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**Panel on Health Services**

**Updated background brief prepared by the Legislative Council Secretariat  
for the meeting on 4 July 2011**

**Hospital accreditation in public hospitals**

**Purpose**

This paper summarizes the concerns of members of the Panel on Health Services ("the Panel") on the issues relating to the pilot scheme of hospital accreditation.

**Background**

2. The Hospital Authority ("HA") launched a pilot scheme for accreditation of public hospitals in May 2009. Hospital accreditation is one of the widely adopted measures aiming at improving the quality of healthcare services and patient safety. Through participating in the accreditation process, hospitals are expected to strengthen their accountability to service quality and safety, thereby strengthening public confidence in their quality of healthcare services.

3. Under the pilot scheme, performance of the participating hospitals will be assessed by internationally recognized healthcare standards. Accreditation awards will be granted to hospitals at regular intervals to ensure sustained improvement in service quality and delivery of safe healthcare services. A Steering Committee on Hospital Accreditation, comprising representatives from the Food and Health Bureau, the Department of Health ("DH"), HA and the Hong Kong Private Hospitals Association, has been set up to oversee the pilot scheme.

4. Five public hospitals (namely Caritas Medical Centre, Pamela Youde Nethersole Eastern Hospital, Queen Elizabeth Hospital, Queen Mary Hospital and Tuen Mun Hospital) and three private hospitals (namely the Hong Kong Baptist Hospital, Hong Kong Sanatorium & Hospital and Union Hospital) have participated in the pilot scheme. As at March 2011, five participating public hospitals have been awarded full accreditation status for four years by the Australian Council on Healthcare Standards ("ACHS").

## **Deliberations of the Panel**

### Aims of the pilot scheme of hospital accreditation

5. Members noted that the pilot scheme of hospital accreditation was aimed at enhancing HA's quality assurance mechanism to meet with the rising expectation from the public and to strengthen public confidence in the services of public hospitals. Members sought information on the occurrence rate of medical incidents between public and private hospitals in Hong Kong so as to identify the level of performance of local hospitals.

6. The Administration advised that it was difficult to compare the performance of public and private hospitals in Hong Kong given the variations in their policies and mechanisms to identify, report and manage medical incidents. The aims of introducing hospital accreditation in Hong Kong were to enhance the transparency and accountability of both public and private hospitals, including their standards with regard to the management of medical incidents.

7. Members noted that HA would consider disclosing a sentinel event in public hospitals if it had immediate major impact on the public or involved a patient's death, while DH would consider disclosing a sentinel event in private hospitals if it constituted a persistent public health risk or involved a large number of patients. There was a concern that the criteria for disclosing sentinel events and their details in private hospitals were different from those of public hospitals. Members urged the Administration to remove such discrepancies upon the introduction of hospital accreditation.

8. The Administration agreed that it was necessary to align the different descriptions of reported sentinel events between public and private hospitals. One of the key objectives of the pilot scheme of hospital accreditation was to develop a set of common hospital accreditation standards for measuring the performance of both public and private hospitals in the management of medical incidents and complaints, as well as other aspects relating to the performance of

public and private hospitals.

#### Implementation of hospital accreditation

9. On the implementation timetable of a territory-wide hospital accreditation scheme, members were advised that the hospital accreditation programme would be extended to another 15 public hospitals in the next five years. The accreditation requirement might also be included as one of the conditions for development of new private hospitals at the four reserved sites at Wong Chuk Hang, Tseung Kwan O, Tung Chung and Tai Po respectively.

10. Considering the manpower constraint and the immense working pressure of frontline healthcare staff, some members expressed grave concern that the implementation of hospital accreditation in public hospitals would generate additional workload and pressure on frontline healthcare staff. They urged the Administration to consider deferring the implementation of hospital accreditation. There was also a suggestion that HA should employ additional clerical staff to handle the paper work so as to alleviate the workload of frontline doctors.

11. The Administration explained that patients could receive healthcare services of international standards at the participating public hospitals through implementation of hospital accreditation. Although HA was facing manpower constraint, this should not be a reason for withholding the implementation of hospital accreditation in public hospitals. HA would set aside resources for employment of clerical staff to assist its healthcare staff to handle the non-clinical paper work of various initiatives. In addition, improvement of manpower support would also be identified under the accreditation programme.

#### Staff consultation

12. Some members maintained the view that there should be a thorough discussion with the frontline healthcare staff before extending the pilot scheme to other hospitals. Members also noted that as revealed from the findings of a survey conducted by the Association of Hong Kong Nursing Staff in November 2010 on hospital accreditation in public hospitals, the implementation of hospital accreditation had increased non-clinical workload and work pressure for the nursing staff due to inadequate manpower and resources. Most respondents considered that the scheme failed to enhance the quality of care and efficiency of public hospitals. Members urged HA to fully consult the healthcare staff of the concerned public hospitals on the hospital accreditation programme.

13. The Administration advised that two studies had been conducted by the Nethersole School of Nursing of the Chinese University of Hong Kong to seek the views of frontline healthcare staff towards the pilot scheme. The reports would be available in mid July 2011. The Administration would provide the Panel with the findings of the studies when available.

#### Local accreditation standards

14. Noting the formulation of a set of locally adapted accreditation standards under the pilot scheme, members expressed disappointment at the lack of details of the criteria and standards of hospital accreditation. Some members surmised that the main focus of assessment was on hardware facilities rather than service quality of hospitals.

15. The Administration clarified that most of the 45 criteria of the ACHS Evaluation and Quality Improvement Program were clinical and service-related. The five public hospitals awarded 4-year full accreditation by ACHS had attained Extensive Achievements in areas such as care of dying patients and deceased, management of medical incidents and complaints, safety practice and environment, and pressure ulcer prevention and management, etc.

16. Some members remained sceptical about the accreditation criteria, in particular the achievement in the pressure ulcer prevention and management by public hospitals as this required intensive nursing care. At members' request, the Administration agreed to provide information on the criteria employed under the ACHS Evaluation and Quality Improvement Program.

#### **Relevant papers**

17. A list of the relevant papers on the Legislative Council website is in the **Appendix**.

**Relevant papers on  
Pilot Scheme of Hospital Accreditation**

<b>Committee</b>	<b>Date of meeting</b>	<b>Paper</b>
Panel on Health Services	8.12.2008 (Item V)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Panel on Health Services	9.11.2009 (Item IV)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Panel on Health Services	14.6.2010 (Item IV)	<a href="#">Agenda</a> <a href="#">Minutes</a> <a href="#">CB(2)198/10-11(01)</a>
Panel on Health Services	9.5.2011 (Item IV)	<a href="#">Agenda</a> <a href="#">Minutes</a>

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