

**Subcommittee on Improvements to the
Medical Complaints Mechanism
LegCo Panel on Health Services
Subcommittee Meeting on 27 June 2001**

Hospital Authority Complaints System

Purpose

The purpose of this paper is to inform members of the Hospital Authority's Complaints System and mechanism in redressing public complaints.

An Overview of the Hospital Authority

2. The Hospital Authority (HA) was established under the HA Ordinance (Chapter 113, Laws of Hong Kong). It took over the management of all public hospitals in December 1991. Since its establishment, HA is dedicated to the provision of "Quality Health Care" within resources obtainable. As a major healthcare provider in Hong Kong, HA currently managed 44 hospitals and 49 Specialist Outpatient Clinics, about 50,000 staff and is responsible for 1.2 million inpatient admissions, 2.4 million A&E and 8.1 million Specialist Outpatient Clinic attendances in 2000/01. To continually improve its services to meet rising community expectations for high quality services, HA treasures public opinion and feedback. Given the diversity, enormity and rising volume of patient activities in public hospitals, complaints by patients and members of the public are not unexpected. HA has accordingly put in place an effective public complaint handling system as the key ingredient to obtaining valuable feedback from the community. In HA, complaints are therefore considered positively and viewed as a means of measuring patient satisfaction and improving quality of its services.

The HA Complaints System

3. Under Section 5(m) of the HA Ordinance, HA is obliged to “establish and maintain a system for providing a proper consideration of complaints from users of hospital services, or of members of the public, in relation to (public) hospital services”. Since its establishment in 1991, HA has set up a two-tier complaints system – the hospitals and the Public Complaints Committee (PCC) – to manage public complaints. The key aim of the HA Complaints System is to provide an easily accessible, efficient and effective complaint handling system to deal with all public complaints fairly, impartially and effectively for both the complainants and staff under complaint.

4. A booklet on the “HA Complaints System” is at Appendix 1. The complaints and appreciation statistics of HA in the past 5 years is at Appendix 2. A brief account of the two-tier complaint system is as follows :

The first-tier complaint management at the hospital level

5. HA considers that complaints should be most effectively handled at the point of service delivery. To manage complaints at source, a first-tier complaint handling system is in place in all public hospitals to deal with first-time complaints lodged directly with the hospitals against their staff or services provided. Each public hospital has designated a Patient Relations Officer who will serve as a convenient focal point to receive complaints from the public. Once a complaint is received, the Hospital Chief Executive (HCE) is responsible for the proper investigation and handling of the complaint. The reply to complainant will be signed off personally by the HCE or designated senior staff of the hospital. The Hospital Governing Committee (comprising mainly community members) and the Chief Executive of HA will oversee the complaint management work of the hospital as an integral part of their governance role.

6. To ensure that complaints are handled efficiently, the performance target of response time for the first-tier complaints system is 3 weeks. Apart from the more complex complaint cases which require elaborate investigation, the majority of the complaints could be completed within the target response time.

The second-tier complaint management

7. As the second-tier complaint system within HA, the Public Complaints Committee (PCC) is established under the HA Board to independently consider and decide on all appeal cases and referred complaints. The PCC's Terms of Reference and membership are at Appendix 3. With its current members (8 regular members and 1 rotating HA member, of whom at least 7 are lay members) all being non-executives of HA, PCC ensures that all complaints are dealt with independently, fairly and impartially.

8. The work of the PCC is supported by the PCC Secretariat which has no line functions nor relations with the operations departments or service units of HA. The PCC will cause the investigation of the complaint to be conducted and the HCEs of HA hospitals are ultimately responsible for the proper investigation of complaints. To ensure comprehensiveness of complaint investigations, the PCC will seek clarifications whenever necessary through the PCC Secretariat; meet with complainants and staff under complaint; and conduct site visit to the hospital on a need basis.

9. The PCC is the final complaint handling authority/system of HA. Its decision represents the final decision of HA on a particular complaint. The performance target of PCC to respond to complaints is 3 months. Currently, about 50% of all complaints handled by PCC could be completed within the target response time and majority of the remaining (which comprises mostly complex complaints of a clinical nature) within 6 months.

