

***Our ref:*** FH/H/1/5 Pt 93  
***Your ref:***

***Tel:*** (852) 2973 8119  
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13 June 2008

Ms Mary So  
Clerk to Panel  
Panel on Health Services  
Legislative Council  
8 Jackson Road  
Central

Dear Ms So,

**Standard of care of convalescence/rehabilitation  
centres under Hospital Authority**

I refer to item 8 of the list of follow-up actions in LC Paper No. CB(2)1937/07-08(02). At the Panel meeting on 14 April 2008, the Administration was requested to submit to the Panel a report on the recent incident of elders being abused by staff of a convalescence/rehabilitation centre under Hospital Authority.

The Administration has provided written responses on the subject matter to the LegCo Secretariat on 23 April and 5 June 2008 respectively. The Administration has also attended a case conference on the issue convened by the LegCo Secretariat on 12 June 2008. The Administration's replies (only in Chinese) are herewith attached for your reference.

Yours sincerely,

( Kirk YIP )  
for Secretary for Food and Health

Encl



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中華人民共和國香港特別行政區政府總部食物及衛生局  
Food and Health Bureau, Government Secretariat  
The Government of the Hong Kong Special Administrative Region  
The People's Republic of China

本函檔號 Our ref.: FH H/16/103  
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香港中區  
昃臣道 8 號  
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陳向紅女士

陳女士：

**有關醫院管理居轄下的護養院的質素問題**

貴處二零零八年四月十日的來函收悉，現謹提供食物及衛生局及醫院管理局（醫管局）的聯合回覆如下。

現時醫管局透過轄下 14 間分布於各聯網的療養院，為因疾病及身體機能缺損而需要持續專業醫療及/或護理照顧的病人提供全面的療養服務，直至病人因病離世。

醫管局一直非常重視病人的安全，並致力提升其服務素質。醫管局就療養服務訂立了專業服務標準及質素指標、並定期透過臨床審查以監察及改善服務質素。前線人員的服務水平及工作態度亦屬定期檢討的項目之一。為進一步加強服務，醫管局一直安排為負責療養服務的員工提供訓練，以加強他們的知識及技能。有關訓練的內容涵蓋臨床護理、感染防控、職業安全、服務態度以及溝通技巧等範疇。

為照顧病人在醫療護理以外的需要，醫管局有透過多個渠道與病人及其家屬保持緊密溝通。例如安排療養院職員與病人及家屬會面，向他們講解療養院提供的服務及住院安排；以及就療養院的服務進行病人意見調查。而駐醫院的醫務社工會為有需要的病人提供社會支援和心理輔導服務，以提升病人在長期住院期間的生活質素。

醫管局設有機制處理病人及公眾人士有關公立醫院(包括療養院)的查詢、意見或投訴。病人及公眾人士可透過醫院的病人聯絡主任就醫院的服務提出投訴，有關醫院會就事件進行調查和作公平處理，及向申訴人作出回覆。醫管局亦會就收到的意見檢視現有服務，以進一步持續改善服務質素。如投訴人不滿院方的回覆，亦可向醫管局轄下的公眾投訴委員會提出上訴。

就貴處來函中提及有關春磡角慈氏護養院院友提出的投訴，醫管局轄下的港島東聯網已成立獨立調查委員會調查事件。預計有關調查將於五月中完成。醫管局會交代調查結果。

食物及衛生局局長

(盧潔瑋  代行)

副本送：  
醫院管理局

二〇〇八年四月二十三日



中華人民共和國香港特別行政區政府總部食物及衛生局  
Food and Health Bureau, Government Secretariat  
The Government of the Hong Kong Special Administrative Region  
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香港中區  
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陳向紅女士

陳女士：

**有關醫院管理局轄下的療養院的服務**

貴處二零零八年五月十四日的來函收悉。就來函中提及有關醫院管理局(醫管局)屬下療養院服務的問題，現謹提供食物及衛生局及醫院管理局(醫管局)的聯合回覆如下。

**蔡雲峰先生就春磡角慈氏護養院的投訴**

就蔡雲峰先生對春磡角慈氏護養院(慈氏護養院)的投訴，醫管局港島東聯網於本年四月初成立了獨立調查委員會(委員會)調查事件。委員會由港島東醫院聯網質素及風險總監鄧宗毅醫生出任主席，成員包括慈氏護養院管治委員會成員王春波醫生、醫管局公眾投訴委員會成員暨病人組織代表周敏玉女士及港島東醫院聯網護理總經理梁瑞琪女士。在調查期間，委員會曾翻查蔡先生在慈氏護養院的住院記錄、實地巡視該院的情況，以及會見了蔡先生、該院員工、現居於該院的院友、已離院的院及其家屬等多名人士。

委員會於五月下旬完成調查報告。報告認為蔡先生的投訴並

不成立。委員會認為院方在蔡先生住院期間所提供的護理服務水平屬合理和恰當，院方工作人員的服務態度普遍良好，而該院管理層亦十分重視護養院的設施和服務。委員會亦在報告中對慈氏護養院的部分服務提出意見。

醫管局已於本年五月二十三日透過書面形式將調查結果通知蔡先生，同時亦向公眾公布調查結果。委員會調查報告(只有英文及不含附件)及報告摘要的中文譯本現夾附於後。

## **醫管局療養院的服務**

醫管局現時有 14 間分布於各醫院聯網的療養院提供服務。截至二零零八年三月三十一日，申請入住療養院的平均輪候時間約為 28 個月。

醫管局會按病人的意願，盡量安排病人入住其所選擇地區的療養院。一般來說，醫管局不會安排院友調遷往其他療養院。但若院友有特殊需要，局方會按個別情況酌情處理轉院申請。在病人入住療養院前，局方亦會安排病人及其家人探訪療養院，以了解院舍的環境及服務安排。

由於療養院院友的身體狀況通常都較虛弱，並需要醫護人員長期的專業護理，因此他們通常都會長時間居於療養院。若院友的臨床狀況適合重返社區生活，療養院的護理團隊會與院友商討其出院安排，駐醫院的醫務社工亦會為有需要的院友提供適當的社區支援服務，例如協助他們申請相關的康復服務及社區資源。

另外，醫管局受廉署公署執行的防止賄賂條例監管，療養院的員工亦須遵守局方所訂的行為守則，不得藉其職務收受或獲得利益，或向院友或其家屬索取金錢或禮物，以維護其專業精神及道德操守。療養院員工在執行職責時，如有病人或其家屬向他們餽贈賞金或禮物，他們須根據既定準則向上級呈報。醫管局並不鼓勵員工為院友購買物品。

