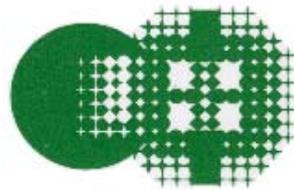


DIRECT INVESTIGATION REPORT

**MANAGEMENT OF NON-EMERGENCY AMBULANCE
TRANSFER SERVICE BY HOSPITAL AUTHORITY**

December 2010



Office of The Ombudsman

Hong Kong

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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
December 2010

1

INTRODUCTION

BACKGROUND

1.1 The Non-Emergency Ambulance Transfer Service (“NEATS”) is a free service provided by the Hospital Authority (“HA”) to its patients with impeded mobility who cannot travel unaccompanied. The service is point-to-point and is available to two categories of patients:

- (a) out-patients attending medical appointments in HA clinics or hospitals or requiring admission to hospitals; and
- (b) in-patients requiring transfer between hospitals or due for discharge at the end of a hospital stay.

Patients of category (a) need to book the service in advance, while patients of category (b) on transfer or on discharge, as the case may be. This service is distinct from the emergency ambulance service provided by the Fire Services Department, which is made available on emergency calls.

PURPOSE AND AMBIT

1.2 Previous complaints to this Office on NEATS revealed problems of delay and uncertainty. To identify the underlying reasons for the delay and uncertainty of the service and possible improvements, The Ombudsman declared on 28 September 2009, under section 7(1)(a)(ii) of The Ombudsman Ordinance (Cap. 397) a direct investigation into the operation of NEATS administered by HA. Specifically, the investigation covers the following:-

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

METHODOLOGY

1.3 We studied information provided by HA, discussed with their staff, and conducted a site visit to observe the scheduling operation of ambulances. We also examined publicly available information from the Legislative Council and media reports on the subject.

1.4 In addition, we approached patient groups and HA frontline staff for their views and recommendations, and openly invited submissions from the public. Details of the views received are set out in Chapter 4 of this report.

INVESTIGATION REPORT

1.5 On 22 November 2010, a Draft Investigation Report was sent to the Chief Executive of the Hospital Authority for comments. Having duly considered and incorporated their comments, we issued this Final Report on 16 December 2010.

2

OPERATION OF NEATS

OVERVIEW

2.1 HA took over NEATS from the Fire Services Department in 1994. At present NEATS consists of 353 staff members and 133 ambulances. When in operation, an ambulance is manned by a crew of two or three staff, depending on the degree of help needed by the patient. For example, a three-man crew is required for patients on stretchers or patients in wheelchairs and living on upper floors inaccessible by lifts.

2.2 The demand for NEATS has been growing over the years. HA provided 206,843 patient-trips in 1993/94, compared to 386,612 patient-trips in 2009/10, an 87% increase over a span of 16 years.

ORGANISATION STRUCTURE

2.3 The NEATS service is organised based on the HA Clusters. There are four clusters, namely Hong Kong Cluster (with two Sub-clusters), Kowloon Cluster (with four Sub-clusters), New Territories East Cluster and New Territories West Cluster. Eight foremen, two in the New Territories clusters and six in the urban sub-clusters, are responsible for accepting requests, scheduling ambulance routes and deploying patient transfer attendants. Each foreman is supervised by a manager-grade staff member of his respective Cluster. The latter is normally not involved in the daily operation of NEATS.

ELIGIBILITY FOR SERVICE

2.4 Patients eligible to use the NEATS service include stretcher-bound patients; wheelchair-bound patients living in a place inaccessible by lift; aged patients living alone and relying on walking aid; and mentally or sensorily impaired patients without escort on discharge from hospital. Requests to use NEATS require endorsement by doctors, nurses or other specified HA personnel such as medical social workers.

DELIVERY OF SERVICE

2.5 As noted in **para. 1.1**, users of the NEATS service are classified into two categories: in-patients and out-patients. Different mechanisms are in place to process requests from the two categories.

Out-Patients

2.6 For out-patients attending specialist out-patient clinics or day hospitals for scheduled appointments, NEATS service is booked in advance on a first-come-first-served basis at the time when a medical appointment is scheduled. HA operates a quota system to handle such requests.

