香港特別行政區政府
衞生署
醫護機構註冊辦事處

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THE GOVERNMENT OF THE HONG KONG
SPECIAL ADMINISTRATIVE REGION
DEPARTMENT OF HEALTH
OFFICE FOR REGISTRATION OF
HEALTHCARE INSTITUTIONS

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183 QUEEN'S ROAD EAST, WAN CHAI,
HONG KONG

本署檔號 OUR REF.: (10) in DH/ORHI/CON/17/11 Pt.3
來函檔號 YOUR REF.:
電　話 TEL.: 3107 8451
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28 November 2012

Miss Mary SO
Clerk, Public Accounts Committee
Legislative Council Complex
1 Legislative Council Road
Central
Hong Kong

Dear Miss SO,

Public Accounts Committee (PAC)
Public Hearing on Chapter 3 of the Director of Audit's Report No. 59
Regulatory Control of Private Hospitals

I refer to your letter dated 26 November 2012 and would like to provide the following information and documents for the Committee's consideration –

Inspection of Private Hospitals

(a) Annual Inspection of Private Hospitals

The questionnaire completed by private hospitals as well as other documents related to the workflow of annual inspection of private hospital are attached in Annex A.

(b) Service areas covered in inspection programme (Paragraph 2.13)

Inspections to the two hospitals mentioned in paragraph 2.13 were conducted in accordance with the inspection plans. All clinical services areas of the hospitals were inspected during these inspections.

竭誠服務　顧客為本　素質為先

We are committed to providing client-oriented service

In one hospital, Audit commented that the Clinical Aromatherapy Service was not inspected while the service was in fact included in the inspection plan (2/F Day Ward of Annex B and Annex C). Clinical Aromatherapy Service was provided in a small room at 2/F Day Ward, where only a couch, hi-fi set and an aromatherapy machine was placed inside the room. Counselling was provided by a Registered Nurse inside the room.

In the other hospital, Audit commented that the Department of Anaesthesiology (Dept. A), Pain Management Clinic (Dept. B), Cancer Genetics Centre (Dept. C) and Surgery Centre (Dept. D) were not inspected. While Dept. A was actually an office where inspection was not required, the other clinics/centres were mainly consultation rooms in out-patient settings. Dept. B and Dept. C were co-located with the Oncology Centre inside the Day Care Ward, where it was an out-patient clinic with consultation rooms for share use by the three centres and clinic on sessional basis. Dept. D was located at the same floor with the Obstetrics and Gynaecology Centre and inspection to both Centres were performed according to the inspection plan (Annex D and Annex E).

(c) Protocol for inspecting private hospitals

The first version of the protocol for inspecting private hospitals (Version 2008) is enclosed for your reference (Annex F).

(d) Advice given to private hospitals

The number of verbal advices given by DH to private hospitals during annual inspections from 2009 to 2011 is shown in Table 1. Starting from 2010, all verbal advices given during the inspection were also subsequently followed by a written summary to individual hospitals during the meeting with hospital management (i.e. Step 5 of Annex A).

The inspection reports/checklists of the hospital with the most number of verbal advices given during 2009-11 are enclosed in Annex G.

Table 1 Number of verbal advices given to private hospitals during annual inspection

Hospital	Number of advice given during annual inspection		
	Verbal	Verbal and Written	
	2009	2010	2011
Hospital A	9	13	3
Hospital B	5	12	10
Hospital C	11	5	17
Hospital D	9	5	5
Hospital E	8	11	5
Hospital F	9	5	6
Hospital G	6	2	0
Hospital H	4	13	4
Hospital I	5	9	9
Hospital J	9	8	3
Hospital K	2	11	3
Hospital L	8	1	2
Total	85	95	67

(e) Regulatory letters issued to private hospitals against inspection findings (Paragraph 2.20)

In 2011, 6 regulatory letters were issued to 6 private hospitals against findings from annual and ad-hoc inspections. The numbers and types of irregularities of each letter are shown in Table 2.

Table 2 Numbers and types of irregularities covered in each regulatory letters issued in 2011 upon annual or ad-hoc inspections

Letter	Hospital	Number of irregularities	Type of irregularities
1	Hospital B	1	● Insufficiencies in electricity supply system that might pose risks to patient safety
2	Hospital C	4	● Lack of an effective system to keep track of and ensure timely maintenance of medical equipment ● Anaesthetists were put on-call for a long period ● Undesirable arrangements in discharging patients from recovery areas of the operating theatre to wards ● Undesirable arrangements in nursing observation of newborns in the nursery service
3	Hospital E	1	● Insufficiencies in electricity supply system that might pose risks to patient safety
4	Hospital F	1	● Admission of maternity cases outside the maternity unit
5	Hospital G§	1	● Admission of maternity cases outside the maternity unit
6	Hospital I	2	● No specialist in paediatrics appointed to take charge of or as an advisor to the nursery service ● Insufficient nurses to take care of the nursery service

§ The letter was issued subsequent to ad-hoc inspection in 2011

(f) Details of the cases (a) to (d) in paragraph 2.22

Case (a) – A chronology of the case and correspondences between DH and the hospital are enclosed in Annex H.
Case (b) – The case details and annual inspection report of 2011 are enclosed in Annex I.
Case (c) and (d) – The case details and annual inspection report of 2011 are enclosed in Annex J.