## **醫管局療養院的投訴機制**

正如本局於本年四月二十三日的回覆中提及，醫管局設有機制處理病人及公眾人士的投訴，並就事件進行調查、跟進以及回

覆投訴人。如投訴人不滿院方的回覆，亦可向醫管局轄下的公眾投訴委員會提出上訴。此外，醫管局亦會考慮調查委員會在調查報告中對慈氏護養院之投訴機制所提出的建議。

現時行政署有安排太平紳士定期巡視醫管局轄下的院舍。太平紳士可以調查在巡視院舍期間住院病人向其提出的投訴，亦可就院舍的投訴制度提出意見及建議。醫管局會跟進太平紳士所收到的投訴及他們所提出的建議。

至於有關蔡先生向社會福利署(社署)申請津貼的事宜，社署會另行回覆貴處。而有關復康巴士的服務安排，本局已將有關事宜轉交相關部門跟進。

本局及醫管局將派出下列代表於本年六月十二日舉行個案會議：

食物及衛生局首席助理秘書長盧潔瑋女士  
醫管局港島東醫院聯網行政總監任燕珍醫生  
醫管局春磡角慈氏護養院行政總監馬學章醫生  
醫管局總行政經理(社區及基健服務)戴兆群醫生  
醫管局春磡角慈氏護養院護理總經理曾永華先生

食物及衛生局局長

(盧潔瑋



代行)

副本送：  
醫院管理局

二零零八年六月五日

**Hospital Authority  
Hong Kong East Cluster**

**Investigation Report on the  
Complaints made by Mr. CHOI Wan Fung,  
a resident in Cheshire Home,  
Chung Hom Kok**

**The Independent Panel**

Submitted on 9 May 2008

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## **(I) Executive Summary**

### **1. Background**

Mr. Choi Wan Fung, a resident in the Original Home, Cheshire Home, Chung Hom Kok (hereafter referred to as “CCH”), publicly claimed to have received various forms of inhuman treatment in CCH on 8 April 2008 in the Commercial Radio Program 左右大局. Following this, an Investigation Panel (hereafter referred to as ‘the Panel’) was appointed by the Cluster Chief Executive, Hong Kong East Cluster, Hospital Authority, to investigate Mr. Choi’s allegations and to make recommendations for improvement, where necessary. Members of the Panel included Dr. TANG Chung Ngai, Cluster Service Director (Quality & Risk Management), Hong Kong East Cluster, Hong Kong Hospital Authority; Dr. WONG Chun Por, Member, Hospital Governing Committee, Cheshire Home, Chung Hom Kok; Ms. Sandra CHOW, Member, Public Complaints Committee cum patient group representative, Hong Kong Hospital Authority; and Ms. Civy LEUNG, Cluster General Manager (Nursing), Hong Kong East Cluster, Hong Kong Hospital Authority.

CCH is made up of two sections housed in two buildings, the Cheshire Home Chung Hom Kok Building (hereafter referred to as Original Home, 90 beds) and the Jockey Club Cheshire Home Building (hereafter referred to as New Home, 150 beds). The Original Home, founded in 1961 and relocated to the present site in 1977, is an initiative of the Cheshire Home Foundation, a charitable organization with the aim of providing a home-like environment and a high quality of extended care to persons with physical disabilities, using a holistic client-centered integrated team approach and in partnership with the community. The New Home was built in 1998 to provide in-patient infirmary care to patients of the Hong Kong Hospital Authority (HA). CCH joined HA in 1991 and was grouped under the Hong Kong East Cluster of hospitals in 2001.

Written consent was obtained from Mr. Choi Wan Fung to release essential parts of his medical history in the investigation report. Mr. Choi, aged 55, has a medical history of tuberculous meningitis and psoriatic arthropathy since childhood. The latter was complicated by skin involvement, resulting in excessive scaling and sores. In 1993, Mr. Choi suffered from a neck injury resulting in central cord syndrome, which manifested as long-term paralysis of upper and lower limb muscles. This was later complicated by multiple deformities of joints of his upper and lower limbs. Mr. Choi moved to the Original Home of his own volition in 1999 to receive long-term care of his disabilities.

During his nine years stay in CCH, Mr. Choi has lodged sixteen complaints to the Hospital Management. Six were directed towards the loss of personal clothing, three towards the inadequate provision of television rack, five towards the lack of Duoderm dressing for the

pressure points in his body, one towards the inadequate provision of room heaters and another towards the complaint mechanism of CCH. These complaints were lodged through both internal and external channels, including the Hospital Authority Head Office, the Equal Opportunities Commission, Office of the Ombudsman, a Legislative Councillor, and the press, including Apple Daily and Oriental Daily News.

Since October 2006, Mr. Choi had expressed a strong wish to be discharged to live in the community. After the CCH care team (including medical social workers) had conducted detailed discussions with Mr. Choi, he was recommended compassionate re-housing in December 2006 and his discharge plan was formulated. From February to July 2007, Mr. Choi turned down three offers of public housing units, and eventually accepted an offer in Chai Wan in July 2007. Modification works were completed to the unit in November 2007. In February 2007, Mr. Choi applied to the Social Welfare Department for an electric wheelchair, a medical bed, an electric ceiling hoist and a commode chair to facilitate community living. As at 8 April 2008, two items, namely the medical bed and the commode chair, had been approved.

## **2. Summary Findings and Recommendations**

The four-week investigation includes review of relevant documents of CCH and Mr. Choi's records, field visit and assessment to CCH and interview of 32 persons (the complainant, 8 current residents, 12 staff including the hospital management, alleged staff and the care team, and 11 residents, ex-residents and relatives who volunteered to assist the investigation after public appeal by the Panel).

In the course of its investigations, the Panel grouped Mr. Choi's allegations and related issues under the following categories:

### **2.1 Facilities**

These complaints pertained to those made by Mr. Choi from August 2000 to October 2006 regarding the inadequate provision of television rack and room heaters, and loss of personal clothing after going through laundry service. A new complaint about inadequate hot bathing water supply was lodged on 8 April 2008 in the radio programme.

**Panel Investigation :** The Panel noted that Mr. Choi had requested for a mobile television rack for his personal television. In view of administrative and space consideration (five residents in one cubicle), the Hospital did not allow residents to self-purchase any large items (e.g. television rack, cabinet) in the cubicle. The Panel acknowledges Mr. Choi's complaint was probably caused by his misunderstanding of the physical constraint of ward setting. The Panel acknowledges that television entertainment is essential in disabled resident's daily life and the prevailing policy of

putting television on bedside cabinet is reasonable.

