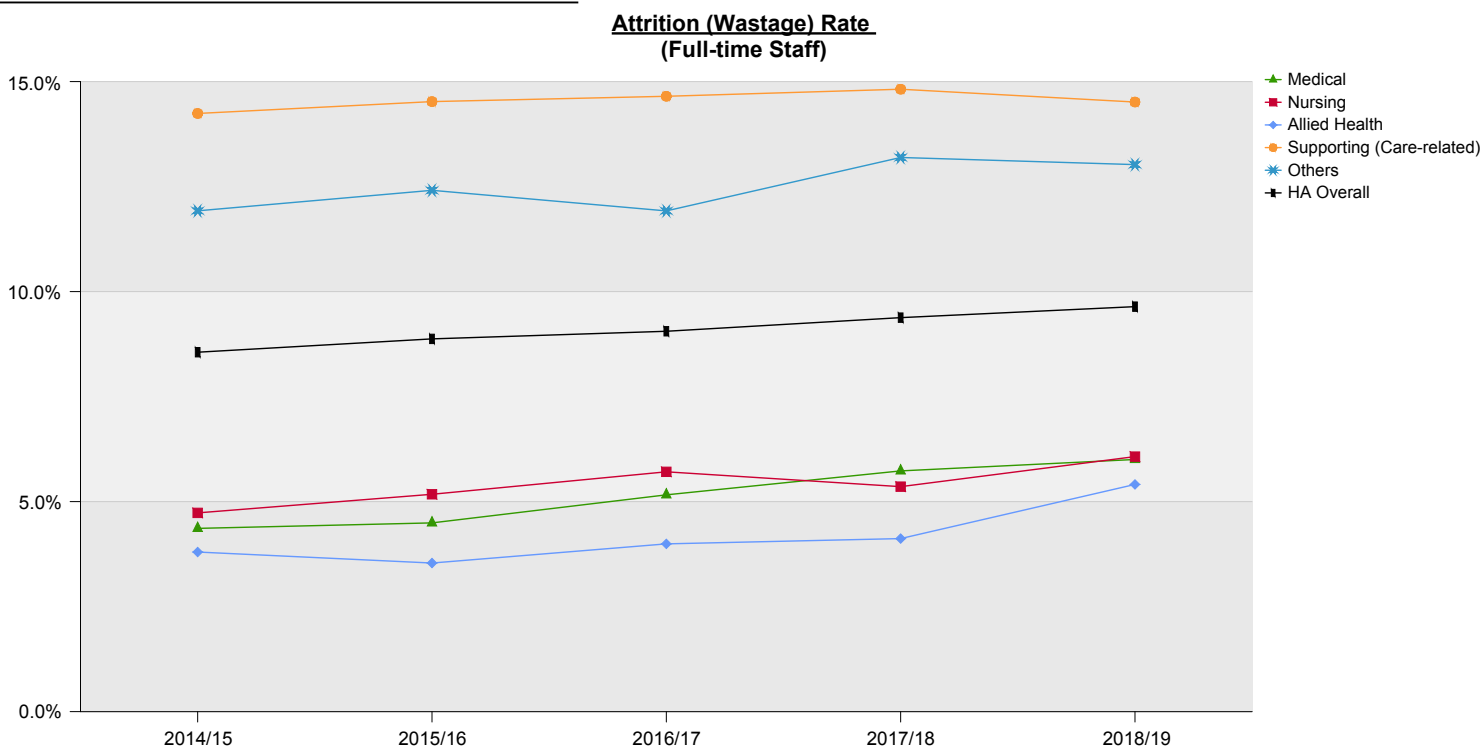


	Medical	Nursing	Allied Health	Supporting (Care-related)	Others
Prior Year 31.12.2017	6,386	25,869	7,817	14,920	21,672
Current Year 31.12.2018	6,530	26,847	8,007	15,197	22,259

Remarks:

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

Attrition (Wastage) Rate (%)⁽¹⁾⁽²⁾ by Staff Group

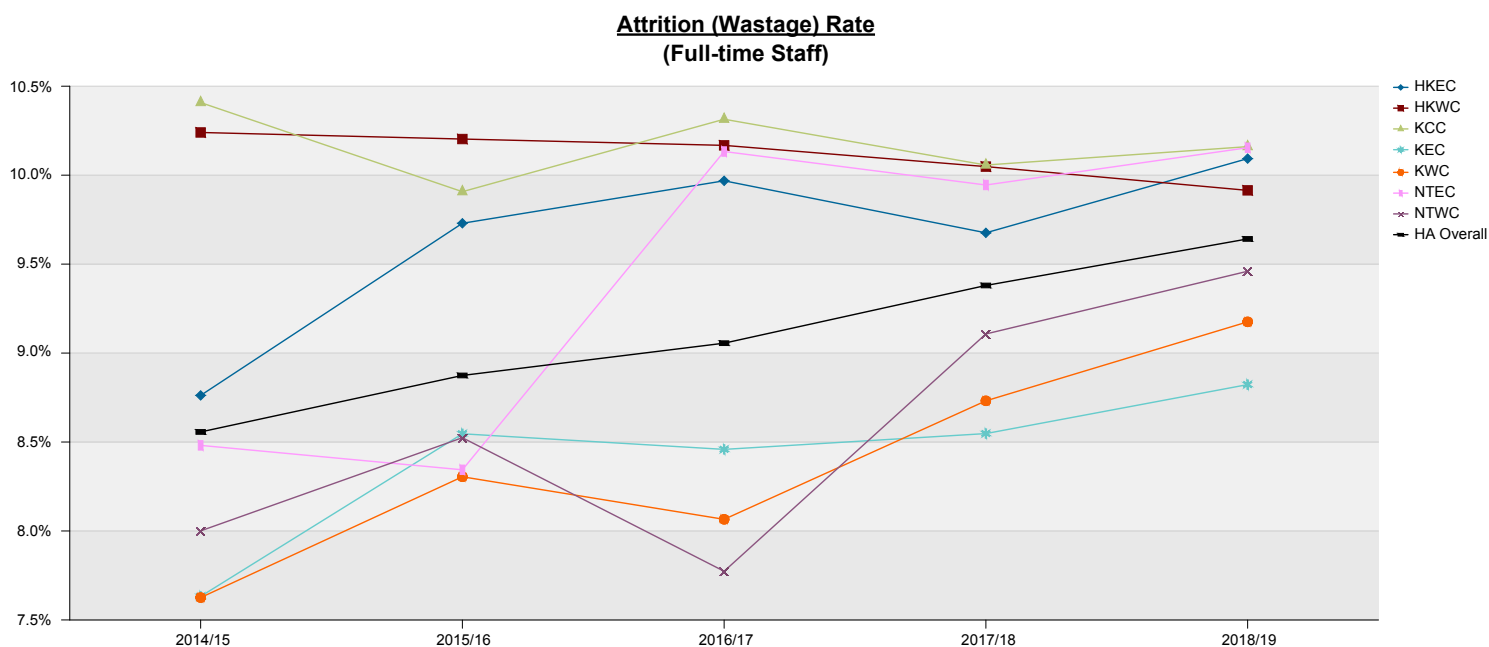


Staff Group	Full-time ⁽⁵⁾					Part-time ⁽⁵⁾⁽⁶⁾				
	2014/15	2015/16	2016/17	2017/18	2018/19 (Rolling from Jan 18 to Dec 18) ⁽⁴⁾	2014/15	2015/16	2016/17	2017/18	2018/19 (Rolling from Jan 18 to Dec 18) ⁽⁴⁾
Medical ⁽³⁾	4.4%	4.5%	5.2%	5.7%	6.0%	22.2%	18.8%	18.3%	29.4%	22.6%
Nursing	4.7%	5.2%	5.7%	5.4%	6.1%	25.1%	11.5%	13.1%	16.0%	16.6%
Allied Health	3.8%	3.5%	4.0%	4.1%	5.4%	17.2%	17.5%	21.4%	22.2%	14.2%
Supporting (Care-related)	14.2%	14.5%	14.6%	14.8%	14.5%	46.2%	0.0%	17.1%	14.9%	6.6%
Others	11.9%	12.4%	11.9%	13.2%	13.0%	31.9%	19.8%	19.3%	14.1%	25.2%
HA Overall	8.6%	8.9%	9.1%	9.4%	9.6%	23.1%	16.9%	17.4%	23.5%	19.3%

Remarks:

- (1) Attrition (Wastage) includes all types of cessation of service from HA for permanent and contract staff on Headcount basis
- (2) Since April 2013, attrition (wastage) for the HA full-time and part-time workforce has been separately monitored and presented i.e. Full-time Attrition (Wastage) Rate and Part-time Attrition (Wastage) Rate respectively
- (3) Medical staff group includes Intern & Dental Officers
- (4) Rolling Attrition (Wastage) Rate = Total no. of staff left HA in the past 12 months / Average strength in the past 12 months x 100%
- (5) 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%
- (6) "N/A" will be displayed when the average staff strength (part-time) is ≤ 3 staff

