



養和醫院

Hong Kong Sanatorium & Hospital

**For Immediate Release**

## **Hong Kong Sanatorium & Hospital Launches Acute Stroke Activation Programme (ASAP) Hong Kong's First Private Hospital to Offer Thrombolytic Therapy Package for Acute Stroke Patients**

(20 April 2017, Hong Kong) Stroke is the 4<sup>th</sup> leading cause of death in Hong Kong as about 3,000 people died from the disease every year. Conditions of acute stroke patients can deteriorate quickly, resulting in severe complications, disability or even death. To provide speedy service to patients in need, Hong Kong Sanatorium & Hospital (HKSH) has formed a dedicated “Acute Stroke Team” and introduced a pilot programme to provide timely assessment and treatment for acute stroke patients who are suitable for thrombolytic therapy within 3 hours after onset. The Acute Stroke Activation Programme (ASAP) has in the past year handled 27 cases with satisfactory results. Following the success of the pilot project, the Hospital is formally launching the ASAP this April.

HKSH is the first private hospital in Hong Kong to offer package services covering acute stroke assessment and treatment. **Dr. Joseph CHAN Woon Tong, Deputy Medical Superintendent of the Hospital**, said “Time is brain - timely treatment is critical to stroke patients’ survival and satisfactory recovery. Following the setting up of the Neurology Centre in 2014 and the formation of an Acute Stroke Team led by two experienced neurologists within two years, the Hospital has launched the ASAP as a pilot scheme since March 2016 to provide thrombolytic therapy service for acute stroke patients under a package plan. We hope that the programme will not only enhance service efficiency but also provide price transparency for the benefit of patients.”

Two critical service aspects are covered under ASAP: assessment and treatment. Upon the arrival of a suspected stroke patient to the 24-hour Outpatient Department (OPD), the Resident Medical Officer (RMO) will provide priority assessment to the patient before deciding on whether ASAP will be activated. Once the ASAP code is activated, priority treatment will be granted to the patient under a protocol and administered by 10 related departments and units.

For acute stroke assessment, the patient will undergo urgent non-contrast CT brain scan, electrocardiogram and blood tests. In-house neurologist will be called in to provide assessment as top priority. If the patient is confirmed to suffer from acute ischaemic stroke and is suitable for thrombolytic therapy, he will be transferred to Intensive Care Unit (ICU) for treatment and close monitoring for the next 48 hours. The assessment package is HK\$16,700 while the package price for Acute Stroke Thrombolytic Therapy stands at HK\$77,400 (ICU: semi-private room) or HK\$102,500 (ICU: private room).

In reviewing the operation of ASAP, **Dr. TSOI Tak Hong, Specialist in Neurology and Co-Director of Neurology Centre** noted that 20 out of the 27 patients treated were diagnosed with

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stroke or transient ischemic attack (TIA). Among them, 5 patients suffering from acute ischaemic stroke received thrombolytic therapy.

“The average time for the arrival of patient at our OPD to the completion of assessment and diagnosis is 30 minutes, while all patients receive the required treatment within 3 hours after onset. This is in compliance with the recommendations of National Institute of Neurological Disorders and Stroke of the United States. It is true to say that the earlier the treatment, the better the chance of survival and recovery. In fact, most of the stroke / TIA patients also carry high risk factors of stroke, such as hypertension, hyperlipidemia and diabetes mellitus,” Dr. TSOI said, who added that for cases of haemorrhagic stroke, joint management with neurosurgeons will be arranged.

**Dr. Patrick LI Chung Ki, Specialist in Neurology and Co-Director of Neurology Centre** reminded, “Stroke disease imposes a huge burden on individuals, families and the community due to the possible need for repeated hospitalisation, loss of productivity and heavy burden of care. One year after a stroke attack the rate of death stands at 20-25%, while 30-40% patients will lose their jobs and self-care ability. Therefore, timely and accurate diagnosis and treatment are of utmost importance. Treatment and rehabilitation outcomes will be more desirable if acute ischaemic stroke patients can be treated with thrombolytic therapy within 3 hours after onset.”

Apart from stroke, doctors also call on members of the public to be mindful of the incidence of TIA. Although TIA patients suffer from stroke symptoms only temporarily and recover quickly, it should be considered as an early alarm for the next stroke attack. Studies show that up to 20% of TIA patients will suffer a severe stroke within the first 3 months, while another 40% of patients will be hit by a second stroke within 5 years.

**Dr. Anthony POON Shun Bong, Specialist in Family Medicine, Department of Family Medicine and Primary Care** noted that outpatient clinic has always been the first point of contact for suspected stroke cases.