External Medical Complaint/Redress System

10. Although the PCC is the final complaint handling body within HA, it is well recognised that all complainants, particularly those who have exhausted the HA Complaint system, could resort to other well-established complaint redress avenues in Hong Kong such as The Ombudsman, the Consumer Council, the LegCo Secretariat and the Medical Council of Hong Kong. The HA would fully cooperate with these external complaint systems as each of these systems (such as the Medical Council which is operating as a quasi-judiciary organisation with jurisdiction different to HA) will play a complementary and supplementary role in redressing public/patient complaints in Hong Kong.

Improvement to the Complaints System

11. Over the years, the PCC, has strived continually to enhance its role and credibility as an independent, fair, impartial, efficient and effective public complaints mechanism of HA. As a result of several reviews, improvements have been made in the HA Complaints System and the work of the PCC in complaints handling. The following are some of the improvements made :

Accessibility to the HA Complaints System

12. To improve accessibility to the complaints system, the HA has put in place a structured complaints system in all hospitals with designated Patient Relations Officers to advise and receive complaints. The hospitals will accept complaints lodged in writing, by telephone and/or in person. In 1998, the HA Head Office introduced the complaint hotline service and designated a complaint management officer to receive and handle walk-in complaints. A booklet on “HA Complaints System” was published last year to advise patients on how to lodge a complaint. For

the convenience of complainants, a complaint form was included in the booklet.

Openness and Transparency of the PCC

13. To enhance its transparency, the PCC has initiated its members on-duty sessions since 1998. During these sessions, PCC members will meet with complainants and staff under complaint on a need basis. If deemed appropriate, the PCC will provide “mediation service” as a means to complaint resolution. To enhance its openness, PCC has been reporting the progress of its work at HA’s open meetings and at press briefings.

Independence and Credibility of the PCC

14. To enhance the role of the PCC as an independent and credible system in managing complaints, the majority of its members are lay members and all are non-executives of the HA. To ensure that PCC can effectively and competently handle allegations involving clinical management, a panel of medical experts has been established to provide PCC with independent medical advice.

Training on complaint handling and resolution

15. Both the HA and the PCC recognise that the most effective way of handling and resolving patient complaints is by changing the mindset in the way HA staff regard and approach complaints. For a complaint system to operate effectively, front-line staff should be adequately trained in skills of listening, problem solving and conflict resolution. To ensure competency in complaint handling, complaint handling guidelines have been promulgated, and training programmes on communication skills and good customer service; complaint management seminars and workshops have been conducted on an on-going basis for all front-line staff.

Future Development of the HA Complaints System

16. In response to the Harvard Report on “Improving Hong Kong’s Health Care System” in August 1999, the HA Board reaffirmed that, as an accountable public organisation, HA is obligated to provide a sound internal complaint handling system to redress public grievances. Hence, irrespective of the future development of other patient complaints system by the HKSAR Government in Hong Kong, PCC should continue to be the final appeal and complaint redress system for public complaints within HA.

17. To explore possible ways to improve the HA Complaints System in future, PCC members had recently conducted a study visit to Singapore and UK. Having studied the complaint systems in Singapore and UK, and researched into the different approaches of some overseas countries in handling public complaints, the PCC considered that the good foundations of the existing 2-tier system within HA should be maintained. However, to further improve the handling of public complaints, the PCC has further recommended various improvement measures aimed at enhancing the HA’s two-tier complaint system; ensuring accessibility, efficiency and effectiveness; and handling all public complaints fairly and equitably for both the complainant and the complaint against.

The HA Complaints System vis-à-vis the proposed Complaint Office

18. As proposed in the Consultation Document on Health Care Reform, a Complaint Office will be set up under the Department of Health to handle patient complaints of both the public and private sectors. Irrespective of the final outcome of the consultation, HA will pledge its full support to any external Complaint Office to be set up in the future. However, given the possible similar roles of the proposed Complaint Office and the HA Complaints System in redressing patient complaints, it would be pertinent to ensure proper coordination and collaboration between the

Complaint Office and the HA Complaints System to obviate gaps and duplication in the work and efforts of handling future patient complaints lodged against the public hospital sector.

