



**For information
via circulation**

AOM-P1643

Hospital Authority

Report on Key Performance Indicators **(KPI Report No. 49, up to December 2020)**

Advice Sought

Members are invited to note for information and discussion the quarterly report on Key Performance Indicators (KPI) of the Hospital Authority (HA) covering KPIs of clinical services, human resources (HR) and financial performance for the period ended December 2020¹. Detailed reports for clinical services, HR and finance performance were submitted to the Medical Services Development Committee (MSDC), Human Resources Committee (HRC) and Finance Committee (FC) respectively² via circulation in February 2021.

Background

2. In this report, the reporting period is mainly from January to December 2020, 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.

3. In view of the emergence of the COVID-19 epidemic in Hong Kong, HA has adjusted its services in response to the epidemic along with tightening up infection control measures. During the reporting period from January to December 2020, there has been a mix of service adjustments and service resumption, and the challenges have been wax and wane.

Key Observations

Clinical Services (Appendix 1)

Service Growth (year-to-date December 2020)

4. The impact of COVID-19 on HA's **service volume** continues in this reporting period. There has been a notable reduction in the volume of activities across a wide

¹ The last quarterly report on KPIs (up to September 2020) was submitted to the Board on 17 December 2020 via Administrative and Operational Meeting Paper No. 1625.

² Via HRC Paper No. 651; MSDC Paper No. 626 and FC Paper No. 886.

spectrum of services provided by HA. HA overall was below the year-to-date (YTD) estimates for all service throughput items in the Controlling Officer's Report (COR), including inpatient, outpatient, day hospital, community and outreach services. When compared with prior year, drop in service volume was most noticeable in day hospital services with more than 65% decrease in service throughput.

5. With a view to minimising impact on patients, HA has adjusted its service model where practicable to continue to serve patients. Some services were provided through video conferencing technologies where the activities may not be fully captured under COR / KPI reporting. For example, psychiatric consultation services were provided through telemedicine consultations. Allied health staff have been following up on patients' progress via phone or video calls, or providing videos of rehabilitation exercises to patients through HA's rehabilitation mobile application under "HA Go", so as to allow patients to continue with their scheduled home training programmes. For those specialist outpatient clinic patients with stable clinical condition and whose follow-up appointments required rescheduling, drug refill service was arranged according to their needs. On the other hand, to support the service adjustments, HA has expanded the service scope of some of the existing Public-Private Partnership Programmes and launched new public-private collaboration initiatives with a view to diverting suitable patients from public hospitals to receive treatment in the private sector³.

Quality Improvement (January – December 2020, unless otherwise specified)

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

6. HA's overall **percentage of A&E patient attendances 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 9.2% points (80.8% vs. target 90%) and 1.5% points (73.5% vs. target 75%) respectively. Nevertheless, there were increases of 4.4% points and 7.8% points for Triage III and Triage IV respectively in meeting the target waiting time when compared with prior year.

- *Waiting time for specialist outpatient new case bookings*

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

8. On the **90th percentile waiting time for Routine cases**, amongst the eight specialties being monitored, shortening in waiting time of all specialties except Medicine (MED) and Ophthalmology (OPH) was observed when compared with prior year. HA overall's waiting time for Ear, Nose and Throat, MED, OPH and Orthopaedics & Traumatology was above 100 weeks, at 101 weeks, 133 weeks, 126 weeks and 116 weeks respectively.

³ The newly developed PPP Programmes under COVID-19 pandemic included Neonatal Phototherapy Service; Radiation Therapy Service; Caesarean Section Service; Trauma Operative Service Collaboration Programme; Breast Cancer Operative Service Collaboration Programme; Cystoscopy Collaboration Programme and Oesophago-Gastro-Duodenoscopy Collaboration Programme. More information was included in the latest regular update on PPP Programmes reported to the Board at its meeting on 24 September 2020 via Administrative and Operational Meeting Paper No. 1597.

- *Waiting time for elective surgery*

9. In response to the COVID-19 epidemic, HA has adjusted non-emergency and non-essential services to conserve manpower and resources for managing emergency cases. Some elective surgeries have been postponed. For total joint replacement (TJR), **waiting time at 90th percentile for patients receiving the treatment of TJR** was 55 months for HA overall, which was lengthened by five months when compared with prior year. For **Benign Prostatic Hyperplasia**, 60.2% of **P1 patients** (October 2019 to September 2020, with January to September 2020 affected by COVID-19) had **received the surgeries within two months** for HA overall, with a decrease of 26.2% points when compared with prior year.

- *Disease specific quality indicators*

10. While HA has adjusted non-emergency and non-essential medical services during the COVID-19 epidemic, emergency and essential treatments to patients are maintained. For example, for colorectal cancer and breast cancer which mainly require essential surgical treatment, their respective waiting time at **90th percentile for patients receiving first treatment after diagnosis** (July 2019 to June 2020, with January to June 2020 affected by COVID-19) was both at 71 days, which was five days shorter than that in prior year.

11. For other diseases specific quality indicators, such as stroke, hip fracture, diabetes mellitus, hypertension and cardiac services, etc., variances in KPI performance of disease specific quality indicators against prior year were generally within 5% range of normal fluctuation.

Way Forward

12. With the latest development of the COVID-19 epidemic and usual upsurge in service demand in winter, the impact on different clinical services could hardly be projected at this time-point. HA will continue to closely monitor the development of the epidemic situation, support the Government's overall infectious disease prevention strategy and suitably adjust the scale of service provision / resume services by phases where practicable. The impact on clinical services as reflected in the KPI performance will continue in the coming rounds of reporting. More updates would be reported in due course.

Human Resources (Appendix 2)

13. As at 31 December 2020, HA had a staffing position of 88 042, which represented a growth of 5.2% when compared with prior year. The workforce in all staff groups had increased and the greatest increase was "Others" staff group (+7.5%). As for the attrition (wastage) rate of full-time staff, the HA overall rate (January 2020 to December 2020) was 8.2%, in which the Supporting (Care-related) staff group had the highest rate (11.4%).

14. During the reporting period, the HA overall average sick leave days taken per staff was 6.6 days, which represented a 16.5% reduction when compared with prior year. The average sick leave days taken per staff had decreased by 21.8% in "Allied Health" staff

group. The proportion of staff taking long sick leave (≥ 50 days) in HA had slightly decreased (2.3%).