The Panel acknowledges there was an unusually prolonged cold spell in late 2007 and early 2008, and also the outdated design and capacity of hot water supply system cannot keep pace with increasing service demand. The Panel agreed that residents might feel cold in the bathroom especially when hot water supply was unstable. The Hospital Management is recommended to provide additional wall-mounted heaters in the bathrooms in the interim and consider enhancing the existing hot water supply system.

The Panel noted the Hospital Management had investigated into Mr. Choi's complaints on loss of personal clothing and found the complaints substantiated. The Panel recognizes that improvement measures had been taken and recommends the existing communication and monitoring mechanism with Shum Wan Laundry should be continued.

## **2.2 Staff Attitude**

Apart from the spilling of urine on his face during the collection of a urinal in March 2004, Mr. Choi had not lodged previous complaints on staff attitude. He claimed that he had received ill-treatment from several Health Care Assistants (HCAs) in the past few years, including the use of coarse language, being asked to drink his own urine, and one HCA had refused to clean up water stains on the floor. Mr. Choi also alleged that some residents had been beaten up and scolded by an HCA.

**Panel Investigation:** Based on the feedback from residents and relatives interviewed, the Panel concludes that staff attitude is generally good and service is rendered with care. There was one HCA who had occasionally used coarse language during casual conversations, but there is no evidence to substantiate the other allegations made by Mr. Choi. The Panel noted that this particular staff had been counseled and recommends the Hospital Management to give continued reminder to the staff to sustain his improved behaviour.

## **2.3 Care Process**

Since 1999, Mr. Choi had made repeated complaints against not being given Duoderm dressing. Mr. Choi also alleged in the radio programme that he had been lifted onto bed roughly and experienced pain during change of clothing, he was not assisted to go to bed when he felt tired and his wheelchair and clothing were always dirty.

**Panel Investigation:** Review of Mr Choi's medical record showed that he had been given Duoderm dressing for sores in pressure points prior to his complaints. He requested the dressing to be changed daily, which is not the commended practice. After healing of the sores, Mr. Choi continued to ask for Duoderm dressing which was then not clinically indicated. Previous investigations concluded that Duoderm should be prescribed on clinical ground and not to be changed on a daily basis for prevention of pressure sores, and no quotas had been set in CCH regarding the use of Duoderm. The Panel concurs with the conclusions of the previous investigations and believes that complaint was caused by Mr. Choi's misunderstanding on the use of Duoderm.

The Panel found no evidence to support any intentionally rough handling during lifting/care processes. The staff training records show that all HCAs have received appropriate training and refresher courses on lifting/caring techniques.

The Panel noted that the daily schedule had been agreed upon between the nursing staff the residents. This schedule was arranged to the residents' benefit in order to prevent pressure sores and other complications related to prolonged bed rest. The Panel believes that Mr. Choi's allegation might have been made because he was not attended to immediately when the frontline staff was occupied with other duties.

There was documentary evidence of cleansing service for wheelchair and laundry service for patients' clothing.

The Panel recommends that continuing training in manual handling techniques of persons with severe disabilities is of benefit to residents, and enhanced nursing monitoring of care processes provided by the HCAs would be conducive towards a consistently high level of care.

#### **2.4 Complaint Management of CCH**

Mr. Choi alleged the Patient Relations Officer (PRO) of CCH had handled his complaints in a high-handed manner, so that his complaints were always found to be not substantiated even though he had lodged them through multiple channels. In particular, there had not been a change in PRO even though Mr. Choi had complained against him.

**Panel Investigation:** The Panel confirms that a reasonable complaint mechanism is in place in CCH, and is in line with the policy of the Hospital Authority. There was documentary evidence that all complaints from Mr. Choi had been dealt with appropriately and escalated to the Hospital Management and the Hospital Governing

**Committee for investigation. Appropriate response and follow-up were completed. Required information and necessary support were timely provided to external parties including the press, the Equal Opportunities Commission, Office of the Ombudsman and Legislative Councillor to facilitate the investigation.**

**The Panel recommends the Hospital Management to address the perception of “conflict of roles and interests” in complaint management.**

### **3. Conclusion**

The Panel finds that staff attitude in CCH is generally good, and most residents treat CCH as their own homes. The Panel also considers the standard of care and services provided to Mr Choi during his stay in CCH to be reasonable and appropriate. The Panel concludes that the allegation from Mr. Choi Wan Fung in a radio programme on 8 April 2008 against CCH as “a hell in the human realm” is not substantiated.

The Panel is convinced that the management system in CCH is of a standard comparable to Hospital Authority. Management of complaints raised by Mr. Choi had always been appropriately escalated to higher levels in accordance with prevailing policies.

The Panel acknowledges that the Hospital Management has given due attention to the facilities and services of the hospital. Further improvements in facilities, such as ensuring the steadiness the hot water supply and provision of heaters in the bathrooms, will be welcome by the residents. The Panel recommends the Hospital Management to continue its current initiatives of 2-way dialogue with residents with due consideration to their feelings and needs, towards an ever-improving and harmonious environment.

The Panel commends the dedication of frontline staff in CCH and the high quality of care services they deliver. The Panel also commends the initiatives from the Cheshire Home Foundation to conduct dialogue with the residents and for their recent donation towards enriching the residents’ meals.

## **(II) Introduction**

On 8 April 2008, a radio program “左右大局” from the Commercial Radio 881 featured “10 allegations” witnessed or observed by Mr. Choi Wan Fung, a resident of Cheshire Home, Chung Hom Kok (CCH), Hong Kong East Cluster, Hong Kong Hospital Authority. Mr. Choi claimed that he had received various forms of inhuman treatment in CCH.

This radio program and subsequent coverages in the media the next day had aroused significant concerns in the community. Under the direction of the Hospital Authority, the Cluster Chief Executive, Hong Kong East Cluster appointed an Independent Panel to investigate these allegations and to make recommendations for improvement, where necessary.

## **(III) Scope and Schedule of Investigation**

The Panel focused on the “10 allegations” and related issues as lodged by Mr. Choi Wan Fung. The scope of the investigation included all issues raised from the radio programme, newspaper clippings, enquiry letter from the Commercial Radio to the Hospital Authority dated 8 April 2008, and information collected during the interview with Mr. Choi by the Panel.