Quota System

2.7 Each clinic or day hospital is allocated a pre-set quota, which is the maximum total number of round trips of patient transfer available for booking per day. If a request cannot be met by the daily quota, the nurse of the clinic or day hospital will re-schedule the medical appointment to another day or the cluster / sub-cluster foreman will seek additional quota from other day hospitals or clinics of the same Cluster. An out-patient request can therefore always be met.

2.8 Each Cluster discusses with its clinics and day hospitals regularly to work out the number of daily quota. There may be days when the allocated quota cannot meet the demand but HA does not have ready statistics on this.

Admission to Hospital Cases

2.9 NEATS also transports patients from their residence to hospitals for admission. HA classifies these cases under the out-patients category although the quota system does not apply to such cases. There were 2,320 and 2,144 such requests in 2008 and 2009 respectively.

In-Patients

2.10 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.

2.11 There is no pre-set quota for in-patients. Whether and when the request is entertained depends on availability of free slots (i.e., unallocated capacity of ambulances with appropriate crew), competing demands and the compatibility of the request with other requests (if any) already accepted for the routes planned.

PROCESSING OF REQUESTS

2.12 Every day, the foreman schedules his ambulances and draw up routes by matching accepted requests with ambulances and crew members available. Ambulance routes drawn up are shown in the computer system and adjusted real time on screen as and when necessary. This process is called “scheduling” and a request included in a route is called a “scheduled service”. The key steps of this process are:

- (a) The foreman draws up ambulance routes by matching requests from out-patients (para. 2.6), including those requiring admission (para. 2.9), which have been accepted for the day with available ambulances and crew teams.
- (b) The foreman includes in the schedule in-patient requests outstanding from previous days, if any.
- (c) As the day progresses, the foreman receives requests for the NEATS service from in-patients. He then adds them to the routes planned, or, where this cannot be done because of capacity

or manpower constraints (e.g., only a two-man crew is available but the request requires a three-man crew (para. 2.1)), he will re-arrange the routes by regrouping patients in a tentative “scheduled service” and, where necessary, adjusting also its routing.

- (d) For requests from in-patients, HA requires ward staff to notify the NEATS foreman concerned through the computer system when patients are confirmed ready for discharge or transfer. This will assist the foreman in allocating patients to ambulances more efficiently.
- (e) In addition to processing requests of (c) above, the foreman has to schedule routes for return trips of out-patients in (a) above.

2.13 The above process is intended to maximise utilisation out of available ambulances and crews and hence their output. Because of the host of factors at play, HA staff would not normally be able to confirm to the patient the availability of service at the time when the request is made. Usually the patient has to wait a long time before being informed of the outcome of his request. In short, availability of the NEATS service for in-patients is somewhat unpredictable.

2.14 The HA has in place performance indicators and monitoring measures to keep track of NEATS. These are discussed in the next chapter.

3

MEASURING PERFORMANCE

OVERVIEW

3.1 The performance of NEATS can be measured by the extent of demand met, punctuality of and waiting time for the service. These are discussed below.

EXTENT OF DEMAND MET

3.2 HA did not have statistics on the outcome of requests for NEATS before 2007. Some statistics were kept in 2007 but systematically maintained statistics became available only from 2008.

3.3 Outcomes of service request are classified into three categories:

- (a) Requests met on the same day;
- (b) Unentertained cases – cases where the request cannot be met on the day of request but only in the next one to two days (since all out-patient requests are always met (**para. 2.7**), unentertained cases only exist for in-patient requests).
- (c) Cancelled cases – cases where the patients opt not to use the service after their requests for NEATS have been accepted (for

out-patients, their requests always involve two trips – outbound and return and each trip is counted as a separate request).

3.4 The statistics from 2008 to August 2010 are set out in **Figure 1** below.

Figure 1: Outcome of All Requests for NEATS

	2008	2009	2010 (up to Aug)
a. All Requests	444,267	466,143	313,347
b. Requests Met on the same Day	363,276 (81.8%)	385,497 (82.7%)	259,768 (82.9%)
c. Unentertained Cases	3,780 (0.9%)	651 (0.1%)	50 (0.0%)
d. Cancelled Cases	77,211 (17.3%)	79,995 (17.2%)	53,529 (17.1%)

(Note: Percentage figures in brackets are percentages to the corresponding figures in (a) in the same column.)