15. During the reporting period, the HA overall number of injury on duty (IOD) cases per 100 full time equivalent (FTE) staff had decreased from 4.6 cases to 3.9 cases when compared with prior year. Allied Health staff group had the lowest rate (1.6 cases), whereas Supporting (Care-related) staff group had the highest rate (6.3 cases). As for the number of IOD leave days per 100 FTE staff, HA overall was 63.9 days, representing a decrease of 8.9 days. All staff groups had a reduction of IOD leave days per 100 FTE staff when compared with prior year and “Supporting (Care-related)” staff group had the most significant improvement (-22.9 days).

Finance

16. For the nine months ended 31 December 2020, HA recorded an overall underspending of \$2,708 million in its recurrent operating results. The YTD underspending was attributable to the reduced spending owing to the adjustment of non-emergency / non-essential public hospital activities and the shorter 2019 winter surge amidst the COVID-19 epidemic, partly offset by the corresponding reduction in medical fee income. In addition, the end-loaded nature of HA’s spending cycle also explained the YTD underspending position.

17. Due to the impacts of the COVID-19 epidemic as mentioned above, HA’s **full-year underspending for 2020-21** (as at 31 December 2020) would remain at \$2.1 billion as per last quarter’s projection / report (being \$1.7 billion increase in underspending from the original budget underspending of \$0.4 billion).

18. As the COVID-19 epidemic situation continues to evolve, HA’s full-year financial position for 2020-21 may be further revised subject to the ongoing development of the epidemic situation.

Report on Key Performance Indicators - Clinical Services
For reporting to the Administrative and Operational Meeting in March 2021
(KPI Report No. 49, up to December 2020)

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

Reporting Period : YTD Dec 2020 (unless specified) for Service Growth in response to Population Change & Ageing Effect ;

1.1.2020 - 31.12.2020 (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 2020	YTD Dec 2020	Variance	YTD Dec 2019	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)	29 791	29 810	- 19	29 417	+ 374
(as at 31 Dec 2020)					(as at 31 Dec 2019)	
	* No. of geriatric day places	703	N.A.	N.A.	665	+ 38
					(as at 31 Dec 2019)	
	* No. of psychiatric day places	889	N.A.	N.A.	889	-
					(as at 31 Dec 2019)	
Inpatient Services	No. of inpatient discharges and deaths					
	* Overall	718 343	897 716	- 20.0%	876 776	- 18.1%
	* General (acute and convalescent)	703 453	881 382	- 20.2%	860 852	- 18.3%
	No. of inpatient patient days					
	* Overall	5 613 075	6 405 834	- 12.4%	6 352 732	- 11.6%
	* General (acute and convalescent)	4 460 517	5 190 485	- 14.1%	5 135 218	- 13.1%
	* No. of day inpatient discharges and deaths	501 953	543 325	- 7.6%	538 792	- 6.8%
Accident & Emergency (A&E) Services	* No. of A&E attendances	1 243 936	1 657 935	- 25.0%	1 649 413	- 24.6%
	No. of A&E first attendances					
	* triage I (Critical cases)	16 490	N.A.	N.A.	16 398	+ 0.6%
	* triage II (Emergency cases)	36 013	N.A.	N.A.	40 266	- 10.6%
	* triage III (Urgent cases)	451 696	N.A.	N.A.	571 843	- 21.0%
Specialist Outpatient (SOP) Services	* No. of SOP (clinical) first attendances	550 176	N.A.	N.A.	625 674	- 12.1%
	* No. of SOP (clinical) follow-up attendances	4 995 921	N.A.	N.A.	5 412 363	- 7.7%
	* Total no. of SOP (clinical) attendances	5 546 097	6 036 599	- 8.1%	6 038 037	- 8.1%
Primary Care Services	* No. of general outpatient attendances	4 153 667	4 683 612	- 11.3%	4 531 109	- 8.3%
	* No. of family medicine specialist clinic attendances	235 756	244 047	- 3.4%	235 628	+ 0.1%
	* Total no. of primary care attendances	4 389 423	4 927 659	- 10.9%	4 766 737	- 7.9%
Allied Health Outpatient Services	* No. of allied health (outpatient) attendances	1 807 793	2 210 178	- 18.2%	2 211 676	- 18.3%
Day Hospital Services	* No. of rehabilitation day and palliative care day attendances	23 701	81 789	- 71.0%	74 767	- 68.3%
	* No. of geriatric day attendances	24 230	114 608	- 78.9%	115 430	- 79.0%
	* No. of psychiatric day attendances	41 487	173 545	- 76.1%	168 089	- 75.3%
Community & Outreach Services	* No. of community nurse attendances	671 759	681 910	- 1.5%	668 427	+ 0.5%
	* No. of allied health (community) attendances	19 665	26 818	- 26.7%	26 650	- 26.2%
	* λ No. of geriatric outreach attendances	544 782	563 680	- 3.4%	508 888	N.A.
	* No. of geriatric elderly persons assessed for infirmary care service	1 354	N.A.	N.A.	1 417	- 4.4%
	* No. of psychiatric outreach attendances	114 972	240 182	- 52.1%	228 890	- 49.8%
	* ω No. of psychogeriatric outreach attendances	49 945	78 721	- 36.6%	76 535	N.A.

Blue

> 5% above estimate / prior year

Green

> 5% below estimate / prior year

Remarks:

* COR item

λ Starting from 2020-21, the overall service model for Community Geriatric Assessment Team (CGAT) and Visiting Medical Officer (VMO) in HA has been streamlined. The indicators for the number of geriatric outreach attendances and number of VMO attendances are consolidated. Figures of prior year refer to CGAT attendances delivered before service re-organisation. Comparison against prior year is not applicable.

ω Starting from 2020-21, the number of psychogeriatric outreach attendances has no longer included attendances arising from consultation liaison services. Figures of prior year including attendances arising from consultation liaison services are provided for reference only. Comparison against prior year is not applicable.