The Panel conducted its investigation over a 4-week period:

9 April 2008 – 20 April 2008	Information collection and preparatory meetings
21 April 2008 – 30 April 2008	Investigation field work
1 May 2008 – 8 May 2008	Report finalization
9 May 2008	Submission of report to Cluster Chief Executive, Hong Kong East Cluster, Hong Kong Hospital Authority

## **(IV) Panel Composition**

Chairman – Dr. TANG Chung Ngai, Cluster Service Director (Quality & Risk Management), Hong Kong East Cluster, Hong Kong Hospital Authority

Members – Dr. WONG Chun Por, Member, Hospital Governing Committee, Cheshire Home, Chung Hom Kok

Ms. Sandra CHOW, Member, Public Complaints Committee cum Patient Group

Representative,, Hong Kong Hospital Authority

Ms. Civy LEUNG, Cluster General Manager (Nursing), Hong Kong East Cluster,  
Hong Kong Hospital Authority

Secretary - Mr. Clarence CHAN, Senior Hospital Administrator, Cheshire Home, Chung  
Hom Kok

## (V) Terms of Reference

1. To investigate the facts and circumstances surrounding the complaints from Mr. Choi Wan Fung.
2. To make recommendations for improvement, if any, to the Cluster Chief Executive, Hong Kong East Cluster, Hospital Authority.

Pursuant to the above terms of reference, the Panel would adhere to the following objectives:

1. To obtain relevant evidence, whether documentary or oral, and for this purpose, to interview such persons (Relevant Persons) as the Panel may consider appropriate; and
2. To prepare a report to the Cluster Chief Executive, Hong Kong East Cluster, Hospital Authority on 9 May 2008.

## (VI) Guiding Principles

The Panel will be guided by the following principles:

**Nature of investigation:** This is an internal investigation. The purpose of the investigation is to establish a factual account of the care process of Mr. Choi Wan Fung during his stay at CCH. This is in response to complaints from Mr. Choi who is dissatisfied with the care provided to him at CCH.

**Confidentiality:** The Panel will observe the need to respect confidentiality of information that comes into its possession during the course of its work.

**Impartiality:** The Panel will conduct itself in a way that is independent, fair and impartial.

**Effectiveness:** The Panel will endeavour to proceed with its work as efficiently as possible in the circumstances. The Panel will set its own timetable and deadlines and will do all that it reasonably can to overcome delays which lie outside its direct control.

**Accessibility:** The Panel will conduct itself in all its dealings with the Relevant Persons and will operate as informally as circumstances permit. This is an internal investigation only. All interviews are conducted for the purposes of fact finding. As such no legal representation is required or permitted.

**Openness:** The Panel will conduct itself in accordance with the processes and methods of working as set out in this document.

**Accountability:** The Panel will hold itself accountable to the Cluster Chief Executive, Hong Kong East Cluster, Hong Kong Hospital Authority for adherence to the above Terms of Reference.

## **(VII) The Detailed Facts**

### **1. Background**

CCH is made up of two sections housed in two buildings, the Cheshire Home Chung Hom Kok Building (hereafter referred to as Original Home, 90 beds) and the Jockey Club Cheshire Home Building (hereafter referred to as New Home, 150 beds). The Original Home, founded in 1961 and relocated to the present site in 1977, is an initiative of the Cheshire Home Foundation, a charitable organization with the aim of providing a home-like environment and a high quality of extended care to persons with physical disabilities, using a holistic client-centered integrated team approach and in partnership with the community. The New Home was built in 1998 to provide in-patient infirmary care to patients of the Hong Kong Hospital Authority (HA). CCH joined HA in 1991 and was grouped under the Hong Kong East Cluster of hospitals in 2001.

Written consent was obtained from Mr. Choi Wan Fung to release essential parts of his medical history in the investigation report. Mr. Choi, aged 55, has a medical history of tuberculous meningitis and psoriatic arthropathy since childhood. The latter was complicated by skin involvement, resulting in excessive scaling and sores. In 1993, Mr. Choi suffered from a neck injury resulting in central cord syndrome, which manifested as long-term paralysis of upper and lower limb muscles. This was later complicated by multiple deformities of joints of his upper and lower limbs. Mr. Choi moved to the Original Home of his own volition in 1999 to receive long- term care of his disabilities. (Appendix I)



During his nine years stay in CCH, Mr. Choi has lodged sixteen complaints to the Hospital Management. Six were directed towards the loss of personal clothing, three towards the inadequate provision of television rack, five towards the lack of Duoderm dressing for the pressure points in his body, one towards the inadequate provision of room heaters and another towards the complaint mechanism of CCH. These complaints were lodged through both internal and external channels, including the Hospital Authority Head Office, the Equal Opportunities Commission, Office of the Ombudsman, a Legislative Councillor, and the press, including Apple Daily and Oriental Daily News. (Appendices II & III)

Since October 2006, Mr. Choi had expressed a strong wish to be discharged to live in the community. After the CCH care team (including medical social workers) had conducted detailed discussions with Mr. Choi, he was recommended compassionate re-housing in December 2006 and his discharge plan was formulated. From February to July 2007, Mr. Choi turned down three offers of public housing units, and eventually accepted an offer in Chai Wan in July 2007. Modification works were completed to the unit in November 2007. In February 2007, Mr. Choi applied to the Social Welfare Department for an electric wheelchair, a medical bed, an electric ceiling hoist and a commode chair to facilitate community living. As at 8 April 2008, two items, namely the medical bed and the commode chair, had been approved. (Appendix IVa)

## **2. Documents**

1. Medical report of Mr. Choi (Appendix I)
2. Summary table of Mr. Choi's past complaints (Appendix II)
3. Investigation reports of Mr. Choi's past complaints (Appendix III)
4. Six written statements by the Hospital Chief Executive, Medical Officer, Registered Nurse, Occupational Therapist II, Physiotherapist II and Assistant Social Worker of CCH (Appendix IV)
5. One set of guidelines for nursing care procedures, CCH, 31 pages (Appendix V)
6. Extracts on CCH ward meetings with frontline staff (From April 2005 – April 2008), 19 pages (Appendix VI)
7. One set of medical records of Mr. Choi from 18 March 1999 – 23 April 2008, 205 pages
8. Enquiry letter from the Commercial Radio to the Hospital Authority dated 8 April 2008 (Appendix VII)
9. One CD Rom disc containing the Commercial Radio Program 左右大局 (Appendix VIII)
10. Sixteen newspaper clippings (Appendix IX)
11. Relevant HCA training and refreshers courses records in CCH, 11 pages

(Appendix X)

12. Wheelchair Cleansing Record, CCH (From 1 May 2007 – 4 April 2008), 12 pages

(Appendix XI)

13. Previous statement record regarding the urine spillage incident (Appendix XII)

### **3. Site Visits**

The Panel conducted two site visits on 21 April 2008 and 23 April 2008 to the cubicle where Mr. Choi resides. Members also inspected other related general facilities in the bathroom, dormitory and the laundry room.