“Patients’ conditions will be checked and assessed and if acute stroke is confirmed, ASAP will be activated to ensure that acute ischaemic stroke patients will be given timely assessment and treatment. Patients should seek medical advice if stroke is suspected,” Dr. POON said. Members of the public are reminded of the acronym of stroke symptoms: FAST. **F**ace – asymmetrical facial expressions; **A**ctions – weakness in the limbs; **S**peech – difficulties in communicating with others and **T**ime - Call for immediate medical assistance.

Assessment and treatment are only part of the patient journey in stroke management, Dr. CHAN added. On top of ASAP, the Hospital has also set up a Stroke Treatment and Rehabilitation Team to provide assistance to patients at different stages on the road to recovery.

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### **Supplementary Information**

#### **Workflow of Acute Stroke Activation Programme (ASAP)**

1. Outpatient Department nurse
  - Conducts the triage procedure
  
2. Outpatient Department Resident Medical Officer
  - Provides priority assessment
  - Performs other tests according to the protocol
  - Urgent non-contrast CT brain scan
  - Electrocardiogram
  - Blood tests
  
3. In house on-call neurologist
  - Confirm the diagnosis of acute ischaemic stroke
  - Determine if thrombolytic therapy should be administered
  - Joint management with the neurosurgeon will be arranged for haemorrhagic stroke
  
4. Intensive Care Unit (ICU)
  - Injection followed by infusion of Alteplase over 1 hour, administered by a neurologist
  
5. ICU/ ward
  - Patient's blood pressure and neurological status to be closely monitored for the following 48 hours.



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### **Hong Kong Sanatorium & Hospital**

Hong Kong Sanatorium & Hospital is one of the leading private hospitals in Hong Kong. With the motto “Quality in Service Excellence in Care”, the Hospital is committed to serving the public as well as promoting medical education and research.

### **Neurology Centre at Hong Kong Sanatorium & Hospital**

Opened on 1 January 2014, the Neurology Centre provides a wide range of services in diagnosis, treatment and care for patients with different neurological disorders. One of its major services is acute stroke management. With a particular focus on stroke prevention and patient rehabilitation, it is supported by a multi-disciplinary team of specialists in emergency medicine, intensive care, cardiology, radiology, speech therapy, physiotherapy, clinical psychology, etc, providing total patient care for patients. Other service areas cover such neurological disorders as Parkinson's disease, Alzheimer's disease, neuromuscular diseases, epilepsy, movement disorders, multiple sclerosis and headaches.

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### Photo Captions:

- 1) Dr. Joseph CHAN Woon Tong, Deputy Medical Superintendent of HKSH (second from left), together with Dr. Patrick LI Chung Ki (second from right) and Dr. TSOI Tak Hong (first from right), both are Specialists in Neurology and Co-Directors of Neurology Centre, Dr. Anthony POON Shun Bong (first from left), Specialist in Family Medicine, Department of Family Medicine and Primary Care introduce the Acute Stroke Activation Programme (ASAP), providing timely assessment and treatment to acute stroke patients.



- 2) (From right) Dr. TSOI Tak Hong, Dr. Patrick LI Chung Ki and Dr. Anthony POON Shun Bong call for public awareness on acute stroke symptoms: FAST (Face, Actions, Speech, Time), patients should seek immediate medical care if any symptoms of suspected stroke appear.





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- 3) HKSH Acute Stroke Team is spearheaded by a team of experienced doctors from Neurology, Neurosurgery, Family Medicine and Radiology. (From left) Dr. Johnny CHAN Ping Hon and Dr. FAN Yiu Wah, Honorary Consultants of Neurosurgery of HKSH, Dr. Anthony POON Shun Bong, Specialist in Family Medicine, Department of Family Medicine and Primary Care, Dr. Patrick LI Chung Ki and Dr. TSOI Tak Hong, both are Specialists in Neurology and Co-Directors of Neurology Centre, Dr. AU-YEUNG Kai Ming, Specialist in Radiology of Department of Diagnostic and Interventional Radiology, and Dr. YU Chung Ping, Honorary Consultant of Neurosurgery.



- 4) HKSH Acute Stroke Team comprises 10 departments, providing priority assessment and treatment to acute stroke patients under a protocol. Key representatives from Neurology Centre, Neurosurgery, Outpatient Department/ Family Medicine, Department of Family Medicine and Primary Care, Department of Diagnostic & Interventional Radiology and Intensive Care Unit are present.





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- 5) Dr. Patrick LI Chung Ki (left) and Dr. TSOI Tak Hong (right) explain the procedure of intravenous thrombolytic therapy administered in the Intensive Care Unit. Treatment and rehabilitation outcomes will be more desirable if acute ischaemic stroke patients can be treated with thrombolytic therapy within 3 hours after onset.



- 6) HKSH cross-disciplinary “Stroke Treatment and Rehabilitation Team”