Current period (R49)								Previous period		
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA		
Jan - Dec 2020								Jan - Dec 2019	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

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%)	97.9%	98.8%	94.9%	99.2%	98.3%	95.5%	99.2%	97.6%	97.7%	-\$
	* triage III (urgent cases : < 30 minutes, 90%)	85.9%	88.1%	72.2%	74.1%	87.4%	76.8%	87.4%	80.8%	76.4%	+ 4.4%pt
	trriage IV (semi-urgent cases : < 120 minutes, 75%)	68.9%	88.3%	71.9%	56.0%	82.8%	78.0%	66.5%	73.5%	65.7%	+ 7.8%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	4	6	4	5	5	5	5	-
	Ear, Nose and Throat										
	% of P1 cases at SOPCs with waiting time within 2 weeks	99.8%	99.3%	98.5%	99.6%	98.5%	98.3%	98.9%	98.8%	98.7%	+ 0.1%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks	88.4%	97.6%	98.7%	97.8%	94.1%	94.3%	92.1%	94.7%	98.2%	- 3.5%pt
	90 th percentile waiting time (weeks) of Routine cases at SOPCs	103	89	146	91	106	92	79	101	113	- 10.6%
	Gynaecology										
	% of P1 cases at SOPCs with waiting time within 2 weeks	99.1%	98.5%	99.4%	98.8%	91.5%	98.9%	98.3%	98.5%	98.3%	+ 0.2%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks	97.7%	97.5%	98.2%	98.1%	98.0%	97.6%	82.7%	97.3%	98.7%	- 1.3%pt
	90 th percentile waiting time (weeks) of Routine cases at SOPCs	42	61	36	94	70	84	75	73	82	- 11.0%
	Medicine										
	% of P1 cases at SOPCs with waiting time within 2 weeks	98.1%	95.7%	94.4%	96.4%	96.7%	98.2%	96.4%	96.6%	97.7%	- 1.1%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks	96.5%	97.8%	97.5%	95.4%	96.8%	97.7%	96.8%	96.8%	97.7%	- 0.9%pt
	90 th percentile waiting time (weeks) of Routine cases at SOPCs	106	116	111	146	111	133	114	133	127	+ 4.7%
	Ophthalmology										
	% of P1 cases at SOPCs with waiting time within 2 weeks	99.2%	99.9%	99.6%	99.6%	99.9%	98.7%	98.6%	99.3%	99.3%	- 0.1%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks	96.1%	99.4%	98.9%	97.0%	98.0%	97.8%	97.6%	98.0%	98.1%	- 0.2%pt
	90 th percentile waiting time (weeks) of Routine cases at SOPCs	76	61	131	132	118	77	65	126	122	+ 3.3%
	Orthopaedics and Traumatology										
	% of P1 cases at SOPCs with waiting time within 2 weeks	97.7%	98.5%	99.6%	98.9%	99.4%	99.1%	98.7%	98.9%	99.1%	- 0.2%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks	93.4%	98.9%	99.2%	97.2%	97.6%	97.2%	97.0%	97.2%	98.1%	- 0.9%pt
	90 th percentile waiting time (weeks) of Routine cases at SOPCs	116	74	139	114	83	121	97	116	130	- 10.8%
	Paediatrics and Adolescent Medicine										
	% of P1 cases at SOPCs with waiting time within 2 weeks	94.7%	97.4%	99.0%	98.9%	98.6%	97.1%	97.1%	98.5%	98.9%	- 0.4%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks	91.1%	93.8%	97.8%	97.5%	94.8%	93.4%	92.4%	94.7%	97.9%	- 3.3%pt
	90 th percentile waiting time (weeks) of Routine cases at SOPCs	17	18	18	40	23	27	38	27	37	- 27.0%
	Psychiatry										
	% of P1 cases at SOPCs with waiting time within 2 weeks	99.5%	99.2%	100.0%	100.0%	99.2%	99.5%	99.8%	99.6%	99.0%	+ 0.5%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks	98.9%	99.8%	99.9%	99.9%	99.1%	99.1%	99.8%	99.5%	99.3%	+ 0.2%pt
	90 th percentile waiting time (weeks) of Routine cases at SOPCs	33	72	38	99	78	100	64	93	99	- 6.1%
	Surgery										
	% of P1 cases at SOPCs with waiting time within 2 weeks	96.9%	95.8%	98.6%	98.6%	97.0%	96.1%	97.2%	97.2%	97.3%	- 0.1%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks	94.8%	98.6%	92.2%	98.0%	96.1%	95.9%	74.0%	92.3%	94.5%	- 2.2%pt
	90 th percentile waiting time (weeks) of Routine cases at SOPCs	76	93	83	111	60	78	117	80	87	- 8.0%

Blue > 5% / 5%pt above previous period

Green > 5% / 5%pt below previous period

Remark:

* COR item

Current period (R49)								Previous period		
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA		
<i>Jan - Dec 2020</i>									<i>Jan - Dec 2019</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)

Waiting Time for Allied Health Outpatient (AHOP) New Case Bookings	Occupational Therapy										
	% of P1 cases at AHOP clinics with waiting time within 2 weeks	97.3%	98.3%	97.4%	97.4%	98.5%	98.6%	99.2%	98.1%	97.8%	+ 0.3%pt
	% of P2 cases at AHOP clinics with waiting time within 8 weeks	96.5%	92.9%	94.2%	97.2%	93.3%	97.1%	97.1%	95.6%	96.2%	- 0.7%pt
	90 th percentile waiting time (weeks) of Routine cases at AHOP clinics	19	33	21	30	24	24	14	25	26	- 3.8%
	Physiotherapy										
	% of P1 cases at AHOP clinics with waiting time within 2 weeks	98.7%	98.4%	97.4%	98.4%	98.2%	98.0%	97.9%	98.0%	98.1%	- 0.1%pt
% of P2 cases at AHOP clinics with waiting time within 8 weeks	97.0%	97.8%	93.3%	97.2%	94.8%	94.8%	96.2%	95.5%	97.2%	- 1.7%pt	
90 th percentile waiting time (weeks) of Routine cases at AHOP clinics	39	23	28	34	41	34	31	35	39	- 10.3%	

Blue > 5% / 5%pt above previous period

Green > 5% / 5%pt below previous period

	Current period (R49)								Previous period	
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	
	Jan - Dec 2020								Jan - Dec 2019	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)