### **4. Interviews**

#### **4.1 Principle**

The Panel commenced investigations by reviewing relevant information/documents, after which the Panel proceeded to request interviews with such Relevant Persons from whom it considered appropriate to hear oral evidence in the form of interviews. These interviews were conducted with the view to allowing the Relevant Persons and/or the Panel to clarify and elaborate on points in their prior written statements (where applicable), to answer questions raised by panel members, and to address issues that were not covered by the questions raised by the Panel. The Panel also accepted volunteers to join in the interview to express their views and concerns on the caring processes. The interviews were non-adversarial and focused on fact-finding. Every Relevant Person was interviewed individually and in privacy.

#### **4.2 List of Interviewees**

Relevant Persons were invited or volunteered to express views and concerns on CCH to the Panel. These comprised

- a) The complainant;
- b) Management staff;
- c) Members of Mr. Choi's care team;
- d) Staff complained against by Mr. Choi;
- e) Residents and staff alluded to by Mr. Choi;
- f) Residents who volunteered to meet the Panel in response to the Panel's open announcement;
- g) Relatives who volunteered to express concern;
- h) Ex-resident who volunteered to give opinion.

A total of 32 Relevant Persons were successfully interviewed and gave relevant information pertaining to the investigation. Please refer to the Table A for categorization of Relevant Persons.

**Table A**

	<b>Residents</b>	<b>Ex-residents</b>	<b>Relatives</b>	<b>Staff</b>
By invitation	9 (including the complainant)			12 (including 2 Management staff, 5 care team members, 3 complained against by Mr. Choi & 2 mentioned by Mr. Choi)
Volunteered to meet the Panel	7	1	3	
<b>Total No. Interviewed</b>	<b>16</b>	<b>1</b>	<b>3</b>	<b>12</b>

### **(VIII) Summary Findings and Recommendations**

The “10 allegations” and related issues were grouped under the following categories:

#### **Facilities**

- a. Loss of personal clothing after laundry service
- b. Inadequate hot water supply and provision of room heaters in the bathroom
- c. Inadequate provision of television rack

#### **Staff Attitude**

- a. Mr. Choi was treated with impolite attitude and coarse language by Health Care Assistants (HCAs)
- b. He had witnessed other residents being beaten up and scolded by a HCA
- c. One HCA had spilled urine over his face during collection of urinal
- d. One HCA refused to clean up water spilled on the ground
- e. One HCA asked Mr. Choi to drink his own urine

#### **Care Process**

- a. Mr. Choi had been lifted onto bed roughly experienced pain when HCAs changed clothing

for him

- b. Restricted rest hours and HCAs refused to assist him to go to bed to rest
- c. His wheelchair and clothing were full of stains
- d. He was refused Duoderm dressings

## **Complaint Management**

- a. The Patient Relations Officer (PRO) who is a Ward Manager in CCH had handled Mr. Choi's complaints in a high-handed manner

### **1. Facilities**

#### **1.1 Loss of personal clothing after laundry service**

The complaint took place between 2000 and 2006. From the various documents examined, the Panel found that Mr. Choi had complained to the Apple Daily (12 August 2000), the Office of the Ombudsman (2 June 2001 & 21 July 2001), the Hospital Authority Head Office (14 December 2004), the PRO of CCH (25 May 2005) and the Legislative Councillor, Mr. Fernando Cheung (16 October 2006) on the loss of personal clothing sent to the Shum Wan Laundry. The Hospital Management had investigated and adopted improvement measures including counting of the "in-and-out" personal clothing, use of special orange laundry bags for personal clothing and enhancement of communication with the Shum Wan Laundry. (Appendices II, IIIa, d, e, f, g & h)

**The Panel recognizes that improvement measures had been taken to address Mr. Choi's complaint and recommends the continuation of existing communication and monitoring mechanism with the Shum Wan Laundry.**

#### **1.2 Inadequate hot water supply and provision of room heaters in the bathroom**

##### **1.2.1 Inadequate hot water supply**

Mr. Choi complained on 8 April 2008 that occasionally there was inadequate hot water supply while he took bath in the recent cold winter days. During the interview, he expressed suspicion that cold water was poured upon some residents by frontline staff and hot water supply was intentionally switched off while residents were bathing. Mr. Choi provided a list of five residents in the same bathing team who might be able to support his allegations.

When interviewed by the Panel, residents and frontline staff confirmed that there

was occasionally unstable hot water supply in the bathroom. This was particularly true in the cold seasons when two or more residents took their bath at the same time.

Residents in the same bathing team denied experiences of being poured with cold water nor witnessed the turning off of switches to hot water supply. (One out of the five residents in the bathing team did not turn up for the interview because of unstable medical condition). The Panel therefore found these allegations to be unsubstantiated.

### **1.2.2 Inadequate provision of room heaters in the bathroom**

This was a complaint made by Mr. Choi nearly four years ago. On 24 December 2004, Mr. Choi complained to the Hospital Authority Head Office about inadequate room heaters in the bathroom and cubicle. Previous investigations had concluded that the existing provision of two wall-mounted heaters in the bathroom and availability of mobile heaters in the centrally air-conditioned cubicles were considered to be adequate. (Appendices II & IIIf)

**The Panel acknowledges there was an unusually prolonged cold spell in late 2007 and early 2008, and also the outdated design and capacity of hot water supply system cannot keep pace with increasing service demand. The Panel agreed that residents might feel cold in the bathroom especially when hot water supply was unstable. The Hospital Management is recommended to provide additional wall-mounted heaters in the bathrooms in the interim and consider enhancing the existing hot water supply system.**

### **1.3 Inadequate provision of television rack**

This was again a previous complaint made by Mr. Choi in 2000 to 2006. According to various documents, Mr. Choi first lodged this complaint to the Equal Opportunities Commission (13 October 2000), the Hospital Authority Head Office (24 December 2004) and Legislative Councillor Mr. Fernando Cheung (16 October 2006). Specifically, Mr. Choi had requested for a mobile television rack to accommodate his large personal television. Previous records of investigations had concluded that the television racks were allocated without discrimination and had been arranged taking the space constraints into consideration. (Appendices II, IIIb, f & h)

**The Panel concurs with the results and comments of the previous investigations. The Panel acknowledges that television entertainment is essential in disabled**

resident's daily life and the current policy of putting television on the bedside cabinet is a reasonable one.

## **2. Staff Attitude**

### **2.1 Impolite attitude and use of coarse language by HCAs**

Mr. Choi complained that he had been treated with impolite attitude and was scolded by Staff A in coarse language on several occasions.

