Hospital Authority

Winter Surge Situation Update

Purpose

This paper updates Members on winter surge service demand and the response measures of the Hospital Authority (HA) for the 2015-16 winter surge.

Background

2. HA developed its 2015-16 winter surge response plan in October 2015, which was reported to HA Board on 17 December 2015 via HA Board Paper No.232 and followed by a press briefing to the public. Key strategies and measures to cope with upsurge in service demand in the winter season are copied at the Annex.

3. In order to cope with the increase in demand due to ageing population and prevalence of influenza during winter time, a key element in HA Annual Plan 2015-16 was to increase service capacity. It included the opening of 250 new beds and increase in the manpower of doctors, nurses, allied health professionals and other staff to enhance inpatient services. Compared with 2014-15, HA will see an overall increase of 208\(^1\)(3.5\%) doctors, 757 (3.2\%) nurses and 362 (5.3\%) allied health professionals in 2015-16.

4. In addition, HA has extended the coverage of the Accident & Emergency (A&E) Support Session Programme from 12 to 17 A&E Departments and recruited over 1,600 Temporary Undergraduate Nursing Students for supporting clinical services. Services of General Out-patient Clinics (GOPCs) are also expanded during long holidays, with addition of a total of around 4,500 quotas during Christmas, Chinese New Year and Easter holidays.

5. Since December 2015, HA has been closely monitoring the service statistics of all acute hospitals, including the number of A&E first attendances, inpatient admission to medical wards via A&E departments and inpatient bed occupancy rate etc.

\(^1\) All figures are Full-time Equivalent (FTE).
Recent Upsurge in Service Demand

6. During non-surge periods, the daily number of A&E first attendances of HA hospitals is usually below 6,000, while the number of inpatient admission to medical wards via A&E departments is around 800. However, in the period of 9 February to 8 March 2016, the daily number of A&E first attendances was persistently over 6,000, with more than 10 days around 7,000. In the same period, the daily number of inpatient admission to medical wards remained over 900, with more than 19 days over 1,000. Such significant increase in service demand was unprecedented. Most of the patients admitted to medical wards were elderly, of which 45% were aged 80 or above.

7. There were three factors that contributed to the upsurge in service demand. The first one was illnesses caused by prolonged cold weather, especially among the elderly. The second one was the overall increase in influenza activity in the past few weeks, affecting patients with chronic diseases. The third one was the overall ageing of patients. The service capacity in HA has been stretched to its limits and the A&E Departments, GOPCs and inpatient services are under immense pressure in face of persistent upsurge in service demand.

Step Up Measures

8. The upsurge in service demand in this winter influenza season is particularly severe in comparison with past years. Despite the implementation of the aforementioned measures in the response plan, A&E attendances remain high and wards are congested, leading to long waiting time in A&E departments for emergency service and admission to inpatient wards. In response, HA Head Office (HAHO) has worked with clusters to implement a series of step up measures to deal with the surge, including:

(i) Further enhance the support to discharged and elderly patients through Community Geriatric Assessment Services, Community Nursing Services, Visiting Medical Officer Programmes and Geriatric Day Hospital Services;

(ii) Further enhance the service of the Patient Support Call Centre to proactively follow up on discharged elderly patients with high risk of re-admission;

(iii) Extend the coverage of virology service to weekends and public holidays to facilitate decision of admission of patients;

(iv) Increase the service capacity of convalescent hospitals and further facilitating transfer of stable patients to convalescent hospitals within cluster;
(v) Further improve patient flow and treatment capacity during weekends and long holidays;

(vi) Increase GOPC quotas by around 2,000 per week till end March 2016;

(vii) Increase the flexibility of the Special Honorarium Scheme (SHS) criteria to a minimum of one hour till end April 2016 to encourage more staff to join the scheme;

(viii) Further encourage clinical staff to join the A&E Support Session Programme;

(ix) Reduce elective admission and suspend / defer elective operations till end of March 2016; and

(x) Appeal to private practitioners via the Hong Kong Medical Association to open clinics during the Easter holiday and to extend their daily clinic hours till end of March 2016.

9. Another proposed measure is to consider conducting drug review and refill for stable out-patient follow up cases at clinics for releasing manpower to support inpatient services. However, since there are different opinions among frontline staff on this measure, further communication and discussion are needed.

