

# EXECUTIVE SUMMARY

## Direct Investigation on Management of Non-Emergency Ambulance Transfer Service by Hospital Authority

### Background

In view of complaints handled on the Non-Emergency Ambulance Transfer Service (“NEATS”) by Hospital Authority (“HA”), The Ombudsman decided to initiate a direct investigation on 28 September 2009 to examine the reasons for the delay and uncertainty of the service and identify possible improvements. The ambit of the investigation includes:

- (a) the booking system and scheduling of the NEATS fleets;
- (b) mechanism for monitoring the service; and
- (c) areas for improvement.

### Operation of NEATS

2. Eligible users of the NEATS service include stretcher-bound patients; wheelchair-bound patients living in a place inaccessible by lift; and mentally or sensorily impaired patients without escort on discharge from hospital. Users of the NEATS service are broadly classified into two categories: out-patients and in-patients.

- (a) Out-patients include patients attending specialist out-patient clinics or day hospitals for scheduled appointments. Bookings for out-patients are made in advance on a first-come-first-served basis. There is a quota system under which each clinic or day hospital is allocated a pre-set quota daily to transfer patients between their residence and clinics. Out-patient requests are always met.
- (b) Requests by in-patients are for transfer between hospitals and on discharge at the end of a hospital stay. Such requests are usually made on the day of transfer or discharge. There is no pre-set quota for in-patients.

3. There are eight foremen in HA who are responsible for accepting requests, scheduling ambulance routes and deploying staff. They draw up routes by matching accepted requests with ambulances and staff available. Every day they will draw up routes for out-patients first before adding requests from in-patients received to the routes planned. If this is not possible, they will

re-arrange the routes by regrouping patients as the day progresses. While the scheduling process aims to maximise utilisation of ambulances and staff, availability of service to in-patients is difficult to confirm at the time of service request.

## **Views of Stakeholders**

4. We collected 34 questionnaires from patients who had used the service through the assistance of two patient groups. Ten respondents had the experience of using vans illegally fitted out to accommodate wheelchair users due to long waiting time. We also collected 150 questionnaires from HA staff involved in the NEATS service. There were 97 comments received that patients were dissatisfied with the NEATS service. Most of the reasons were “waiting too long”, “long travel time” and “uncertain waiting time”.

5. In addition, we have examined three complaints on NEATS handled by our office and HA. They revealed problems of long waiting time for out-patients and uncertainty of service for in-patients. In one case, the in-patient still suffered inconvenience despite that advanced booking for NEATS service had been made.

## **Problems Identified and Our Observations**

### ***Long Waiting Time***

6. HA’s performance exceeds its service standards for NEATS service to in-patients: a waiting time of 90 minutes or less for 85% of the patients on inter-hospital transfer and 75% of the patients on discharge (**para. 2(b)**). We suggest that HA review if the current service standard may be shortened.

7. In addition, service standards should be set for waiting time by out-patients. For outbound trips, out-patients will usually be informed in advance of the scheduled arrival time of the ambulance. Long waiting time results when there is large discrepancy between the scheduled arrival time and the boarding time of the ambulance. For return trips, out-patients start waiting when they are ready to get on the ambulances. The new service standard should gauge the duration of such waiting time.

### ***Uncertainty of Service***

8. Uncertainty of service arises where an in-patient, having been informed that he is to be discharged or transferred, is not informed of whether and when an ambulance will be available to him. In two of our case studies, the in-patients were due for discharge from hospital but they were not informed of when an ambulance would arrive on the day of discharge (**para. 5**). One went

home by other means while the other spent an extra night in the hospital.

9. Uncertainty of service can cause much difficulty or inconvenience to patients and their relatives in making arrangements in preparation for the discharge or transfer. HA should explore ways to enhance certainty of service to patients such as setting a timeframe for notifying patients whether their requests for service can be met on the day.

### ***Punctuality of Service***

10. HA has set a service standard on punctuality for out-patients, by measuring the arrival time of patients at hospitals or clinics against the scheduled appointment time. HA has failed to meet its standard since 2007. For the past three years, over half of the out-patients using NEATS were late to attend medical appointments for over 30 minutes.

11. HA should look into the reasons of the low compliance rate of punctuality as it may be due to a variety of factors. This may require collecting and collating necessary data to assist HA to devise appropriate measures to improve its ability to meet the laid down service standard.

### ***Unmet Demand for NEATS***

12. We consider that a more fundamental problem to the above is that the existing provision of the service cannot meet the demand for NEATS. HA's statistics on NEATS show the number of requests received and met. All the remaining cases are classified as "cancelled cases", which may conceal demand turned away where the cancellation is by patients frustrated by long waiting time and uncertainty of service.

13. HA's overall rate of cancelled cases is around 17% in the past years. For quotas allocated to out-patients (**para. 2(a)**), the cancellation rate is over 25%. Besides, there are patients seeking alternative transport service on the one hand and commercial or even illegal services in the market catering for the need on the other (**para. 4**).

14. The above suggests the existence of unmet demand for the NEATS service. HA should collect more data in this respect and analyse them more systematically so as to have a better understanding of the size of the unmet demand and introduce measures to deal with it.

### ***Meeting Demand for NEATS***

15. The overall demand for the NEATS service has been increasing and is expected to continue, given an ageing population and the fact that the service is free. In addition to enhancing its operational efficiency and increasing resources, HA should consider alternative measures.

16. One possibility is to tap resources from non profit-making organisations providing similar services. Arrangements may be worked out to engage, for example, the ambulances of Hong Kong St. John Ambulance and the Accessible Hire Car Service provided by the Hong Kong Society for Rehabilitation for patients with less severe mobility impediment, possibly at a fee. Commercial transport services should be explored as a supplement for those who are financially better off.

17. In addition, HA should strive to prioritise requests according to the degree of patients' reliance on NEATS and urgency for transport service. Priority should be given to patients who, either because of the severity of their disability or because of their lack of familial support, cannot resort to any alternative modes of transport except NEATS. Another alternative to prioritise requests is to apply a means test, especially when commercially run services are available.

18. The need for and provision of non-emergency transport service generally is an issue the scope of which is much wider than HA's sphere of responsibility. It should be examined in a holistic approach by Government. In this connection, HA should bring out the issue with its policy bureau in the Government to map out an overall and long-term strategy.

## **Recommendations**

19. The Ombudsman makes the following recommendations to the Chief Executive of the Hospital Authority:

- (i) review the current standards of waiting time for discharge or transfer cases;
- (ii) introduce a new service standard for the waiting time of out-patients;
- (iii) explore ways to enhance the certainty of service;
- (iv) look into the reasons of the low compliance rate of punctuality;
- (v) collect more data for unmet demand and analyse them more systematically to understand the size of the problem and introduce measures to deal with it;
- (vi) explore the possibility of engaging non profit-making organisations and commercial operators in providing supplementary service;
- (vii) prioritise the service targets of the NEATS service, having regard to the severity of their mobility impediment and their financial means;  
and

- (viii) discuss with its policy bureau in the Government to map out an overall long-term strategy for the provision of transport service for people with mobility impediment requiring medical services.

**Office of The Ombudsman**  
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