Findings of interviews confirmed that use of coarse language was not uncommon among some of the staff and residents. Staff A was identified to use coarse language occasionally in casual conversations but did not use it in a malicious manner.

**Feedback from the residents and relatives being interviewed had indicated that staffs' attitude was generally good and service was rendered with care. Staff A had been counseled by Hospital Management and reminded not to use coarse language at work. The Panel recommends the Hospital Management to give continued reminder to Staff A to sustain improved behavior.**

### **2.2 Residents being beaten up and scolded**

On 8 April 2008, Mr. Choi alleged that he had seen some residents beaten up and scolded by a HCA few months ago. He claimed having witnessed that Resident A being slapped on the face by Staff A when Staff A assisted Resident A in changing soiled clothing. Mr. Choi cited Resident C who might have witnessed the beating up. Mr. Choi also suspected that Resident B was ill-treated because he heard him crying in the bathroom.

During the interviews, both Residents A and B, being considered mentally capable of giving evidence despite severe physical disabilities, unanimously denied such experiences of being beaten up. Resident C who has impaired visual acuity could not give evidence to support the alleged beating. All other residents interviewed also confirmed that they had never been beaten up. None of the staff interviewed had witnessed such an incident.

**In the absence of any evidence, the Panel found the allegation to be not substantiated.**

### **2.3 Urine spilled over Mr. Choi's face**

This was a complaint made by Mr. Choi in March 2004. He complained that Staff B had caused some urine to spill onto his face while emptying his urinal at that time. There was no witness to this incident and Mr. Choi lodged the complaint to the nurse in-charge the next morning. This incident had been thoroughly investigated by the nurse in-charge. Even though there was no evidence to substantiate the allegation, a verbal apology was offered by Staff B to Mr. Choi. (Appendix XII)

**The Panel considers that this complaint had been appropriately handled and managed.**

#### **2.4 Refusal to clean up water spilled on the ground**

Mr. Choi complained that Staff C had refused to clean up the water which he had unintentionally spilled on the floor few years ago. No witness was identified by Mr. Choi.

The Panel noted that Mr. Choi had not made any prior complaint on this incident. Staff C was interviewed and denied the allegation.

**In the absence of any evidence, the Panel found the allegation to be not substantiated.**

#### **2.5 Mr. Choi was asked to drink his own urine**

Mr. Choi alleged that he was asked to drink his own urine when he requested Staff C to empty his urinal few years ago.

The Panel noted that Mr. Choi had not made any prior complaint on this incident. Staff C was interviewed and denied the allegation.

**In the absence of any evidence, the Panel found the allegation to be not substantiated.**

### **3. Care Process**

#### **3.1 Mr. Choi had been lifted onto bed roughly and he experienced pain during changing of clothing**

Mr. Choi alleged that Staff A and D had intentionally caused him pain by roughly lifting him onto the bed and he also experienced pain when Staff A and D changed his

clothing.

During the interview, three residents also recalled occasional painful experiences during the process of dulcolax suppository insertions and change of Paul's tube.

Both Staff A and D denied the allegations. The Panel inspected Staff A and D's training records on lifting / caring techniques and confirmed that they had attended regular training on the subject. Refreshers courses and guidelines on these techniques had also been given to all frontline staff. Monitoring by supervisors was regularly conducted. The subject on proper lifting and caring techniques had also been regularly brought up in the monthly ward meetings (Appendices V, VI & X).

**The Panel found no evidence to support any intentionally rough handling during lifting / care processes. The Panel recommends the Hospital Management to regularly remind staff to exercise due care in handling residents with multiple contractures and severe physical disabilities.**

### **3.2 Restricted rest hours**

Mr. Choi complained that he was not assisted to go to bed to rest whenever he felt tired.

The Panel acknowledged the fact that the daily schedule of activities had been agreed upon between the nursing staff and the residents. This schedule was arranged to the residents' benefit in order to prevent pressure sores and other complications related to prolonged bed rest. According to the staff's opinion, Mr. Choi's allegation might have been made because he was not attended to immediately when the frontline staff were occupied with other duties.

**The Panel considers that misunderstanding could have been avoided if the frontline staff had related their difficulties to Mr. Choi in a tactful manner. The Panel is of the opinion that enhancement of communication skills among frontline staff would be conducive to better understanding and better care results.**

### **3.3 Wheelchairs and clothing were covered with stains**

Mr. Choi complained that his wheelchair had seldom been cleansed since he lived in CCH in 1999. His clothes were always covered with stains and had not been replaced in a timely manner.

On reviewing the cleansing records, the Panel confirms that Mr. Choi's and other



residents' wheelchairs are cleansed on a monthly basis (Appendix XI). The Panel also notes that patients' clothing is changed every alternate day when taking bath. The Panel randomly inspected several wheelchairs and clothing and their cleanliness was generally acceptable.

**The Panel confirms that there is a schedule of housekeeping service for wheelchairs and laundry service for patients' clothing and that spot checking of relevant objects yielded satisfactory results. Nevertheless, the Panel recommends that the nursing staff should step up monitoring of the wheelchair cleansing procedures.**

### **3.4 Provision of Duoderm dressings**

This complaint had been made by Mr. Choi since 1999. Mr. Choi complained to the Oriental Daily News (9 March 2001), Office of the Ombudsman (2 June 2001 and 21 July 2001), the Hospital Authority Head Office (24 December 2004) and the Legislative Councillor, Mr. Fernando Cheung (16 October 2006) regarding the provision of Duoderm dressings. He thought that he had been deprived of the use of Duoderm and CCH had set quotas on the use of these dressings. (Appendices II, IIIc, d, e, f & h). In summary, Mr. Choi had been given Duoderm dressing for sores in pressure points. After healing of the sores, he continued to ask for Duoderm dressing which was clinically not indicated. He also expected the dressing to be changed daily, which is not the recommended practice.

Previous investigations concluded that Duoderm should be prescribed on clinical ground and not to be changed on a daily basis for prevention of pressure sores, and no quotas had been set regarding the use of Duoderm in CCH.

**The Panel concurs with the conclusions of the previous investigations and believes that complaint was caused by Mr. Choi's misunderstanding on the use of Duoderm.**

## **4. Complaint Management in CCH**

### **4.1 The Patient Relations Officer who is a Ward Manager in CCH had handled Mr. Choi's complaints in a high-handed manner**

This pertains to a previous complaint lodged by Mr. Choi to the Legislative Councillor Mr. Fernando Cheung on 16 October 2006 against the Patient Relations Officer of CCH who was alleged to be mis-handling complaints in a high-handed manner

(Appendices II & IIIh), and that complaints lodged to media or other institutions were reverted back to be dealt with by the same Patient Relations Officer. Mr. Choi thought that his complaints had not been given due considerations. The Hospital Management replied that an appropriate complaint handling system was in place which was in line with the policy of the Hospital Authority, and monthly summaries of complaints were reported to the Hospital Chief Executive and Hospital Governing Committee.