Waiting Time for Elective Surgery	Total Joint Replacement										
	Waiting time (months) at 90 th percentile for patients receiving the treatment of total joint replacement	66	52	33	49	48	58	67	55	50	+ 10.0%
	Benign Prostatic Hyperplasia										
	% of patients provided with surgery within 2 months for P1 patients (Oct 2019 - Sep 2020)	88.0%	71.2%	50.0%	39.2%	56.7%	58.8%	54.0%	60.2%	86.4%	- 26.2%pt (Oct 2018 - Sep 2019)
	% of patients provided with surgery within 12 months for P2 patients (Jan - Dec 2019)	100.0%	94.4%	100.0%	70.3%	90.4%	83.6%	73.5%	88.8%	97.5%	- 8.8%pt (Jan - Dec 2018)
Waiting Time for Diagnostic Radiological Investigations	CT										
	% of urgent cases with examination done within 24 hours	99.8%	99.5%	99.3%	97.6%	98.7%	99.4%	99.5%	99.2%	99.2%	-§
	Δ Median waiting time (weeks) of P1 cases (Apr - Dec 2020)	4	5	7	14	2	<1	6	4	5	N.A.
	Δ Median waiting time (weeks) of P2 cases (Apr - Dec 2020)	15	50	26	38	25	23	41	26	26	N.A.
	Δ 90 th percentile waiting time (weeks) of Routine cases (Apr - Dec 2020)	126	179	103	176	195	162	218	181	152	N.A.
	MRI										
	% of urgent cases with examination done within 24 hours	100.0%	86.8%	97.1%	97.6%	93.3%	98.7%	93.9%	96.3%	96.4%	- 0.1%pt
	Δ Median waiting time (weeks) of P1 cases (Apr - Dec 2020)	1	<1	16	4	1	5	2	4	5	N.A.
	Δ Median waiting time (weeks) of P2 cases (Apr - Dec 2020)	12	10	61	54	18	21	25	25	27	N.A.
	Δ 90 th percentile waiting time (weeks) of Routine cases (Apr - Dec 2020)	64	119	189	83	116	125	73	121	117	N.A.
	Ultrasonography										
	% of urgent cases with examination done within 24 hours	98.8%	95.4%	95.1%	93.1%	95.2%	94.5%	94.9%	94.9%	95.0%	-§
	Δ Median waiting time (weeks) of P1 cases (Apr - Dec 2020)	3	1	1	<1	1	3	1	1	2	N.A.
	Δ Median waiting time (weeks) of P2 cases (Apr - Dec 2020)	22	15	39	44	66	32	24	26	26	N.A.
	Δ 90 th percentile waiting time (weeks) of Routine cases (Apr - Dec 2020)	125	101	149	169	254	160	111	168	151	N.A.
Mammogram											
Δ Median waiting time (weeks) of P1 cases (Apr - Dec 2020)	2	2	1	<1	1	1	1	1	1	N.A.	
Δ Median waiting time (weeks) of P2 cases (Apr - Dec 2020)	14	24	20	58	11	76	10	41	23	N.A.	
Δ 90 th percentile waiting time (weeks) of Routine cases (Apr - Dec 2020)	107	188	189	155	199	110	76	187	180	N.A.	

Blue > 5% / 5%pt above previous period

Green > 5% / 5%pt below previous period

Remark:

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

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 2020

	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	800	13.8%	-	-
Caritas Medical Centre	1 648	17.2%	19	0.2%
Kwong Wah Hospital	1 196	14.8%	90	1.1%
North District Hospital	893	14.2%	-	-
Prince of Wales Hospital	1 766	14.0%	1	§
Queen Elizabeth Hospital	5 470	31.8%	1 779	10.3%
United Christian Hospital	1 281	12.5%	197	1.9%

Previous period

Jul - Sep 2020

	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	838	15.6%	-	-
Caritas Medical Centre	506	5.7%	5	0.1%
Kwong Wah Hospital	792	9.9%	65	0.8%
North District Hospital	313	5.1%	-	-
Prince of Wales Hospital	857	7.7%	-	-
Queen Elizabeth Hospital	3 801	24.0%	998	6.3%
United Christian Hospital	813	8.5%	74	0.8%

Remark:

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

Current period (R49)								Previous period		
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA		
<i>Jan - Dec 2020</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) (%)	100.0%	99.9%	99.8%	98.5%	97.9%	98.6%	99.0%	99.0%	93.8%	+ 5.1%pt
Appropriateness of Care	Standardised admission rate for A&E patients (%)	44.5%	43.4%	37.9%	35.1%	38.5%	38.9%	32.0%	37.8%	34.7%	+ 3.1%pt
	* Unplanned readmission rate within 28 days for general inpatients (%) <i>(Dec 2019 - Nov 2020)</i>	10.1%	9.5%	10.4%	11.0%	12.4%	10.0%	11.4%	10.8%	10.7%	+ 0.1%pt <i>(Dec 2018 - Nov 2019)</i>
Breastfeeding Rate	Breastfeeding rate on discharge (%) <i>(Dec 2019 - Nov 2020)</i>	91.3%	90.1%	82.8%	72.0%	80.5%	87.8%	77.0%	82.7%	84.5%	- 1.8%pt <i>(Dec 2018 - Nov 2019)</i>
Infection Rate	MRSA bacteraemia in acute beds per 1 000 acute patient days	0.1810	0.1061	0.1776	0.1467	0.1974	0.1400	0.1920	0.1661	0.1460	+ 13.8%