Source: HA

3.5 HA notes that the majority of patients served by NEATS are frail and elderly patients. Due to limited resources and the need to maintain a free service for all eligible patients, HA considers the cancellation rate in Figure 1 to be reasonable.

3.6 Since daily quotas are applicable to out-patient requests (**para. 2.7**), we have also collected statistics on the utilisation of quotas by out-patients in 2008 and 2009. These are shown in **Figure 2** below.

Figure 2: Utilisation of Quotas by all Clinics and Day Hospitals of HA

	2008	2009
a. Total quota allocated	132,308	135,061
b. Total quota booked (% to (a) above)	102,870 (78%)	104,641 (77%)
(i) Quota booked and performed (% to (b) above)	75,142 (73%)	77,388 (74%)
(ii) Quota booked but cancelled (% to (b) above)	27,728 (27%)	27,253 (26%)

Source: HA

Cancelled Cases

3.7 Given the significant proportion of cancelled cases, we have examined this outcome category in greater depth to see if it contains unmet service demand. **Figure 3** below shows the split of cancelled cases between in-patients and out-patients from 2008 to August 2010.

Figure 3: Breakdown of Cancelled Cases by Out-patients and In-patients

	2008	2009	2010 (up to Aug)
a. Total Number of Cancelled Cases	77,211	79,995	53,529
b. Number of Out-patients* (% to (a) above)	37,946 (49%)	39,071 (49%)	23,271 (43%)
c. Number of In-patients (% to (a) above)	39,265 (51%)	40,924 (51%)	30,258 (57%)

* This figure is different from the number of cancelled cases by out-patients in Figure 2 which counts one quota with both forward and return trips. A quota is classified as performed where only the return trip is cancelled. In addition, the number of cancelled cases by out-patients in Figure 2 does not involve admission to hospital cases (*para. 2.9*.)

Source: HA

3.8 Before end December 2009, HA did not require staff to record the reasons for all cancelled cases by out-patients and in-patients. In response to our inquiry, HA conducted a special survey to ascertain the number of cancelled cases by out-patients from 11 to 31 January 2010 caused by long waiting. Out of 2,155 cancellation cases for out-patients in the said period, 1,234 cases (57.3%) were cancelled before the requested service day and 554 cases (25.7%) were cancelled because of reasons unrelated to “long waiting”. The remaining 367 cancelled cases with no or unclear cancellation reasons captured (17%) were inquired by the NEATS centre staff by telephone with the patients. Out of these 367 cases, the major reasons for cancellation are:

- patients left with family members: 59 cases (2.7%);
- patients refused to attend medical appointment: 53 cases (2.5%);
- patients left by himself or herself: 51 cases (2.4%);
- patients cancelled the booking because of long waiting time: 48 cases (2.2%);
- patients cannot not be contacted: 23 cases (1%) and
- patients not feeling well: 22 cases (1%).

We suspect that under the categories of “patients left by himself or herself” and “patients left with family members”, a certain portion of the patients left also because of long waiting time.

PUNCTUALITY AND WAITING TIME

3.9 HA has set internal service standards for the following:

- (a) punctuality for out-patients – 70% of patients arrive hospitals or clinics within 30 minutes of the medical appointment time;
- (b) waiting time for in-patients – the waiting time of 85% of patients for inter-hospital transfer and 75% of patients for discharge is 90 minutes or less. The waiting time starts to count when a discharge or inter-hospital transfer patient is confirmed to be ready.