Advice sought

19. Members are invited to note the HA Complaints System and the work of the PCC as the final appeal channel within HA.

Appendix 2

**Complaint Statistics of
All HA Hospitals
From 1996/97 to 2000/01**

Year Nature of Cases	1.4.96- 31.3.97	1.4.97 – 31.3.98	1.4.98 – 31.3.99	1.4.99- 31.3.00	1.4.00- 31.3.01
Medical Services	677	635	740	678	729
Staff Attitude	538	600	682	526	513
Administrative Procedure	225	292	351	288	255
Others	295	188	175	203	182
Total no. of complaint cases	1735	1715	1948	1695	1679

**Appreciation Statistics of
All HA Hospitals
From 1996/97 to 2000/01**

Year Number	1.4.96- 31.3.97	1.4.97 – 31.3.98	1.4.98 – 31.3.99	1.4.99- 31.3.00	1.4.00- 31.3.01
Total	17,035	17,446	22,503	24,695	27,046

**Complaint Statistics of
Public Complaints Committee
From 1996/97 to 2000/01**

Year Complaints by nature	1.4.96- 31.3.97	1.4.97 – 31.3.98	1.4.98 – 31.3.99	1.4.99- 31.3.00	1.4.00- 31.3.01
Medical Services	18	25	23	57	62
Staff Attitude	1	5	3	4	1
Administrative Procedure	-	4	4	-	1
Others	2	3	7	5	9
Total no. of complaint cases	21	37	37	66	73

Decision of the Public Complaints Committee

Year Decision	1.4.96- 31.3.97	1.4.97- 31.3.98	1.4.98- 31.3.99	1.4.99- 31.3.00	1.4.00-31.3.01
Substantiated	-	5	5	3	6
Partially Substantiated	1	2	4	8	3
Not Substantiated	19	28	27	51	63
Incapable of determination	1	1	-	4	-
Outside PCC's Ambit	-	1	-	-	-
Complaint withdrawn by complainant	-	-	1	-	1
Total no. of complaint cases	21	37	37	66	73

Public Complaints Committee

Terms of Reference

1. The Committee shall independently :
 - a) consider and decide upon complaints from members of the public who are dissatisfied with the response of the hospital to which they have initially directed their complaints.
 - b) consider and decide upon such other complaints as are referred to the Committee by the Hospital Authority, Legislative Council Secretariat and other channels of complaint.
 - c) monitor the Authority's handling of complaints.

2. Pursuant to the above, the Committee shall independently :
 - a) cause complaints to be investigated and, if considered appropriate, commission Expert Panel(s) from HA, or private practice, or overseas to investigate and advise on complaints.
 - b) advise HA on recommendations and any other appropriate actions including mediation on complaints.
 - c) monitor progress of the implementation of the Committee's recommendations pertaining to complaints referred to and/or handled by the Committee.
 - d) report where appropriate on the outcome of investigation on complaints.

3. Without prejudice to the complainant's other public channels of complaint or petition, the Committee's decision on complaints shall represent the Hospital Authority's decision which shall be final.

4. The Committee shall make regular reports to the Hospital Authority and the public.

Public Complaints Committee
Composition and Membership

- Chairman : Miss Eliza C H Chan, JP
A Hospital Authority Member
- Members : Miss Iris Chan Sui-ching
Reverend Chu Yiu-ming
Mr Michael Ho Kam-tat
Dr Joseph Kwok Kin-fun, JP
Dr Conrad Lam Kui-shing, JP
Mrs Ng Chow May-lin, Pauline, JP
Mr James Yip Shiu-kwong
Rotating member (a Hospital Authority Member)

公眾投訴委員會
組織及成員

- 主席 : 陳清霞小姐, JP
(醫管局成員)
- 成員 : 陳萃菁小姐
朱耀明牧師
何金達先生
郭鍵勳博士, JP
林鉅成醫生, JP
伍周美蓮女士, JP
葉兆光先生
當值成員 (一名醫管局成員)