**The Panel confirms that a reasonable complaint mechanism is in place in CCH, and is in line with the policy of the Hospital Authority. There was documentary evidence that all complaints from Mr. Choi had been dealt with appropriately and escalated to the Hospital Management and the Hospital Governing Committee for investigation. Appropriate response and follow-up were completed. Required information and necessary support were timely provided to external parties including the press, the Equal Opportunities Commission, Office of the Ombudsman and Legislative Councillor to facilitate the investigation.**

**The Panel recommends the Hospital Management to address the perception of “conflict of roles and interests” in complaint management.**

## **5. Overall View of CCH Service**

During the interviewing process, residents and staff unanimously expressed that the service standard in CCH had been good. Residents enjoyed staying in CCH as their own homes and not “a hell in the human realm” as claimed by Mr. Choi. Staff also enjoyed working in CCH and showed dedication in serving the residents.

At the same time, the residents had also expressed concerns on the existing visiting hours and meal service. They expressed a strong desire to eat a wider variety of food than hospital food everyday.

**The Panel recognized that staff morale had been affected since these allegations were widely publicized. Many staff had reported additional pressure in their daily work. The Panel finds it necessary to record the valuable contributions by CCH’s staff to the care of the infirm throughout the years, and recommends that staff sentiments be appropriately addressed by the Hospital Management.**

**The Panel recognizes that the Original Home provides a residential rather than a hospital setting and recommends the Hospital Management to review the visiting hours and meals. The Panel would also like to commend the Cheshire Home Foundation for its donation of HK\$300,000 to CCH to enrich the residents’ meals**

**in 2007-2008.**

**The Panel recommends the Hospital Management to continue with and to strengthen the existing patient-focus group to address residents' concerns.**

**(IX) Conclusion**

The Panel finds that staff attitude in CCH is generally good, and most residents treat CCH as their own homes. The Panel also considers the standard of care and services provided to Mr Choi during his stay in CCH to be reasonable and appropriate. The Panel concludes that the allegation from Mr. Choi Wan Fung in a radio programme on 8 April 2008 against CCH as “a hell in the human realm” is not substantiated.

The Panel is convinced that the management system in CCH is of a standard comparable to Hospital Authority. Management of complaints raised by Mr. Choi had always been appropriately escalated to higher levels in accordance with prevailing policies.

The Panel acknowledges that the Hospital Management has given due attention to the facilities and services of the hospital. Further improvements in facilities, such as ensuring the steadiness the hot water supply and provision of heaters in the bathrooms, will be welcome by the residents. The Panel recommends the Hospital Management to continue its current initiatives of 2-way dialogue with residents with due consideration to their feelings and needs, towards an ever-improving and harmonious environment.

The Panel commends the dedication of frontline staff in CCH and the high quality of care services they deliver. The Panel also commends the initiatives from the Cheshire Home Foundation to conduct dialogue with the residents and for their recent donation towards enriching the residents' meals.

**\* End \***

醫院管理局  
港島東醫院聯網

春磡角慈氏護養院院友  
蔡雲峰先生申訴  
調查報告摘要

獨立調查委員會

2008年5月9日

## 摘要

### 1. 背景

蔡雲峰先生是春磡角慈氏護養院舊院的院友，聲稱曾在春磡角慈氏護養院(下稱「護養院」)受到不同方式的虐待。2008年4月8日，蔡先生首次在商業電台「左右大局」的節目中公開申訴。就此事件，港島東醫院聯網行政總監委任了獨立調查委員會(下稱「委員會」)徹查事件，並提出所需改善建議。委員會由香港醫院管理局(下稱「醫管局」)轄下港島東醫院聯網質素及風險總監鄧宗毅醫生出任主席，成員包括春坎角慈氏護養院管治委員會成員王春波醫生、醫管局公眾投訴委員會成員暨病人組織代表周敏玉女士及港島東醫院聯網護理總經理梁瑞琪女士。

春磡角慈氏護養院由兩座大樓組成：春磡角慈氏護養院大樓(即舊院，共90張病床)及賽馬會慈氏護養院大樓(即新院，共150張病床)。春磡角慈氏護養院由香港慈氏安養院基金會創立，舊院於1961年成立，並於1977年遷到現址。基金會的宗旨，是為傷殘人士提供家庭式住院環境及延續護理，提供以院友為本的服務，並與社區攜手合作，讓院友得到全人關懷照顧。新院則於1998年成立，致力為需要延續護理的公立醫院長期病患者提供護養服務。春磡角慈氏護養院於1991年起由醫管局管理，於2001年納入港島東醫院聯網。

委員會已取得蔡先生同意，在調查報告內透露有關他的個人資料及病歷。蔡先生現年55歲，患有結核性腦膜炎，自小亦患有乾癱性關節病變，並併發皮膚病，令他過度脫皮及患有皮膚瘡。1993年，蔡先生因頸部受傷導致中樞神經病症，以致四肢長期癱瘓，後來更併發四肢關節變形。蔡先生於1999年起遷入春磡角慈氏護養院舊院接受長期護理。

在住院九年期間，蔡先生曾向醫院管理層作出十六次投訴，其中六次關於遺失個人衣物、三次關於電視機架不足、五次關於身體施壓點Duoderm敷藥不足、一次關於室內

暖爐供應不足、一次關於護養院的投訴機制。各項投訴分別透過護養院內外不同渠道提出，包括醫院管理局、平等機會委員會、申訴專員公署、立法會議員及報章（蘋果日報及東方日報）。

從 2006 年 10 月開始，蔡先生表示渴望離院重返社區生活，護養院護理隊伍包括醫務社工與蔡先生詳細商討後，於 2006 年 12 月向他建議體恤安置計劃及各項出院安排。2007 年 2 月至 7 月期間，蔡先生共三次拒絕社會福利署提供的公共房屋單位。最後，蔡先生於 2007 年 7 月接受了一個位於柴灣的單位，並根據蔡先生的傷殘情況作出改動，於 2007 年 11 月完成改善工程。蔡先生亦希望日後能更進一步融入社區生活，於 2007 年 2 月再向社會福利署申請所需器材，包括電動輪椅、醫療床、電天花起吊裝置及室內便器椅子。截至 2008 年 4 月 8 日，有關醫療床及室內便器椅子的申請已獲批核。