3.10 The compliance status of the service standards from April 2007 to August 2010 is set out in **Figure 4** below.

Figure 4: Compliance of Service Standards of NEATS

Service Standard		Actual Performance (percentage out of total patient trips)			
		Target	Apr 2007 – Mar 2008	Apr 2008 – Mar 2009	Apr 2009 – Mar 2010
a. Punctuality (arrive hospitals or clinics within 30 minutes of the medical appointment time)	70%	41%	37%	40%	46%
b. Inter-hospital transfer (waiting time: 90 minutes or less)	85%	96%	95%	95%	95%
c. Discharge (waiting time: 90 minutes or less)	75%	93%	93%	93%	94%

Source: HA

4

VIEWS OF STAKEHOLDERS

OVERVIEW

4.1 In this investigation, we have sought the views of patients and HA staff on NEATS service. Details are set out below.

VIEWS COLLECTED FROM PATIENTS

Complaint Cases Received by HA

4.2 HA received around 17 to 18 complaint cases about NEATS a year from 2008. As shown in the breakdown of the complaint cases below, the two major causes for complaint were staff attitude and long waiting time.

Figure 5: Breakdown of Complaint Cases on NEATS Received by HA

Nature of complaint	2008	2009	2010 (Jan – Aug)	Total
Staff attitude	4 (3)	6 (5)	3 (1)	13 (9)
Long waiting for return trip	8 (5)	3 (2)	2 (1)	13 (8) (25.5%)
Others*	5 (3)	9 (5)	11 (3)	25 (11)
Total	17	18	16	51 (28)

() Figures in brackets denote the number of substantiated cases.

* It includes complaints such as patient injury and improper / inadequate personal care given to patients.

Source: HA

Patient Satisfaction Survey by HA

4.3 In response to our inquiry, HA conducted a patient satisfaction survey on NEATS with 1,524 respondents in December 2009. The respondents comprised 53% out-patients and 47% in-patients. Using a 5-point scale with 1 for highly satisfactory and 5 for highly unsatisfactory, the average score of respondents on satisfaction of patient waiting time is 2.39. HA plans to conduct the survey annually.

4.4 The survey also collected 164 comments. Among them, 89 were about long waiting time while the other 75 were related to issues such as punctuality and staff attitude. Some of comments on long waiting time are:

- a respondent said that he had to wait for two to three hours every time;
- a respondent remarked that he was very afraid of travelling by NEATS as he had the experience of waiting for four hours;
- three respondents had the experience of waiting from 10am or 11am for the ambulance to pick them up from home and finally arriving at the hospital at 4:30pm.

Views Collected from Patient Groups

4.5 In January 2010, we sought assistance from the Alliance for Patients' Mutual Help Organisations and the Self Help Group for the Brain Damaged to distribute questionnaires to collect views from their members who had used the NEATS service. The questionnaire included questions about the level of satisfaction on the service and the use of alternative transport arrangements because the NEATS ambulances could not meet their needs.

4.6 We received four replies from the Alliance for Patients' Mutual Help Organisations and 30 replies from the Self Help Group for the Brain Damaged. A total of 20 respondents answered the question about the level of satisfaction on the service. Nine indicated satisfaction while eleven expressed dissatisfaction, with long waiting time being the main reason. On questions relating to the use of alternative transport arrangements, ten respondents reported their experience that, due to long waiting time, they had to cancel their requests for NEATS ambulance eventually and

used the service of vans illegally fitted out to accommodate wheelchair users in order not to miss their medical appointments. The respondents also reported that the fee charged by the vans ranged from \$60 to \$250, depending on the distance and district of the trips.

VIEWS COLLECTED FROM HA STAFF

4.7 In June 2009, with HA's assistance, we distributed 210 questionnaires to HA staff whose duties included requesting the NEATS service for their patients. Following our request, the questionnaires were distributed to staff of different disciplines (such as doctors, nurses and medical social workers) from at least three hospitals or clinics in each HA Cluster.

4.8 We received 150 replies. For those replies with their disciplines stated, there were 92 nurses, 17 therapists from various streams (such as occupational therapists and physiotherapists), 8 clerical staff, 7 doctors and 4 medical social workers. There were 96 respondents involved in booking of NEATS and 35 respondents in assessment of patients for eligibility for the NEATS service. Sixty respondents claimed to have assisted patients in using NEATS at least once a day.

4.9 There were 97 comments received that patients were dissatisfied with the NEATS service. The reasons for the dissatisfaction were "waiting for too long" (60 comments), "long travel time" (14 comments) and "uncertain waiting time" (13 comments).

