立法會
Legislative Council

LC Paper No. CB(2)2287/00-01

Ref : CB2/PS/4/00

LegCo Panel on Health Services

Subcommittee on improvements to the medical complaints mechanism

Minutes of meeting
held on Wednesday, 27 June 2001 at 10:45 am
in the Chamber of the Legislative Council Building

Members Present	:	Hon LAW Chi-kwong, JP (Chairman) Hon Cyd HO Sau-lan Dr Hon YEUNG Sum Hon Andrew CHENG Kar-foo Hon LI Fung-ying, JP Hon Michael MAK Kwok-fung
Members Absent	:	Hon CHAN Yuen-han Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP Dr Hon TANG Siu-tong, JP Dr Hon LO Wing-lok
Public Officers Attending	:	Miss Joanna CHOI Principal Assistant Secretary for Health and Welfare Dr Sarah CHOI Principal Medical and Health Officer Health and Welfare Bureau
Deputation by Invitation	:	Hospital Authority Dr Conrad LAM, JP Panel Convenor, Public Complaints Committee

Action

Rev CHU Yiu-ming
Member, Public Complaints Committee

Mr Michael HO Kam-tat
Member, Public Complaints Committee

Dr Lawrence LAI, JP
Deputy Director (Corporate Affairs)

Clerk in Attendance : Ms Doris CHAN
Chief Assistant Secretary (2) 4

Staff in Attendance : Miss Mary SO
Senior Assistant Secretary (2) 8

I. Meeting with representatives of the Hospital Authority and the Public Complaints Committee of the Hospital Authority
(LC Paper No. CB(2)1903/00-01(01))

At the invitation of the Chairman, Deputy Director (Corporate Affairs), Hospital Authority (DD(CA)) took members through paragraphs 2 to 9 of the above paper prepared by the Hospital Authority (HA) which gave an overview of HA and outlined the HA Complaints System comprising the first-tier complaint management at the hospital level and the second-tier complaint management within HA, i.e. the Public Complaints Committee (PCC) established under the HA Board to independently consider and decide on all appeal cases and referred complaints.

2. Mr HO Kam-tat of the PCC, said that the PCC was not in a position to comment on other well-established complaint redress systems in Hong Kong. HA would however cooperate with these external complaints systems as each of them, such as the Medical Council of Hong Kong which was operating as a quasi-judiciary organisation with jurisdiction different to HA, would play a complementary and supplementary role in redressing public/patient complaints in Hong Kong.

3. Dr Conrad LAM of the PCC, then briefed members on HA's views on the proposal of setting up a Complaint Office in the Department of Health (DH) as detailed in paragraph 18 of the paper. Notably, irrespective of whether a Complaint Office would be set up in DH, HA would pledge its full support to any external

Action

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. Dr LAM further said that irrespective of the further development of other patient complaints system by the Administration, the PCC should continue to be the final appeal and complaint redress system for public complaints within HA. The reason being that an effective complaint handling system was the key ingredient to obtaining valuable feedback from the community, as well as providing a means of measuring patient satisfaction and improving quality of services.

4. Rev CHU Yiu-ming of the PCC, said that the biggest advantage of the HA Complaints System over that of other complaint redress systems in Hong Kong lay in the facts that it was easily accessible and complaints were dealt in a prompt manner. Notably, a person could lodge a complaint with HA in writing, by telephone and/or in person. In 1998, the HA Head Office introduced a complaint hotline service and designated a complaint management officer to receive and handle walk-in complaints. Complaints against the services or staff of a particular hospital were most efficiently and effectively dealt with by the hospital concerned, whereas complaints directed at more than one hospital or appeals against the decision of the hospital on complaints were most efficiently and effectively dealt with by either the HA Head Office or the PCC. Apart from the more complex complaint cases which required elaborate investigation, action on the majority of the complaints could be completed within the three-week target response time at the hospital level and within the three-month target response time at the PCC level. To ensure comprehensiveness of complainant investigations, the PCC would 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.

5. Rev CHU further said that the PCC had the highest proportion of lay members amongst all other complaint redress systems in Hong Kong. Apart from one rotating member who was a HA member, seven out of the eight regular PCC members were lay (non-medical) persons and all eight of them were not employees of HA. As a result of their independent status, all complaints handled by the PCC were dealt with fairly and impartially. Despite the aforesaid, Rev CHU pointed out that the fact that the PCC was established by HA and its work supported by the PCC Secretariat which was serviced by HA staff would inevitably cause some members of the public to perceive that the PCC lacked adequate independence and credibility.