(g) Case one in paragraph 2.27

The chronology of the case and correspondences between DH and the hospital are enclosed in Annex K.

(h) Scope of work and workplan of the Steering Committee and Working Groups

Steering Committee on Review of the Regulation of Private Healthcare Facilities ("Steering Committee") has been established to conduct a review on the regulatory regime for private healthcare facilities. The Steering Committee will put forward recommendations on the regulatory approach and scheme for private healthcare facilities, taking into account views from various sectors of community. The Steering Committee is chaired by the Secretary for Food and Health and comprises 16 non-official members and four ex-officio members. Non-official members comprise personalities from a wide range of backgrounds and interests, including healthcare professions, academia, regulatory bodies and patient and consumer rights groups. The scope of work and workplan of the Steering Group and the four working groups set up under the Steering Committee are enclosed in Annex L.

Monitoring of Sentinel Events

(i) Sentinel events reported in 2009 (paragraph 3.8(a))

A total of 52 sentinel events were reported in 2009, the breakdown of event by each private hospital is shown in the Table 3.

Table 3 Categories of sentinel event reported in 2009 by hospital

Category of sentinel events Reported	Hospital												
	A	B	C	D	E	F	G	H	I	J	K	L	Total
Category 1	1	1	0	0	0	0	1	0	9	1	0	2*	15
Category 2	0	0	7	4	0	0	1	0	0	0	0	0	12
Category 3	0	0	4	1	1	0	4	1	8	0	0	0	19
Category 4	0	0	1*	0	0	0	0	0	0	0	0	0	1
Category 5	0	0	0	0	0	0	0	1	0	0	0	0	1
Others	0	0	2	0	0	1	1	0	0	0	0	0	4
Total	1	1	14	5	1	1	7	2	17	1	0	2	52

**One Regulatory letter was issued to the hospital against irregularity found*

Category 1: Unanticipated death or serious injury or complications during or shortly after operation or interventional procedure
Category 2: Maternal death/ serious maternal morbidity
Category 3: Perinatal death/ serious injury
Category 4: Wrong-site surgery/ interventional procedures
Category 5: Unintended retention of foreign body after surgery or interventional procedures

DH followed up and analyzed the causes of all the 52 sentinel events. The breakdown of the events by cause is shown Table 4.

Table 4 Causes of sentinel event reported in 2009

Cause of the events	Number of events
Procedural Compliance	5
Patient Condition	34
Complications of Surgery	9
Unknown	4
Total	52

Handling Complaints against Private Hospitals

(j) Complaints received by private hospitals

Table 5 shows the number of complaints received by private hospitals from 2009 to 2011 by category. DH does not have the number of cases that involved professional misconduct.

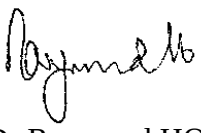
Table 5 Number of complaints received by private hospitals from 2009 to 2011

Category of complaints	Number of complaints			
	2009	2010	2011	Total
Staff performance	408	347	316	1071
Staff manner	127	94	99	320
Communication	7	29	18	54
Inadequate staffing	0	2	1	3
Environment	23	29	18	70
Facilities and equipment	13	21	32	66
Charges	153	140	145	438
Administrative procedure	69	48	49	166
Others	72	115	104	291
Total	872	825	782	2479

Please note that Annexes A to K to this letter are restricted documents which are not advisable for public disclosure or further distribution.

Yours sincerely,

Note by Clerk, PAC:** **For Annexes B to E, please refer to Appendix 22.
Annexes F to L not attached.