4.10 The questionnaire also invited HA staff to suggest areas of improvement. Most of the suggestions fall into the following categories:

- a. providing more service (56 respondents);
- b. shortening waiting time (27 respondents)
- c. charging fees for NEATS to prevent abuse (21 respondents); and
- d. giving patients more certain waiting time and improving on punctuality (16 respondents).

CASE STUDIES

4.11 The following three cases were illustrative of the inconvenience and dissatisfaction experienced by NEATS users under the current arrangement. The first two cases were complaints handled by this Office, while the last one by HA. All three cases were found substantiated by the investigating authority.

Case 1

4.12 Ms T's mother stayed in an elderly home and needed to visit a hospital from time to time for medical consultation. On one occasion, Ms T booked a NEATS ambulance for her mother's return trip for medical appointment. On the day they had to wait for the ambulance for over one and a half hours on both the outward and return trips. Ms T stated that there had been similar delays many times before.

4.13 Our investigation revealed that before picking up Ms T's mother for the trip to the hospital, the crew of the ambulance designated to provide the service had spent over an hour and a half cleaning the vehicle compartment and taking a meal break. When the crew set out again, it was well past the appointed time but they took no measure to alert Ms T in advance.

Case 2

4.14 Mr F, an in-patient, was notified by a doctor on Day 1 that he could be discharged on Day 8. He requested NEATS service on Day 5.

4.15 On Day 8, he waited for the ambulance in the hospital ward but was not told, whether by NEATS or by the ward staff, when an ambulance would arrive. At about 5:00pm, a nurse told him that there would be no ambulance for the day and that he had to spend another night in the hospital. As it was a festive day for family reunion, Mr F decided not to wait any longer and went for private service. He got home that night.

4.16 HA explained that Mr F had required a three-man NEATS crew. However, the only three-man crew operating that day had already been fully engaged. Due to the location of Mr F's residence, it had not been possible for NEATS to fit him in any route on that day. HA further explained that the ward staff had indicated to Mr F on Day 8 that his request might not be entertained but accepted that Mr F could

have resorted to his own arrangements much earlier had he been told clearly at the first instance that there could be no guarantee of service. HA apologised to Mr F for causing him the unpleasant experience.

Case 3

4.17 Mr X was due for discharge from hospital on a certain day. The ward staff booked a NEATS ambulance for him for that. On the day Mr X's family members kept waiting for the ambulance, only to be told at around 4pm that no NEATS ambulance would be available on that day. A NEATS ambulance was subsequently arranged for Mr X at noon on the following day.

4.18 HA admitted fault and accepted that NEATS service should be provided promptly and with certainty.

Observations from Cases

4.19 The cases revealed problems of long waiting time for out-patients (**Case 1**) and uncertainty of service for in-patients (**Cases 2 and 3**). In Case 2, the in-patient still suffered inconvenience despite that advanced booking for NEATS service had been made. These cases pointed to areas for improvement by HA.

5

ALTERNATIVE SERVICES

OVERVIEW

5.1 HA provides NEATS service free of charge. With increasing demand for public healthcare service, the demand for NEATS can be unsatiable. Our investigation has shown signs of HA not being able to satisfy all demands (**para. 3.7**). In considering possible improvements for NEATS, we have collected information on alternative transportation services in the community for people with impeded mobility. We notice that these alternative services supplement, and indeed, to some extent, overlap the NEATS service provided.

AUXILIARY MEDICAL SERVICE

5.2 The Auxiliary Medical Service is a Government service. It has six ambulances which provide free non-emergency transfer service to citizens for patients who could not use public transport service to attend medical appointment at Department of Health's clinics and General Out-Patient Clinics administered by Hospital Authority¹. Applications for the service have to be submitted one day in advance through the clinics concerned.

¹ As stated in its application form, the reasons why public transport cannot be used include (a) stretcher bound; (b) required continuous supply of oxygen; (c) wheelchair bound; and (d) difficulty in walking – mobility has to rely on walking aid.