6. DD(CA) said that over the years, the PCC had 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 the recent review of the HA Complaints System, HA reaffirmed the merits of the existing two-tier complaint handling system

Action

and came up with the following preliminary suggestions to further improve the independence, credibility and effectiveness of the HA Complaints System -

(a) The Hospital Governing Committee (comprising mainly community members) should not only oversee but also involve itself with the complaint management work;

(b) Each hospital should step up its work to publicise to the patients and their family members about the HA Complaints System;

(c) The duties of the Patient Relations Officer should be limited to receiving complaint cases, while the investigation and mediation work should be assigned to another team of staff for action;

(d) A system should be put in place to facilitate the sharing of experience in handling complaints and in lessons learnt from complaint cases;

(e) There should be clearer delineation of role and division of labour between the hospitals and the PCC in handling complaints; and

(f) Membership of the PCC should be increased to better cope with the rising number of complaint cases.

Discussion

7. Mr Andrew CHENG expressed concern that despite the growing number of complaint cases handled by the PCC since 1996, the number of complaint cases found to be substantiated remained small. For example, from 1 April 2000 to 31 March 2001, only six out of the 73 complaint cases considered by the PCC were found to be substantiated. Mr CHENG wondered whether this was due to the fact that the PCC relied too heavily on the expert panel(s) from HA, who in turn might be biased in favour of their colleagues, notably doctors. Noting that the PCC could also commission medical expert(s) from private practice or overseas to help it to investigate and advise on complaints, Mr CHENG enquired whether it had done so in the past, and if so, how often, and the criteria used in commissioning expert opinions outside HA.

8. Dr Conrad LAM responded that the main reason why the number of complaint cases handled by the PCC had been on the rise was because more and more people had become aware of the work of the PCC and of patients' rights. Although the number of substantiated cases did not correspond with the increase in the number of complaint cases handled by the PCC, Dr LAM assured members that all complaint cases were considered on their own merits and that all complaint cases were dealt with independently, fairly and impartially. As regards the criteria used for commissioning

Action

medical experts from private practice or overseas to provide independent medical advice, Dr LAM said that there was none as expert advice was almost entirely obtained from consultants within HA. Dr LAM explained that the thing which mattered most to the PCC was whether an expert's advice was of substance and could meet its requirements, rather than whether the advice came from medical experts within or outside HA. In his view, medical advice provided by medical experts within HA was often more detailed and could better meet the requirements of the PCC than that provided by medical experts from private practice or overseas. Moreover, advice provided by HA experts was free of charge whereas that provided by external experts was not and could cost up to $20,000 a piece.

9. Rev CHU Yiu-ming supplemented that PCC members were experienced enough to detect whether an expert's advice was biased in favour of doctors. If that was the case, second opinions would normally be sought. DD(CA) said that to ensure the credibility and impartiality of investigation of complaint cases, the PCC would refrain from inviting experts who had line functions or relations with the complained as far as possible. For example, if the doctor under complaint was an HA staff, the PCC would seek advice from experts working at the two university hospitals. DD(CA) further said that the PCC could only invite medical experts from overseas to give advice on the complaint cases if deemed necessary, However, so far the PCC had not commissioned any overseas expert review because there were adequate local experts of all specialties in Hong Kong, and overseas experts generally lacked a good understanding of the delivery of heath care services in Hong Kong.

10. Mr Michael MAK declared that he was an employee of HA. Mr MAK said that it was regrettable that the HA's paper failed to mention that frontline staff, mostly nurses, rather than Patient Relations Officers, were usually the first persons to whom the public lodged their complaints. As a result, frontline staff had to spend a lot of time and efforts to placate the complainants or resolve the complaints.

11. DD(CA) agreed that frontline staff, particular nurses, were often the first persons to whom patients would lodge their complaints, and would highlight such in future documents. The reason why only the Patient Relations Officer was mentioned in the paper was because he/she was tasked to serve as a convenient focal point to receive complaints and feedback from the public at each hospital. DD(CA) further said that both HA and the PCC recognised that the most effective way of handling complaints and resolving patient complaints was by changing the mindset in the way HA staff regarded and approached complaints. For a complaint system to operate effectively, frontline line should be adequately trained in skills of listening, problem solving and conflict resolution. To ensure competency in complaint handling, complaint handling guidelines had been promulgated, and training programmes on communication skills good customer service, complaint management seminars and workshops had been conducted on an on-going basis for all frontline staff.

Action

12. Mr Michael MAK then enquired how the PCC was constituted and the background of the PCC members. DD(CA) responded that PCC members were appointed by HA, and they came from different sectors of the community including a lawyer, an accountant, a pastor, a patient group representative, healthcare professionals, an educator, an academic and an ex-Legislative Council Member. Although the great majority of PCC members did not possess medical knowledge, this should not undermine the effectiveness of their investigation into complaint cases as they could, where appropriate, commission medical experts from the expert panel of HA, or private practice, or overseas to review and advise on complaints. In case of doubt on the medical advice received, further clarifications from the expert concerned or second opinions from another expert would be sought. Moreover, the PCC could request any medical records it deemed necessary for its investigation work from the hospital concerned.

