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Panel on Health Services

**Updated background brief prepared by the Legislative Council Secretariat
for the meeting on 10 July 2012**

Hospital accreditation in public hospitals

Purpose

This paper summarizes the concerns of members of the Panel on Health Services ("the Panel") on 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

5. The Panel held five meetings between 2008 and 2011 to discuss issues relating to the improvement of the quality of patient care including the introduction of hospital accreditation, and received the views of deputations at one meeting. The deliberations and concerns of members are summarized below.

Aims of the pilot scheme of hospital accreditation

6. 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.

7. 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.

8. 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.

9. 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

10. 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.

11. Considering the manpower constraint and the immense working pressure of the frontline healthcare staff, some members expressed grave concern that the implementation of hospital accreditation in public hospitals had increased considerably the workload of the frontline staff. They called on HA to allocate more resources and manpower to public hospitals participating in the pilot scheme so as to address the inadequacy of manpower to cope with the increased workload and to carry out follow-up work for areas that required improvement.

12. According to HA, apart from the additional funding of \$12.5 million for engaging ACHS as the accreditation agent to launch the pilot scheme, the Administration had allocated some \$10 million for the five participating public hospitals to carry out the preparatory works for the accreditation. Members were subsequently advised on 29 February 2012 that the five participating public hospitals were allocated an additional funding of \$106 million from 2009 to 2012 to introduce measures for improving their service quality under the pilot scheme. Designated project teams were also set up in the five hospitals to co-ordinate the preparatory works for implementing hospital accreditation.

13. Some members suggested that a bottom-up approach, rather than top-down directives, should be adopted in drawing up the follow-up action plan in response to the recommendations made under the organization-wide surveys for individual hospitals. The Administration agreed that the frontline staff of the hospitals would be most appropriate for formulating the follow-up action plans.

Staff consultation

14. Some members held 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.

15. According to the Administration, two evaluation studies had been conducted by the Nethersole School of Nursing of the Chinese University of Hong Kong to seek the views of hospital managers and hospital staff towards the pilot scheme. According to the findings of the studies, all chief hospital managers considered the pilot scheme acceptable and feasible. While expressing support for the full implementation of a territory-wide accreditation scheme to all hospitals, they pointed to the need to further develop the experience and knowledge of local surveyors, and recommended the provision of extra resources to support the work associated with hospital accreditation. The studies, however, also revealed that hospital accreditation was perceived by the frontline staff as a stressful "examination" leading to physical and emotional exhaustion. The sources of their stress included huge workload, limited manpower and material resources and the lack of experience in hospital accreditation.

Local accreditation standards

16. 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. They also considered that the main focus of assessment was on hardware facilities rather than service quality of hospitals.

17. The Administration clarified that most of the 45 criteria of the ACHS Evaluation and Quality Improvement Programme 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. However, 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.

Criterion achievement ratings

18. Some members were of the view that the implementation of the pilot scheme of hospital accreditation had resulted in an array of problems ranging from manpower, resources, workload, support, documentation to communication. They expressed concern as to whether hospital accreditation could reflect accurately the gaps in the quality of care delivered. In their view, the doctor-to-patient and nurse-to-patient ratios in the five participating public hospitals were far below the reasonable level for the delivery of quality patient care. They were sceptical about the award of the full accreditation status to the five participating public hospitals.

19. According to ACHS (Hong Kong) Surveyors, any problems which could compromise patient care would be reflected in the organization-wide accreditation surveys. Given the variations in the healthcare personnel to patient staffing ratios of different hospitals and countries, there was no specification of these ratios in the ACHS Evaluation and Quality Improvement Programme. The surveyors would take into consideration the factors of quality and safety as well as manpower and resource constraints when assessing the quality of patient care of a hospital. As hospital accreditation was a process for continuous improvement, the survey reports would highlight the areas which required improvement and the hospital concerned would take follow-up actions as recommended. The surveyor teams would then review and comment on the progress made in relation to these recommendations at the next onsite surveys of the hospitals concerned.

Relevant papers

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

**Relevant papers on
hospital accreditation in public hospitals**

Committee	Date of meeting	Paper
Panel on Health Services	8.12.2008 (Item V)	Agenda Minutes
Panel on Health Services	9.11.2009 (Item IV)	Agenda Minutes
Panel on Health Services	14.6.2010 (Item IV)	Agenda Minutes CB(2)198/10-11(01)
Panel on Health Services	9.5.2011 (Item IV)	Agenda Minutes CB(2)2239/10-11(01)
Panel on Health Services	4.7.2011 (Item I)	Agenda Minutes CB(2)1255/11-12(01)

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