5.3 To better utilise resources, each ambulance is assigned destinations in a district every day and only carries patients who go to those places. The service is available if the route suits.

HONG KONG ST. JOHN AMBULANCE

5.4 Hong Kong St. John Ambulance is a charitable organisation established under a statute. It has ten ambulances providing both emergency and non-emergency transfer service at a fee. The latter transports patients between their homes and private hospitals. Patients using the service should be those who are not able to use public transport service to attend medical appointment. Applications have to be submitted one day in advance through the private hospitals concerned. The service is available at non-rush hours only due to limited number of ambulances on call, with priority given to emergency ambulance service. The charge is \$300 per call.

HONG KONG SOCIETY FOR REHABILITATION

5.5 The Hong Kong Society for Rehabilitation is a non-profit making organisation which provides rehabilitative support to citizens with mobility disability or chronic illnesses and to the elderly. The Society provides the following fee-charging transport services:

- (a) *Easy-Access Transport Services*: This service is financed by HA and operated by the Society to transport patients aged above 60 with minor impeded mobility between home and hospitals and clinics. The Society charges patients \$15, \$30 or \$70, depending on whether the trip is “within-cluster”, “cross-cluster-but-within-region” or “across-regions”. A total of 145,751 and 157,194 patient-trips were provided in 2008 and 2009 respectively.
- (b) *Rehabus Service*: It provides transport services for people with disability to travel between workplaces, schools and public places. The service is subvented by the Labour and Welfare Bureau. Its clientele include wheelchair users, crutch and

walking frame users, and people who are visually impaired. Unlike those served by NEATS, users of Rehabus Service may travel unaccompanied. Fixed charges are collected for rehabus service provided by scheduled routes, feeder service and pooled Dial-a-Ride service. For personal dial-a-call service, fees are charged on the number of passengers and amount of time of the service used.

- (c) *Accessible Hire Car Service*: It is a personalised, quick-response, convenient and accessible transport service for wheelchair users to travel between hospitals, workplaces and venues of social gathering. Operated without subsidy, it provides an alternative to similar services provided by the Society for people with financial means. Fees are charged on the amount of time used or, for members, on zone basis.

DEDICATED COMMERCIAL TRANSPORT SERVICES

5.6 There is no licensed commercial transfer service catering specifically for people with impeded mobility. Through our contacts with some patient groups, we have identified two operators which are said to provide transport service by vans to wheelchair-bound patients. We interviewed one operator over the telephone and was told that he provided fee-charging transport service by a van with wheelchair facilities. He usually served elderly patients from their homes to public hospitals for attending medical appointments. He quoted a fee of \$80 to deliver a patient from Sham Shui Po to a nearby hospital in the same district. The other operator did not respond to our enquiry.

5.7 There was a press report in Oriental Daily News in February 2009 about the existence of vans illegally fitted out to provide commercial service to wheelchair users. According to the Transport Department, they have not prosecuted or received any report on light goods vehicle having been illegally modified for carriage of people with disabilities.

5.8 Recently in November 2010, there were also press reports² that a non-commercial organisation, Social Ventures Hong Kong, was planning to introduce

² *The newspaper reports include Apple Daily and Ming Pao.*

in January 2011 a taxi service which could transport wheelchair users. According to the report, there will be five taxis called Diamond Cabs, which can take in wheelchair users without them having to leave their wheelchairs.

ROLE OF GOVERNMENT

5.9 Given that the provision of non-emergency ambulance service cuts across the policy areas of medical and health, welfare and rehabilitation, transport and emergency service, we have written to the Labour and Welfare Bureau, the Transport and Housing Bureau, the Security Bureau and the Food and Health Bureau. None of them indicates that it holds overall policy responsibility for providing non-emergency ambulance services to the general public (not just HA patients) or for evaluating the need for such services in the community.

6

OBSERVATIONS

OVERVIEW

6.1 HA operates NEATS for its patients with finite resources and in the face of increasing demand. We commend HA's effort in expanding its service over the years and its latest endeavours in tracking performance and customer satisfaction. However, there are areas for improvement in quality of service rendered and statistics collection and analysis.

