



Public Consultation on

**Ambulance Services:  
Medical Priority  
Dispatch System**

July 2009

## Introduction

- The Government proposes to implement a Medical Priority Dispatch System (MPDS) for the dispatch of ambulances in Hong Kong. The **primary objective** of the proposal is to enhance the existing emergency ambulance services by providing quicker response to people in greatest need.

## Background

- The Fire Services Department (FSD) is committed to providing effective and efficient emergency ambulance services for everyone who needs to be conveyed to a hospital as soon as possible.
- Ambulances are currently dispatched on a next-in-queue basis irrespective of the nature of sickness or injury. All emergency ambulance calls are treated with the same priority and the same response time target of 12 minutes applies. FSD's performance pledge is to achieve that target in 92.5% of the calls.
- While the next-in-queue dispatch system is commonly used in most Asian countries and the performance of our ambulance service compares favourably with most overseas standards, we note that advanced ambulance services in over 20 countries have already adopted a priority dispatch system to prioritise their response to ambulance calls in accordance with their degree of urgency. We consider that there is scope for introducing MPDS in Hong Kong to enhance the quality of our ambulance service.
- MPDS helps differentiate the nature of sickness or injury, accords a quicker response to patients in critical or life-threatening conditions, and enables people with greatest need to receive more timely pre-hospital medical treatment and conveyance to a hospital.

## Proposal

- We **propose** that we should introduce MPDS in Hong Kong to categorise and prioritise response to emergency ambulance calls in accordance with the degree of urgency.
- We **propose** to categorise emergency ambulance calls into three categories, namely "Response 1" calls for critical or life-threatening cases, "Response 2" calls for serious but non-life-threatening cases, and "Response 3" calls for non-acute cases.
- We **propose** to pledge for a better response time target for critical or life-threatening cases. Specifically, we propose 9 minutes for Response 1 calls (i.e. critical or life-threatening cases), 12 minutes for Response 2 calls (i.e. serious but non-life-threatening cases), and 20 minutes for Response 3 calls (i.e. non-acute cases). This would put our ambulance service on a par with the good practices adopted by advanced ambulance services overseas.
- We **propose** to maintain the current service pledge of achieving the new response time targets in 92.5% of the cases for all categories of calls.
- Our proposal is summarised in the table below:

| Response Level | Degree of Urgency                | Target response time | Response time achievement |
|----------------|----------------------------------|----------------------|---------------------------|
| Response 1     | Critical or life-threatening     | 9 minutes            | 92.5%                     |
| Response 2     | Serious but non-life threatening | 12 minutes           | 92.5%                     |
| Response 3     | Non-acute                        | 20 minutes           | 92.5%                     |

## How would MPDS operate?

### (a) *Receiving a call*

- Under the proposed MPDS, a set of structured questions will be asked to solicit the essential information from the caller. The MPDS questioning protocol is based on a clinically supported framework endorsed by the International Academy of Emergency Dispatch. Ambulance calls will be categorised according to the urgency of a patient's medical conditions as reflected by the caller's response to the protocol questions.
- The questions will be phrased in simple and laymen language and mainly close-ended. They are designed to identify a potentially life-threatening situation readily. According to overseas experience, it will only take around 15 to 20 seconds on average for the MPDS to ascertain the condition of a patient and assign the appropriate ambulance response.

### (b) *If in doubt, dispatch immediately*

- In the event that the caller is not able to give clear or specific responses to the questions, FSD will err on the safe side, classify the call as a Response 1 call, and dispatch an ambulance immediately.

### (c) *Post-dispatch advice*

- After the dispatch of an ambulance, where necessary, the operator will stay on line with the caller to provide some self-help or first aid advice before the arrival of the ambulance crew. Such advice is widely practiced by advanced ambulance services overseas and clinically proven to be effective in avoiding further aggravation and improving the patient's condition by appropriate intervention. Such advice is entirely voluntary, and callers have complete discretion whether to follow such advice.

## Overseas Practices

- Most countries adopt a response time target of 8 to 10 minutes for the most critical cases, and a longer response time target for the non-acute calls. For example:

| City                  | Response Time Targets  |
|-----------------------|--|
| Toronto, Canada       | Within 9 minutes in 90% of critical, life-threatening and serious cases; and within 21 minutes in 90% of non-acute cases.        |
| London, UK            | Within 8 minutes in 75% of immediately life-threatening cases; no target set for cases that are not serious or life-threatening. |
| Queensland, Australia | Within 10 minutes in 68% of Emergency Transport; no targets set for non-urgent cases.  |

## Public Consultation

You are welcome to send us your views on the proposed MPDS by post, by fax, or by e-mail on or before **3 November 2009** :

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You can obtain a copy of the consultation document at District Offices, or download it from the Security Bureau and FSD websites :

[www.sb.gov.hk/eng/pub/mpds/consultation.htm](http://www.sb.gov.hk/eng/pub/mpds/consultation.htm)

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