## **2. 調查結果及建議**

委員會經過四週的調查，審視了護養院及有關蔡先生的紀錄、實地考察、會見共三十二名人士[包括蔡先生、八名院友、十二名員工(包括管理層、被投訴者及其護理隊伍員工)，及十一名經調查委員會透過公開呼籲而自願協助調查之院友、已出院院友及院友家屬]。

調查期間，委員會將蔡先生的申訴及有關事項歸納如下：

### **2.1 設施**

蔡先生於 2000 年 8 月至 2006 年 10 月期間投訴電視機架和室內暖爐供應不足，以及洗衣後遺失個人衣物，另於 2008 年 4 月 8 日在電台節目中首次投訴熱水供應不足。

委員會調查所得：有關電視機架的事件，委員會得悉蔡先生於較早前曾要求護養院

為他的個人電視提供一具活動電視機架，由於行政及病房空間的考慮(一間房有五位院友同住)，院方不可能批准院友自資較大型的物件(如電視機架、櫃等)。委員會認為此項投訴可能因為蔡先生未能完全理解病房當時的實際困難。委員會認同收看電視乃院友一項重要的娛樂節目，而院方亦應盡量配合。

鑑於 2007 年尾至 2008 年初的冬季持續嚴寒，加上舊院的設備因過時以致熱水供應出現不穩定，委員會理解院友淋浴時難免感到寒冷。委員會建議舊院在浴室加置暖爐，並考慮改善熱水設備，維持穩定供應，以應付日增的需求。

委員會得悉護養院管理層已就蔡先生洗衣後遺失個人衣物的投訴作出調查，並確認投訴屬實，已與有關洗衣房溝通及推行改善措施。

## 2.2 員工態度

蔡先生曾於 2004 年 3 月申訴健康服務助理清理尿壺時將尿液濺到他臉上，他亦於 2008 年 4 月 8 日電台節目中聲稱數年前一些健康服務助理的護理服務惡劣，包括使用粗俗語言辱罵院友、要求他飲用自己的尿液，以及有健康服務助理拒絕抹去地上的水漬。此外，蔡先生指出一些院友曾遭一名健康服務助理虐打及責罵。

委員會調查所得：根據受訪院友及院友家屬的証供，委員會得悉工作人員的服務態度普遍良好，並悉心關懷院友。然而確有一名健康服務助理在日常閒談中不時使用粗俗語言，但沒有證據顯示職員惡意辱罵及虐打院友或要求蔡先生飲用自己的尿液、拒絕抹去水漬等等的指稱。據委員會所知，管理層已告誡該名健康服務助理留意日常言行。委員會並建議醫院管理層不時提醒工作人員時刻保持良好的服務態度及充分考慮和照顧院友的感受。

## 2.3 護理程序

自 1999 年起，蔡先生屢次投訴遭限制使用 Duoderm 敷藥。他亦透過電台申訴健康服務助理故意在協助他上病床時過程粗暴、替他換衣服時令他感到痛楚，以及在他疲累時亦拒絕協助上床休息。蔡先生亦聲稱他的輪椅及衣物經常都是骯髒的。

委員會調查所得：醫護人員曾處方 Duoderm 敷藥以治理蔡先生的皮膚瘡，而他要求每天更換新敷藥，但這並不符合 Duoderm 敷藥的建議用法。當蔡先生的皮膚瘡痊癒後，他仍要求處方 Duoderm 敷藥以舒緩痛楚及預防皮膚瘡，但醫護人員認為沒有臨床需要。以往的調查報告指出，Duoderm 敷藥應按臨床需要而處方使用，亦無需每天更換，而護養院並沒有設下使用 Duoderm 敷藥的限額。委員會認同此調查報告的結論，認為有關指稱很可能源於蔡先生對藥物使用的誤解。

經考慮蔡先生的陳述及其他院友的証供及客觀証據，委員會認為有關員工並無故意令蔡先生於過床或更換衣服時不適或粗暴對待他。經檢視員工的訓練紀錄，委員會得悉健康服務助理曾接受病人扶抱及轉移的訓練及更新課程。至於指稱員工拒絕協助他上床休息，事實上護理人員與院友已有共識，對於每日作息及活動時間有既定的安排，而有關的措施旨在確保院友不會因長時間臥床而引致壓瘡及其他併發症，以致影響健康。委員會認為可能因健康服務助理照顧院友工作繁忙，偶有情況未能即時回應蔡先生需協助上床休息的要求而引起他的不快或誤會。此外，亦有客觀証據顯示護養院有定期為院友提供輪椅及衣物清洗服務。委員會認為持續改善可提升服務質素，並建議護養院繼續提供嚴重傷殘護理之訓練及加強服務監察。

## 2.4 投訴機制

蔡先生申訴護養院的病人聯絡主任以不公正手法處理其投訴，以致他透過不同渠道作出的投訴均不成立。即使蔡先生曾投訴病人聯絡主任，但該員工至今未有被替換。



委員會調查所得：委員會確悉護養院訂有一套恰當的投訴機制，而整套機制與醫管局的政策一致。蔡先生的投訴個案正好反映投訴機制有效。事實上，他的投訴已循既定政策及程序逐步上達至醫院管理層及醫院管治委員會作出所需的調查，並作出適當的回應和跟進工作；及適時向外界有關部門，包括報章、平等機會委員會、申訴專員公署及立法會議員提供資料，以協助調查工作。

對於現時由病房經理同時兼任病人聯絡主任的安排，可能會被認為引致角色混淆及利益衝突，委員會建議醫院管理層可考慮作出檢討及改善安排。

### 3. 結論

委員會認為護養院在蔡雲峰先生住院期間所提供的護理服務水平屬合理和恰當。整體而言，護養院工作人員服務態度普遍良好，而大部分院友均視護養院為自己的家。蔡先生於 2008 年 4 月 8 日在電台中形容春磡角慈氏護養院為「人間地獄」，此項指控並不成立。

委員會認為護養院的投訴管理機制與醫院管理局的標準相若。蔡先生的投訴已循既定政策及程序逐步上達至醫院管理層及醫院管治委員會作出所需的調查。

委員會認為醫院管理層十分重視護養院的設施和服務，而院內的服務及設施亦有進一步改善的空間，例如加強熱水供應和加置浴室暖爐等等。此外，院方亦應繼續與院友保持良好溝通，注意他們的主觀感受和需要，共建一個更和諧和理想的院舍環境。

委員會讚賞護養院前線人員盡責投入的服務態度，為院友提供高質素的護理服務，亦讚揚香港慈氏安養院基金會主動與院友對話交流，以及作出捐款提升院友的膳食質素。

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