Blue > 5% / 5%pt above previous period

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

* COR item

Current period (R49)								Previous period		
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA		
Jan - Dec 2020								Jan - Dec 2019	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	5.4%	7.7%	12.7%	12.3%	13.6%	10.8%	13.5%	11.6%	10.5%	+ 1.1%pt
	Hip Fracture										
	% of patients indicated for surgery on hip fracture with surgery performed ≤ 2 days after admission through A&E	74.9%	80.1%	36.6%	53.5%	53.5%	61.9%	69.6%	58.6%	60.0%	- 1.4%pt
	Cancer										
	Waiting time (days) at 90 th percentile from decision to treat to start of radiotherapy (RT) for cancer patients requiring radical RT	27	28	29	N.A.	27	35	28	29	30	- 3.3%
	Waiting time (days) at 90 th percentile for patients with colorectal cancer receiving first treatment after diagnosis (Jul 2019 - Jun 2020)	56	78	68	62	77	77	70	71	76	- 6.6%
	Waiting time (days) at 90 th percentile for patients with breast cancer receiving first treatment after diagnosis (Jul 2019 - Jun 2020)	52	53	76	50	74	94	67	71	76	- 6.6%
	Waiting time (days) at 90 th percentile for patients with nasopharynx cancer receiving first treatment after diagnosis	50	49	63	N.A.	58	62	59	60	60	+ 0.8%
	Diabetes Mellitus										
	% of diabetes mellitus patients with HbA1c < 7%	55.7%	58.5%	62.1%	55.9%	53.0%	55.2%	60.1%	57.2%	52.0%	+ 5.2%pt
	Hypertension										
	% of hypertension patients treated in GOPCs with blood pressure < 140/90 mmHg	73.5%	77.9%	83.4%	72.2%	72.3%	69.7%	74.9%	74.8%	78.8%	- 4.1%pt
	Mental Health Services										
	Average length of stay (LOS) (days) of acute inpatient care (with LOS ≤ 90 days)	28.4	33.5	29.7	34.9	29.0	31.1	30.8	30.1	31.0	- 3.2%
	% of compulsory psychiatric admissions under the Mental Health Ordinance via AED for patients receiving active Personalised Care Programme care	1.2%	1.8%	1.0%	1.8%	1.8%	1.5%	2.0%	1.7%	2.0%	- 0.3%pt
	Cardiac Services										
	% of acute myocardial infarction patients prescribed with Statin at discharge	93.2%	90.6%	88.5%	91.2%	88.8%	84.3%	88.1%	88.7%	87.8%	+ 0.9%pt
	% of ST-elevation myocardial infarction patients received primary percutaneous coronary intervention	26.4%	50.8%	74.9%	44.4%	17.3%	32.1%	27.2%	40.3%	36.1%	+ 4.2%pt

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

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

Current period (R49)								Previous period		
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA		
Jan - Dec 2020								Jan - Dec 2019	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 (R49)								Previous period	
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Jan - Dec 2019	Variance
	Ear, Nose and Throat										
	No. of SOP first attendances per doctor	509	482	647	495	473	579	641	550	731	-24.8%
	No. of SOP follow-up attendances per doctor	2 657	2 166	2 462	1 875	1 481	2 032	1 667	2 006	2 810	-28.6%
	Growth of waiting list against throughput (%)	16.8%	-8.3%	16.9%	20.8%	20.2%	10.6%	-2.9%	10.7%	6.7%	+4.0%pt
	Gynaecology										
	No. of SOP first attendances per doctor	147	121	140	206	221	192	121	160	192	-16.7%
	No. of SOP follow-up attendances per doctor	845	1 019	917	1 039	666	557	589	803	989	-18.8%
	Growth of waiting list against throughput (%)	-0.4%	-4.0%	0.3%	-8.4%	-4.9%	-6.4%	-16.3%	-5.4%	-4.1%	-1.3%pt
	Medicine										
	No. of SOP first attendances per doctor	59	63	60	70	57	74	54	62	75	-16.1%
	No. of SOP follow-up attendances per doctor	1 594	1 453	1 350	1 014	1 730	1 332	1 464	1 421	1 570	-9.5%
	Growth of waiting list against throughput (%)	-2.9%	21.6%	3.0%	23.8%	22.2%	8.8%	7.1%	11.9%	11.4%	+0.4%pt
	Ophthalmology										
	No. of SOP first attendances per doctor	530	498	515	563	644	540	701	571	697	-18.0%
	No. of SOP follow-up attendances per doctor	4 725	4 745	5 613	4 246	5 761	4 521	5 925	5 140	5 996	-14.3%
	Growth of waiting list against throughput (%)	-3.9%	-9.6%	2.6%	-2.4%	-11.0%	-3.9%	-18.2%	-6.6%	1.5%	-8.1%pt
	Orthopaedics and Traumatology										
	No. of SOP first attendances per doctor	187	184	168	199	146	198	164	177	219	-19.3%
	No. of SOP follow-up attendances per doctor	1 332	1 219	1 354	1 319	1 298	1 212	1 322	1 292	1 566	-17.5%
	Growth of waiting list against throughput (%)	-2.7%	-5.1%	-10.1%	-6.1%	1.3%	-23.8%	-4.2%	-8.7%	-2.2%	-6.5%pt
	Paediatrics and Adolescent Medicine										
	No. of SOP first attendances per doctor	20	40	24	56	63	35	33	36	52	-31.2%
	No. of SOP follow-up attendances per doctor	361	434	346	513	444	356	496	403	582	-30.8%
	Growth of waiting list against throughput (%)	0.2%	-6.1%	-6.8%	-4.6%	-8.4%	-13.2%	-38.4%	-10.5%	1.0%	-11.6%pt
	Psychiatry										
	No. of SOP first attendances per doctor	66	93	56	117	118	84	61	86	97	-11.1%
	No. of SOP follow-up attendances per doctor	2 091	1 971	1 731	2 465	2 739	1 835	1 975	2 149	2 337	-8.0%
	Growth of waiting list against throughput (%)	-4.2%	-13.0%	-2.9%	1.0%	1.3%	0.7%	7.2%	-\$	-0.7%	+0.6%pt
	Surgery										
	No. of SOP first attendances per doctor	167	119	175	210	178	201	187	176	215	-17.8%
	No. of SOP follow-up attendances per doctor	1 227	1 119	991	1 092	1 066	885	968	1 033	1 253	-17.5%
	Growth of waiting list against throughput (%)	0.7%	4.8%	-0.5%	13.7%	10.7%	-5.7%	-2.9%	2.5%	3.7%	-1.3%pt
Operating Theatre (OT) Utilisation	Ratio of scheduled to expected elective OT session hours (%)	102.2%	97.9%	94.5%	99.2%	97.1%	96.9%	99.8%	97.7%	97.5%	+0.2%pt
	Utilisation rate of scheduled elective OT sessions (%)	94.4%	94.2%	94.2%	88.0%	87.3%	97.3%	92.4%	92.9%	98.7%	-5.8%pt