Attrition (Wastage) Rate (%)⁽¹⁾⁽²⁾ by Cluster



Cluster	Full-time ⁽⁴⁾					Part-time ⁽⁴⁾⁽⁵⁾				
	2014/15	2015/16	2016/17	2017/18	2018/19 (Rolling from Jan 18 to Dec 18) ⁽³⁾	2014/15	2015/16	2016/17	2017/18	2018/19 (Rolling from Jan 18 to Dec 18) ⁽³⁾
HKEC	8.8%	9.7%	10.0%	9.7%	10.1%	31.1%	27.1%	15.6%	25.1%	24.6%
HKWC	10.2%	10.2%	10.2%	10.0%	9.9%	22.6%	13.1%	18.3%	25.1%	20.9%
KCC ⁽⁶⁾	10.4%	9.9%	10.3%	10.1%	10.2%	13.7%	8.5%	13.5%	15.3%	22.8%
KEC	7.6%	8.5%	8.5%	8.5%	8.8%	17.0%	15.0%	17.1%	22.3%	10.4%
KWC ⁽⁶⁾	7.6%	8.3%	8.1%	8.7%	9.2%	20.7%	15.8%	13.6%	32.7%	20.6%
NTEC	8.5%	8.3%	10.1%	9.9%	10.2%	34.7%	16.7%	21.2%	15.0%	18.2%
NTWC	8.0%	8.5%	7.8%	9.1%	9.5%	29.1%	29.3%	23.0%	38.0%	16.4%
HA Overall	8.6%	8.9%	9.1%	9.4%	9.6%	23.1%	16.9%	17.4%	23.5%	19.3%

Remarks:

- (1) Attrition (Wastage) includes all types of cessation of service from HA for permanent and contract staff on Headcount basis
- (2) Since April 2013, attrition (wastage) for the HA full-time and part-time workforce has been separately monitored and presented i.e. Full-time Attrition (Wastage) Rate and Part-time Attrition (Wastage) Rate respectively
- (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
- (6) KWH, WTSH and OLMH have been regrouped from KWC to KCC wef 1 April 2017. Reporting based on new clustering arrangement started from 1 April 2017. Figures under prior period are based on old clustering arrangement

Resignation Number and Rate

Staff Group		No. of resignations				Resignation rate				
		2018				Previous period	Current period	Previous period	Current period	Variance from previous period % pt
		1Q	2Q	3Q	4Q	(Jan17 - Dec17)	(Jan18 - Dec18)	(Jan17 - Dec17) %	(Jan18 - Dec18) %	
Doctor	Senior Staff ⁽¹⁾	21	42	41	39	132	143	4.9%	5.3%	+ 0.4
	Junior Staff ⁽²⁾	36	19	26	20	108	101	3.5%	3.2%	- 0.3
	Overall	57	61	67	59	240	244	4.2%	4.2%	+ 0.0
Nursing	Senior Staff ⁽³⁾	10	9	16	12	71	47	1.3%	0.9%	- 0.4
	Junior Staff ⁽⁴⁾	220	201	253	286	879	960	4.7%	4.9%	+ 0.2
	Overall	230	210	269	298	950	1,007	3.9%	4.0%	+ 0.1
Allied Health ⁽⁵⁾ Overall		47	62	48	68	176	225	2.3%	2.9%	+ 0.6
Supporting (Care-related) Overall		365	316	414	344	1,515	1,439	10.4%	9.7%	- 0.7

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 17 - Dec 17	Jan 18 - Dec 18	
	A	B	C = (B - A) / A
Medical	3.1	3.0	- 3.2%
Nursing	7.8	7.8	0%
Allied Health	5.3	4.8	- 9.4%
Supporting (Care-related)	10.1	9.8	- 3.0%
Others	8.0	7.5	- 6.3%
HA Overall	7.7	7.4	- 3.9%

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

Staff Group	Previous period	Current period	Variance from previous period
	Jan 17 - Dec 17	Jan 18 - Dec 18	
	A	B	C = B - A
	%	%	% pt
Medical	0.8	0.8	0
Nursing	2.4	2.6	+ 0.2
Allied Health	1.4	1.5	+ 0.1
Supporting (Care-related)	3.1	3.1	0
Others	2.4	2.2	- 0.2
HA Overall	2.3	2.3	0

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

Remarks:

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

Injury on Duty

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

Staff Group	Previous period	Current period	Variance from previous period C = B - A
	Jan 17 - Dec 17	Jan 18 - Dec 18	
	A	B	
Medical	4.7	4.3	- 0.4
Nursing	4.8	4.4	- 0.4
Allied Health	1.5	1.5	0
Supporting (Care-related)	8.0	7.3	- 0.7
Others	2.8	3.0	+ 0.2
HA Overall	4.5	4.3	- 0.2

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

Staff Group	Previous period	Current period	Variance from previous period C = B - A
	Jan 17 - Dec 17	Jan 18 - Dec 18	
	A	B	
Medical	9.3	9.4	+ 0.1
Nursing	79.2	56.3	- 22.9
Allied Health	23.5	25.7	+ 2.2
Supporting (Care-related)	150.2	137.5	- 12.7
Others	80.4	78.5	- 1.9
HA Overall	82.1	71.5	- 10.6

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.