(Dr Raymond HO)
for Director of Health

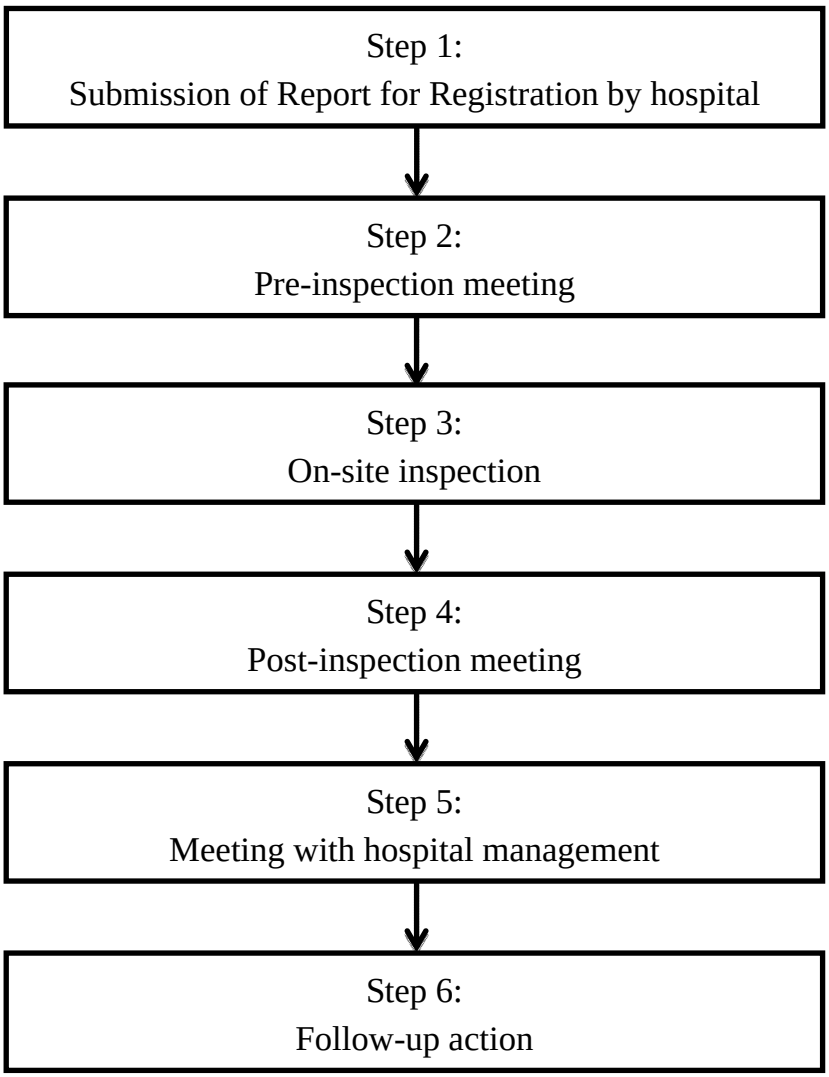
c.c.

Secretary for Food and Health (Fax: 2105 2568)
Secretary for Financial Services and the Treasury (Fax: 2147 5239) w/o enclosure
Director of Audit (Fax: 2583 9063)

Annex A

Workflow of Annual Inspection of Private Hospital

The workflow of annual inspection of private hospital is shown as follows:



Step 1: Submission of Report for Registration

Private hospitals are required to submit a completed Report for Registration to the Office for Registration of Healthcare Institution (ORHI) of the Department of Health to demonstrate that they have complied with the Code of Practice for Private Hospitals, Nursing Homes and Maternity Homes. A sample of the completed Report for Registration in 2010 and 2011 is enclosed at Appendices A1 and A5 for your reference.

Step 2: Pre-inspection meeting

ORHI will study the Report for Registration of each private hospital and a pre-inspection meeting will be held among members of the inspection team before the unannounced inspection to discuss on the focuses of the inspection as well as points to be clarified with the hospital. An inspection plan will also be developed to cover various service areas of the hospital (Appendices A2 and A6).

Step 3: On-site inspection

During the inspection, the inspection team will follow the inspection plan to inspect the conditions of the hospital as well as to understand the quality of service. Taking reference from international bodies of hospital accreditation, e.g. Joint Commission International (JCI) and the Australian Council on Healthcare Standards (ACHS), a patient-centred approach has been adopted, through interviewing staff of various grades and disciplines along the course of a patient's journey in the hospital, to ensure that services provided are centred on patients. The inspection team will exercise professional judgment to determine whether the quality of service is up to the requirements of the Code of Practice.

Step 4: Post-inspection meeting

After the inspection, a debriefing will be held in ORHI office to discuss on the findings. All significant findings will be reported to PMO(1) as well as documented in the inspection report (Appendix A3 and A7)

In response to the recommendations in Chapters 3 of the Director of Audit's Report No.59, the inspection checklist has been revised to improve the format of documentation by including negative findings.

Step 5: Meeting with hospital management

The inspection team will meet with the hospital management to discuss on the matters to be improved or rectified. Advices would also be given to the hospital in form of a written summary (Appendices A4 and A8).

Step 6: Follow-up action

In case there is any serious irregularity found during the inspection, regulatory letter would also be issued to the hospital (Appendix A9) and DH would follow up with the hospital whether the irregularities were rectified (Appendix A10 and A11).

Note by Clerk, PAC:** **For Annex A9, please refer to Appendix 25.
Annexes A1 to A8 and A10 to A11 not attached.