Blue > 5% / 5%pt above previous period

Green > 5% / 5%pt below previous period

Current period (R49)								Previous period		
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA		
<i>Jan - Dec 2020</i>								<i>Jan - Dec 2019</i>	<i>Variance</i>	
								A	B	C = (A - B) or (A - B) / B

Efficiency in Use of Resources (continued)

Bed Management	Inpatient bed occupancy rate (%)											
	*	Overall	77.1%	67.3%	77.9%	84.8%	80.1%	78.0%	80.9%	78.3%	89.0%	- 10.7%pt
	*	General (acute and convalescent)	77.6%	65.9%	78.0%	85.5%	83.4%	78.4%	89.6%	79.7%	92.6%	- 12.8%pt
	*	Average length of stay (days) for general inpatients	5.9	5.9	7.2	6.3	5.6	6.6	6.6	6.4	6.0	+ 6.9%
Day and Same Day Surgery Services	Rate of day surgery plus same day surgery (%)											
		Surgery	54.8%	36.0%	36.2%	76.0%	60.4%	58.1%	59.9%	53.5%	57.9%	- 4.5%pt
		Orthopaedics and Traumatology	60.2%	21.2%	34.5%	86.2%	50.9%	60.4%	42.7%	49.7%	50.8%	- 1.1%pt
		Ophthalmology	51.4%	43.1%	84.0%	83.6%	72.4%	66.9%	24.6%	62.1%	67.7%	- 5.6%pt
Productivity	€	Total weighted episodes (WEs) of acute inpatient services (Apr - Sep 2020)	70 303	88 860	143 112	81 924	123 351	130 691	97 804	736 044	883 324	- 16.7% (Apr - Sep 2019)

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

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

Remarks:

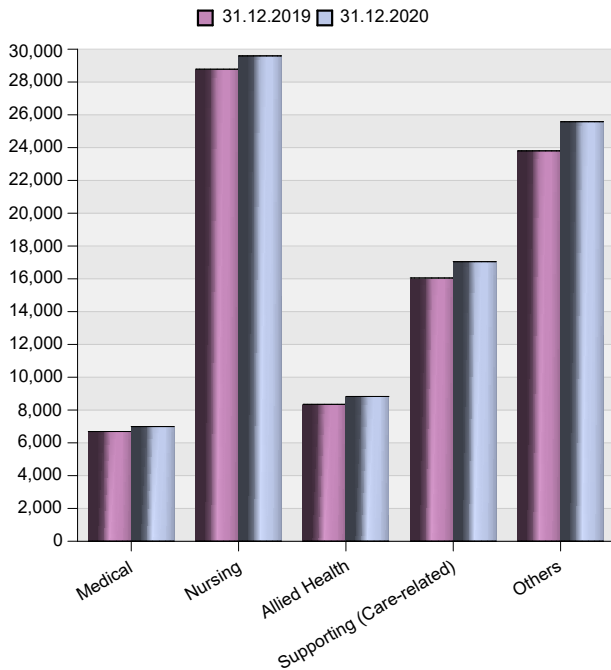
* COR item

€ Data for WEs were compiled by the latest Cost Weight (CW) version 4.7.

Manpower position by Staff Group (as at 31.12.2020)

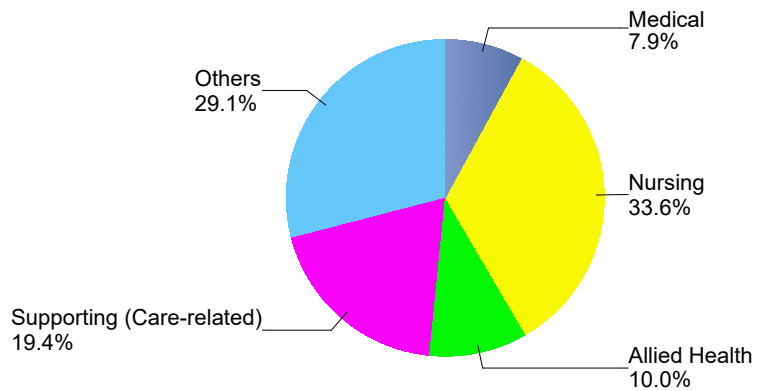
Staff group	Prior year	Current year	COR Estimate as at 31.03.2021 ⁽²⁾	Variance from			
	31.12.2019	31.12.2020 ⁽¹⁾		COR estimate		prior year	
	A	B		D = B - C	D / C	E = B - A	E / A
Medical ⁽³⁾	6,691	6,993	6,811	+ 182	+ 2.7%	+ 302	+ 4.5%
Nursing	28,779	29,595	29,310	+ 285	+ 1.0%	+ 816	+ 2.8%
Allied Health	8,346	8,827	8,890	- 63	- 0.7%	+ 481	+ 5.8%
Supporting (Care-related)	16,050	17,047	42,020	+ 609	+ 1.4%	+ 997	+ 6.2%
Others	23,804	25,582				+ 1,778	+ 7.5%
Total⁽⁴⁾	83,669	88,042	87,031	+ 1,011	+ 1.2%	+ 4,373	+ 5.2%

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

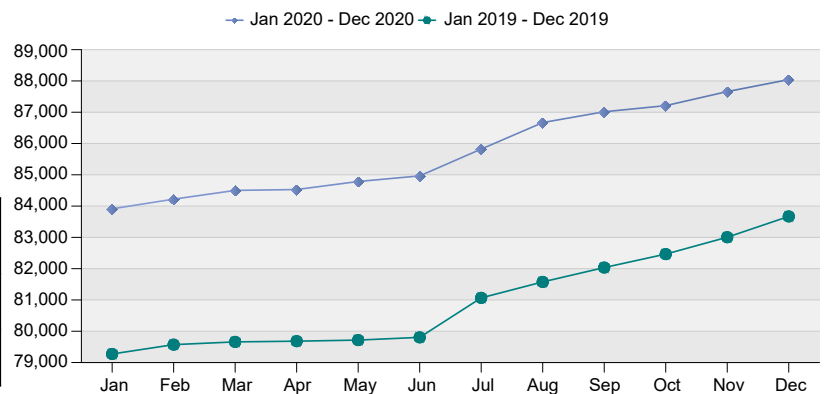


	Medical	Nursing	Allied Health	Supporting (Care-related)	Others
Prior Year 31.12.2019	6,691	28,779	8,346	16,050	23,804
Current Year 31.12.2020	6,993	29,595	8,827	17,047	25,582