NEATS SERVICE BY HA

Long Waiting Time

6.2 Our investigation reveals that most of the dissatisfaction of NEATS users is related to long waiting time, punctuality and uncertainty of service. As noted in Chapter 4, over a quarter of the complaints received by HA in recent years were on the long waiting time for the service (**para. 4.2**). Besides, over half of the comments collected in the HA patient satisfaction survey conducted in late 2009 were related to the long waiting time for and punctuality of the ambulances (**para. 4.4**), which was echoed by the views we collected from the patient groups (**para. 4.6**) and from the HA staff (**paras. 4.9 – 4.10**).

6.3 HA has set service standards regarding waiting time for its NEATS service to in-patients for discharge and on transfer (**para. 3.9(b)**). It has performed very well in meeting the standards: 95% or more (as opposed to the standard of 85%) of the patients on inter-hospital transfer had a waiting time of 90 minutes or less,

while 93% or more (as opposed to the standard of 75%) of the patients on discharge had a waiting time of 90 minutes or less (see **para. 3.10**).

6.4 While commending HA for this, we note that HA's service standards in this respect count from the time the patients are ready for discharge or transfer and suggest that HA may review if the current standards of 90-minute waiting time may be shortened.

6.5 Besides, the current standards apply to in-patients only. We consider that service standards should also be set for waiting time for out-patients. It should be different from the measurement of punctuality as currently defined by HA (**para. 3.9(a)**). For outbound trips, out-patients will usually be informed in advance of the scheduled arrival time of the ambulances. Long waiting time results when there is large discrepancy between the scheduled arrival time and the boarding time of the ambulance, as in Case 1 (**para. 4.12**). For return trips by out-patients, the 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

6.6 Uncertainty of service is another major concern of patients. It refers to the situation where a patient, having been informed that he is to be discharged or transferred, is not informed of whether and when a NEATS ambulance will be available to him. Such situation may arise only for in-patients, as requests by out-patients are always answered in advance and with certainty (**para. 2.7**). An in-patient is likely to complain about uncertainty of service instead of long waiting time where he is told no service will be available on the day of request, i.e. in an "unentertained case". The cases studies in Chapter 4 indicated that it was indeed a cause for complaint (**para. 4.19**).

6.7 Uncertainty of service can cause much difficulty or inconvenience to patients and their relatives, especially in discharge cases, in making arrangements in preparation for the discharge or transfer. In the case where the patient due for discharge has to stay an extra day in hospital because no ambulance service is available, this will also result in a waste of public resources.

6.8 We consider that HA should address this issue and explore ways to enhance certainty of service to patients. For example, it is noted that there is a gap

between the time when the doctor advises about the patient's readiness for discharge or transfer (Time A) and the time when the patient is physically ready for the move (Time B). Currently, the ward staff will place a request for NEATS at Time A and later inform the foreman concerned that the patient is physically ready at Time B (**para. 2.12(d)**). Since the foreman may not know how long the gap between Time A and Time B is, he cannot effectively plan for service for the patient when the request is first placed. If the ward staff can give an estimate of the time gap based on their experience when they place a request with the NEATS centre, this may assist the foreman in scheduling routes better and making more timely arrangements for patients. Furthermore, HA may set a timeframe for notifying patients whether their requests for service can be met on the day.

Punctuality of Service

6.9 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 (**para. 3.9(a)**). It does not apply to in-patients, as they are not told when an ambulance will be available until it is ready for the discharge or transfer. HA has failed to meet its standard since 2007 (**para. 3.10**). For the past three years, over half of the out-patients using NEATS were late to attend medical appointments for over 30 minutes.

6.10 We appreciate that unpunctuality may be due to a variety of factors. Some are beyond HA's control, such as traffic condition and delay by patients to board ambulances. Resource constraints may also be relevant: when more patients are served by the same ambulance in one route, it is more likely that the ambulance will be late. To address this problem, HA may need to consider options such as prioritising requests and out-sourcing. Arranging with clinics and day hospitals to stagger medical appointments may be another option.

6.11 In any case, HA should look into the reasons of the low compliance rate of punctuality. This may require collecting and collating necessary data to assist HA in devising appropriate measures to improve its ability to meet the laid down service standard.