13. Rev CHU Yiu-ming agreed that it was important to provide training on complaint handling and resolution for frontline staff, as the present first-tier complaint management at the hospital level was not entirely satisfactory. A case in point was that many patients were dissatisfied with the hospital's response to their complaints, which were often simple and straightforward, and then turned to the PCC to re-consider their complaints. Rev CHU further said that the credibility and impartiality of the PCC could be further enhanced if the expert's advice on complaints could be disclosed to the affected parties. As the expert's advice was specifically prepared for use by the PCC in its investigation on complaints, legal advice was being sought as to whether it was possible to disclose such to the complainants and the staff under complaint.

14. Ms Cyd HO asked the following questions -

(a) What was the annual operating cost of the PCC and the number of HA staff serving on the PCC Secretariat;

(b) Reason(s) why there were so few grievances from the complainants, having regard to the fact that over 90% of the complaint cases considered by the PCC were concluded to be not substantiated and that the decision of the PCC was final; and

(c) Whether the PCC had the power to penalise staff found guilty of wrongdoing.

15. DD(CA) responded that five HA staff were currently working full-time for the PCC Secretariat. In addition, some staff of the HA Head Office undertook some coordination work for the PCC and he himself also sometimes assisted the PCC in its investigation work. Regarding Ms HO's second question, Rev CHU Yiu-ming considered that the main reason why there were so few grievances from complainants

Action

whose cases were considered not substantiated by the PCC was due to the facts that they understood the limitations of the PCC in handling complaints, that the PCC had demonstrated to them that their complaints had been dealt in a fair and impartial manner and that the follow-up action taken by the PCC to resolve complaints by mediation was effective. Rev CHU further said that showing the complainants that HA cared about their predicaments would help to placate the complainants. To this end, he hoped HA would consider appointing a staff in each hospital whose job was to handle the complaints from the patients' standpoint. As to Ms HO's third question, DD(CA) said that although the PCC was not empowered to penalise the staff concerned, it could recommend to HA to take appropriate action against the staff concerned.

16. Mr Michael MAK was of the view that the membership of the PCC should be increased in order to enable it to better cope with the increasingly heavy workload. Mr MAK shared Rev CHU's view about the first-tier complaint management system at the hospital level mentioned in paragraph 13 above, and suggested that the PCC should strengthen its interfacing with the hospitals in handling complaints. Mr MAK then enquired about the reasons for deciding that cases were not substantiated.

17. Dr Conrad LAM responded that it was the intention of HA to add more members to the PCC. On Mr MAK's suggestion that PCC should strengthen its interfacing with the hospitals in handling complaint, Dr LAM said that the PCC would give this further thoughts. As regards the reasons for concluding that some cases were not substantiated, Dr LAM said that many of the unsubstantiated cases involved complaints about staff attitude which were very difficult to prove. DD(CA) supplemented that another major reason for non-substantiation of cases was because many complainants did not understand clinical practices or hospital policies. For example, many complainants assumed that comatose patients should be put in the Intensive Care Unit (ICU). However, due to resource constraint and the need to ensure appropriate care commensurable with the patients' clinical conditions, only those critically-ill patients with a chance of surviving would be sent to the ICU.

18. Ms Cyd HO enquired whether the PCC would help the complainants to refer their complaints to other complaints redress organisations in the event that the complainants were dissatisfied with the PCC's decisions. DD(CA) replied in the positive.

II. Any other business

19. As the provision of hospital services was also provided by the private sector, the Chairman suggested that the issue of how the Administration monitored the complaint handling process of private hospitals be discussed at the next meeting scheduled for 3 July 2001. Members agreed. The Chairman further suggested that

Action

the clerk should provide an analysis of the deputations' views on improvements to the medical complaints system presented at the last meeting held on 22 June 2001. Members agreed.

20. Mr Michael MAK enquired about the criteria used in deciding which organisations should be invited to give views on improvements to the medical complaints system, as some healthcare organisations had complained to him that they had not been invited to give views nor were they aware of the existence of this Subcommittee.

21. The Chairman said that invitations for views on improvements to the medical complaints system were issued to 18 organisations concerned comprising mainly doctors, dentists, nurses and patients organisations, including those suggested by members and those organisations which had contacted the clerk to indicate that they wished to give views on the matter. To avoid any omissions of views from the public on the matter, Ms Cyd HO urged members to help publicise the work of the Subcommittee.

22. As discussion on improvements to the medical complaints system was still on-going, the Chairman said that he would not rule out the possibility of holding another hearing to listen to views from deputations on the matter. In the meantime, he suggested that if members knew of any organisations interested in giving views on the matter, they should contact the clerk so that invitation letters could be issued to these organisations. Members agreed.

23. There being no other business, the meeting ended at 12:26 pm.

Legislative Council Secretariat
21 September 2001