Distribution % by Staff Group (as at 31.12.2020)



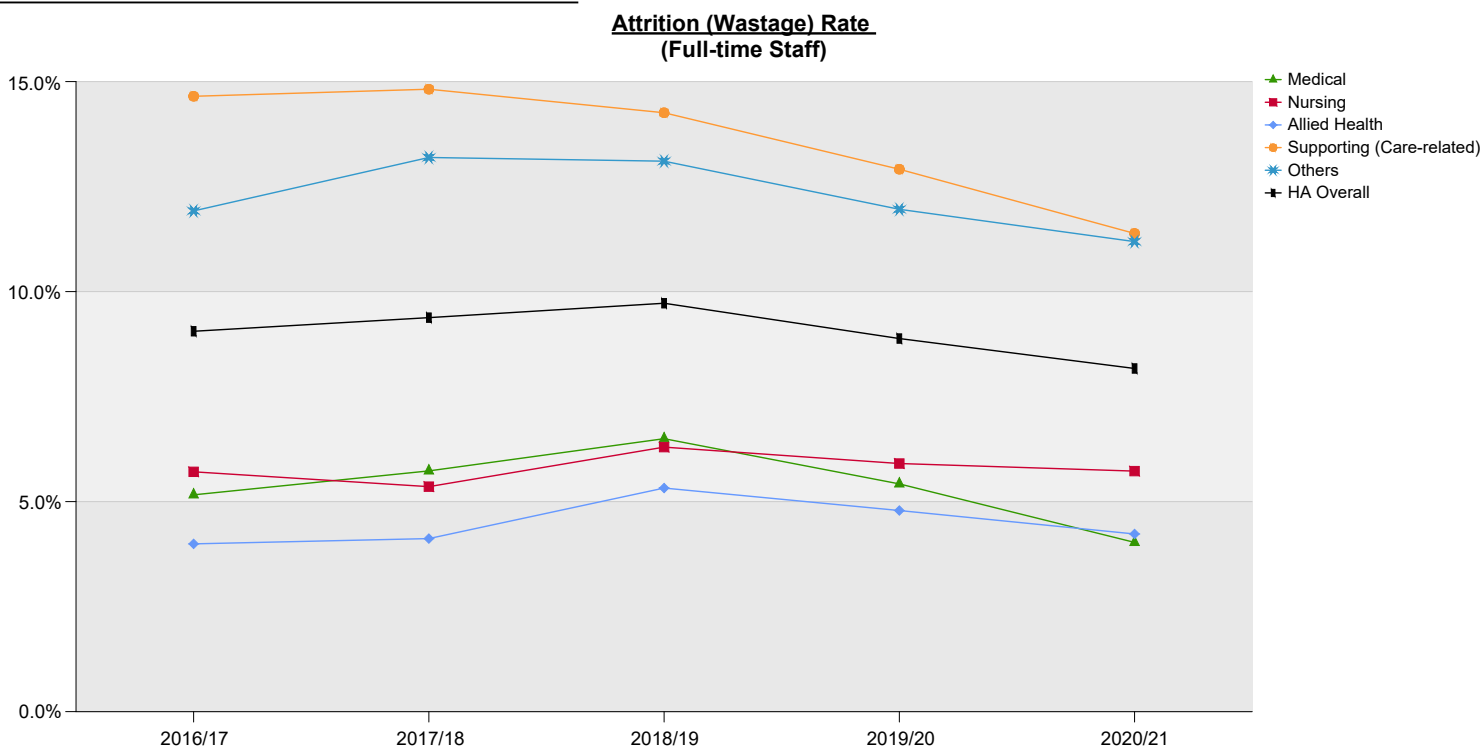
HA Total



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⁾⁽²⁾ by Staff Group



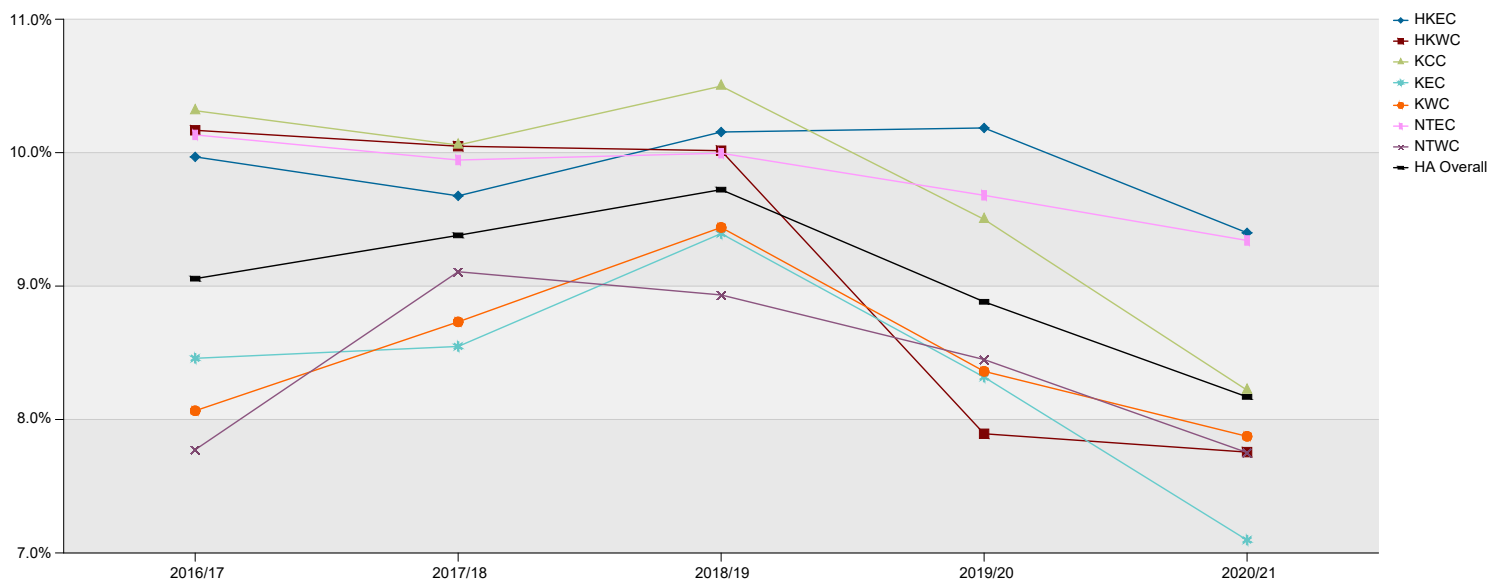
Staff Group	Full-time ⁽⁵⁾					Part-time ⁽⁵⁾⁽⁶⁾				
	2016/17	2017/18	2018/19	2019/20	2020/21 (Rolling from Jan 20 to Dec 20) ⁽⁴⁾	2016/17	2017/18	2018/19	2019/20	2020/21 (Rolling from Jan 20 to Dec 20) ⁽⁴⁾
Medical ⁽³⁾	5.2%	5.7%	6.5%	5.4%	4.0%	18.3%	29.4%	24.3%	15.6%	14.0%
Nursing	5.7%	5.4%	6.3%	5.9%	5.7%	13.1%	16.0%	15.6%	15.7%	14.6%
Allied Health	4.0%	4.1%	5.3%	4.8%	4.2%	21.4%	22.2%	15.4%	13.9%	10.0%
Supporting (Care-related)	14.6%	14.8%	14.3%	12.9%	11.4%	17.1%	14.9%	14.5%	17.0%	19.3%
Others	11.9%	13.2%	13.1%	12.0%	11.2%	19.3%	14.1%	38.5%	28.3%	28.5%
HA Overall	9.1%	9.4%	9.7%	8.9%	8.2%	17.4%	23.5%	21.0%	16.4%	15.3%