10. The upsurge in service demand of public hospitals eased in the week from 9 March 2016 and the pressure on hospital services temporarily lessened. However, service demand may still fluctuate before the end of the winter influenza season. HA will continue to closely monitor the situation and take extra measures as required.

Way Forward

11. Besides step up measures, it is of utmost importance to plan ahead to further increase service capacity, both in terms of manpower and physical facilities. The following paragraphs describe these medium to longer term plans.

12. In 2016-17, HA will continue to augment service capacity, including the opening of 231 new beds and increase in healthcare manpower. It is projected the annual manpower increase of doctors, nurses and allied health professionals in comparison with 2015-16 will be 145\(^2\) (2.4%), 411(1.7%) and 234(3.2%).

\(^2\) All figures are FTE.
13. We also anticipate a series of measures for addressing manpower shortage:

(i) HA will continue to recruit full-time as well as part-time healthcare staff. In particular, HAHO will provide funding and coordinate the recruitment of part-time healthcare staff to facilitate staff deployment and ease the workload of frontline staff;

(ii) HA will continue to recruit non-local doctors under the limited registration scheme. As at January 2016, the Medical Council of Hong Kong has approved the applications of 27 non-local doctors under limited registration and 11 of them are still working in HA hospitals. If the legislative proposal to extend the period of limited registration from not more than one year to not more than three years is approved by the Legislative Council, HA would be able to offer longer contracts to these doctors and hopefully would attract more applications.

(iii) HAHO will provide funding and coordinate implementation of SHS. Greater flexibility for scheme participation has also been introduced to encourage more colleagues to join; and

(iv) Depending on service needs and funding availability, HA will consider extending the present Special Retired and Rehire Scheme to retired doctors, nurses, allied health professionals and supporting staff as appropriate with an age limit of 65.

14. In terms of infrastructure, the construction of the Tin Shui Wai Hospital and Hong Kong Children’s Hospital is expected to complete in 2016 and 2017 respectively. The Government has also earmarked a dedicated provision of $200 billion for a ten-year hospital redevelopment plan for HA. Upon completion of the various hospital and community health centre programmes, an additional 5000 beds, more than 90 operation theatres and 410,000 GOPC quotas can be provided.

Advice Sought

15. Members are invited to note and comment on the update on winter surge service demand and response measures of HA for the 2015-16 winter surge.

Hospital Authority
HAB\PAPER\236
21 March 2016
Annex to HAB-P236

**Major Strategies and Measures for Winter Surge**

1. Enhancing infection control measures
   - promoting hand hygiene and droplet precaution among staff, patients and visitors at HA venues
   - encouraging vaccination of staff and the public
   - ensuring adequate stockpile of antiviral drugs for treatment and treatment according to prevailing clinical guidelines

2. Managing demand in community
   - enhancing support to Old Age Homes (OAHs) through the Community Geriatric Assessment Teams, Community Nursing Services and Visiting Medical Officer Programmes to facilitate management of simple cases outside hospitals
   - more frequent visit to OAHs and early post-discharge visits
   - enhancing support to chronic disease cases for better self management through pro-active follow up of the Patient Support Call Centre

3. Gate-keeping to reduce unnecessary admission
   - enhancing collaboration between A&E and geriatrics departments
   - setting up additional observation areas in A&E departments
   - enhancing virology services to facilitate decision of admission of paediatric patients
   - deploying additional staff to streamline patient flow and for crowd control during prolonged waiting

4. Improving patient flow
   - facilitating transfer of stable patients from acute to convalescent hospitals within cluster
   - enhancing ward rounds by senior clinicians and improving patient flow during weekends and long holidays

5. Optimising and augmenting buffer capacity
   - optimising utilisation of buffer wards, expanding day follow-up service and A&E Support Session Programme
   - augmenting manpower by special honorarium scheme and leave encashment, and with the support of temporary undergraduate nursing students and auxiliary medical service
   - expanding services in GOPCs during long holidays
6. Reprioritising core activities

- reducing elective admission to reserve capacity
- suspending / deferring non-emergent elective operations

7. Enhancing communication with the public

- managing public expectation on longer waiting time at A&E departments and providing information of private clinics to the public
- alerting the public of the possible postponement of elective services
- providing daily key statistics to the public during peak periods