DEMAND FOR NEATS SERVICE

6.12 The above operational problems with the NEATS service point to specific areas requiring improvement by HA. However, we consider that a more fundamental problem is that the existing provision of the service cannot meet the demand for NEATS, i.e., there is unmet demand.

Unmet Demand

6.13 Existing statistics kept by HA on NEATS (**para. 3.4**) show the number of requests received and met, whether on the day as requested or on subsequent days (i.e., “unentertained cases”). All the remaining cases are “cancelled cases”. Since HA does not turn away requests by eligible patients (see **paras. 2.7 and 2.11**), theoretically there can be no request being turned away. However, it is possible that some demand is turned away in the hidden form of cancelled cases if the cancellation is by a patient frustrated by long waiting time and uncertainty of service.

6.14 We note that the overall rate of cancelled cases is around 17% in the past years (**para. 3.4**). For quotas allocated to out-patients, the cancellation rate is over 25% (**para. 3.6**). The HA survey in January 2010 shows that 2.2% of the cancelled cases were due to long waiting time and another 5.1% due to the patients had left by themselves or with their family members (**para. 3.8**). In addition, we know that there are patients who seek alternative transport service (**para. 4.6**) and that there are commercial or even illegal services in the market catering for the need (**Chapter 5**).

6.15 The above suggests that unmet demand for the NEATS service does exist. We note that the cancelled rate due to long waiting time was not high (**para. 6.14**). However, the HA survey conducted above was only a one-off survey conducted for three weeks. We consider that HA should collect more data in this respect and analyse them more systematically, not least the reasons behind the cancelled cases, 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

6.16 As shown in Figure in para. 3.4, the overall demand for the NEATS service has been increasing. Such increase is expected to continue, given an ageing

population and the fact that the service is free. To address this problem, HA has been implementing measures to enhance its operational efficiency and increasing the number of ambulances and manpower for the NEATS service. However, these measures can only ameliorate the situation to some extent, as there are limits to how much operational efficiency can be enhanced or resources increased. We consider that HA should also consider alternative measures.

6.17 One possibility is to tap the resources of those non profit-making organisations which are providing similar services. Arrangements may be worked out to engage, for example, the ambulances of Hong Kong St. John Ambulance (**para. 5.4**) and the Accessible Hire Car Service provided by the Hong Kong Society for Rehabilitation (**para. 5.5(c)**) for patients whose mobility impediment is less severe, possibly at a fee. Furthermore, commercial transport services, such as the Diamond Cabs (**para. 5.8**), should be explored as a supplementary service for those who are financially better off.

6.18 In parallel to the above, 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.

6.19 We appreciate that 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.

7

RECOMMENDATIONS

7.1 In the last chapter, we have examined problems of NEATS about uncertainty of service, punctuality and long waiting time and the existence of unmet demand for the service. In the face of increasing demand, there is a need for HA to look for long-term solutions.

7.2 The Ombudsman recommends the Chief Executive of the Hospital Authority to:

- (a) review the current standards of waiting time for discharge or transfer cases (**para. 6.4**);
- (b) introduce a new service standard for the waiting time of out-patients (**para. 6.5**);
- (c) explore ways to enhance the certainty of service (**para. 6.8**);
- (d) look into the reasons of the low compliance rate of punctuality (**para. 6.11**);
- (e) 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 (**para. 6.15**);
- (f) explore the possibility of engaging non profit-making organisations and commercial operators in providing supplementary service (**para. 6.17**);

- (g) prioritise the service targets of the NEATS service, having regard to the severity of their mobility impediment and their financial means (**para. 6.18**); and
- (h) 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 (**para. 6.19**).

7.3 HA agrees with the recommendations in the report. HA will set up an internal task force to review the performance standards, service monitoring mechanisms, demand management and resource planning. Barring unforeseen circumstances, the task force will map out an improvement plan in six months' time.

ACKNOWLEDGEMENT

7.4 The Ombudsman thanks the Chief Executive of the Hospital Authority and his staff for cooperation throughout this investigation.

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