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

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



Cluster	Full-time ⁽⁴⁾					Part-time ⁽⁴⁾⁽⁵⁾				
	2016/17	2017/18	2018/19	2019/20	2020/21 (Rolling from Jan 20 to Dec 20) ⁽³⁾	2016/17	2017/18	2018/19	2019/20	2020/21 (Rolling from Jan 20 to Dec 20) ⁽³⁾
HKEC	10.0%	9.7%	10.2%	10.2%	9.4%	15.6%	25.1%	22.8%	18.0%	18.1%
HKWC	10.2%	10.0%	10.0%	7.9%	7.8%	18.3%	25.1%	25.3%	21.0%	17.6%
KCC ⁽⁶⁾	10.3%	10.1%	10.5%	9.5%	8.2%	13.5%	15.3%	24.7%	19.1%	12.3%
KEC	8.5%	8.5%	9.4%	8.3%	7.1%	17.1%	22.3%	15.0%	14.6%	13.0%
KWC ⁽⁶⁾	8.1%	8.7%	9.4%	8.4%	7.9%	13.6%	32.7%	21.5%	8.5%	12.0%
NTEC	10.1%	9.9%	10.0%	9.7%	9.3%	21.2%	15.0%	17.8%	19.4%	22.0%
NTWC	7.8%	9.1%	8.9%	8.4%	7.8%	23.0%	38.0%	15.7%	11.1%	14.8%
HA Overall	9.1%	9.4%	9.7%	8.9%	8.2%	17.4%	23.5%	21.0%	16.4%	15.3%

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. All manpower information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable

Resignation Number and Rate

Staff Group		No. of resignations				Resignation rate				
		2020				Previous period	Current period	Previous period	Current period	Variance from previous period % pt
		1Q	2Q	3Q	4Q	(Jan19 - Dec19)	(Jan20 - Dec20)	(Jan19 - Dec19) %	(Jan20 - Dec20) %	
Doctor	Senior Staff ⁽¹⁾	32	19	17	22	156	90	5.6%	3.1%	- 2.5
	Junior Staff ⁽²⁾	21	9	29	16	123	75	3.9%	2.3%	- 1.6
	Overall	53	28	46	38	279	165	4.7%	2.7%	- 2.0
Nursing	Senior Staff ⁽³⁾	20	13	20	32	59	85	1.0%	1.3%	+ 0.3
	Junior Staff ⁽⁴⁾	291	213	200	278	981	982	4.9%	4.8%	- 0.1
	Overall	311	226	220	310	1,040	1,067	4.0%	4.0%	+ 0.0
Allied Health ⁽⁵⁾ Overall		52	33	68	56	190	209	2.4%	2.5%	+ 0.1
Supporting (Care-related) Overall		329	219	321	262	1,313	1,131	8.6%	7.0%	- 1.6

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	Current period	Variance from previous period
	Jan 19 - Dec 19	Jan 20 - Dec 20	
	A	B	$C = (B - A) / A$
Medical	3.4	2.8	- 17.6%
Nursing	8.3	7.4	- 10.8%
Allied Health	5.5	4.3	- 21.8%
Supporting (Care-related)	9.9	8.1	- 18.2%
Others	8.1	6.5	- 19.8%
HA Overall	7.9	6.6	- 16.5%

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

Staff Group	Previous period	Current period	Variance from previous period
	Jan 19 - Dec 19	Jan 20 - Dec 20	
	A	B	$C = B - A$
	%	%	% pt
Medical	1.1	0.9	- 0.2
Nursing	2.7	2.8	+ 0.1
Allied Health	1.4	1.3	- 0.1
Supporting (Care-related)	3.1	2.8	- 0.3
Others	2.5	2.2	- 0.3
HA Overall	2.4	2.3	- 0.1

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 19 - Dec 19	Jan 20 - Dec 20	
	A	B	
Medical	5.0	4.3	- 0.7
Nursing	4.9	4.1	- 0.8
Allied Health	1.6	1.6	0
Supporting (Care-related)	7.6	6.3	- 1.3
Others	3.3	2.9	- 0.4
HA Overall	4.6	3.9	- 0.7

(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 19 - Dec 19	Jan 20 - Dec 20	
	A	B	
Medical	8.3	6.3	- 2.0
Nursing	61.0	56.7	- 4.3
Allied Health	17.1	10.1	- 7.0
Supporting (Care-related)	142.6	119.7	- 22.9
Others	77.0	68.7	- 8.3
HA Overall	72.8	63.9	- 8.9

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.