

Inspection Report

Name of PH/NH		[REDACTED]
Inspection		
Date of Inspection	20 October 2011	
ORHI Team Members	<p>20 October 2011</p> <p>PMO(1), SMO(R)2, Ag.SMO(R)1, MO(R)2, CNO(R), SHA(R), NO(R)1, NO(R)2, RN(R)1, PT(N) & HA(R)</p> <p>20 October 2011 (pm): [REDACTED] Clinic & [REDACTED] Clinic MO(R)2 & HA(R)</p>	
Staff Interviewed	<p>20 October 2011</p> <p>[REDACTED] (Duty Nursing Director), [REDACTED] (Nursing Officer), [REDACTED] (Nursing Officer, Operating Theatre), [REDACTED] (Nursing Officer, OPD), [REDACTED] (Senior Executive Manager), [REDACTED] (Executive Manager) and Person in-charge or the deputing person of respective service.</p> <p>20 October 2011 (pm): [REDACTED] Clinic & [REDACTED] Clinic [REDACTED] Clinic Assistant ([REDACTED]) [REDACTED] Clinic Assistant ([REDACTED])</p>	
Post-Inspection Meeting		
Date of Meeting	2 November 2011	
Attendance	<p><u>ORHI</u> PMO(1), SMO(R)1, SHA(R), CNO(R)</p> <p>[REDACTED] Hospital [REDACTED] (Hospital Superintendent), [REDACTED] (Hospital Superintendent (designate)), [REDACTED] (Duty Nursing Director), [REDACTED] (Nursing Officer, Operating Theatre), [REDACTED] (Senior Executive Manager)</p>	
Assessment		
Overall Assessment		Satisfactory
		Generally satisfactory, with follow-up action
	✓	Partially satisfactory, with irregularities to be rectified
		Unsatisfactory

* 委員會秘書附註：本文件只備英文本。

Plan for follow-up	<input type="checkbox"/> Routine inspection <input checked="" type="checkbox"/> To re-assess upon completion of improvement work on the electricity supply system of the whole hospital
Recommendation for Re-registration	<input type="checkbox"/> Recommended <input checked="" type="checkbox"/> On conditional basis <input type="checkbox"/> Not recommended

Prepared By:	[Redacted] / HA(R) [Redacted] 12/12/2011	[Redacted] NO(R)1 [Redacted] 17/12/2011
Endorsed by:	Signature : [Redacted] Name : [Redacted] Post : SMO(R)1 Date : 19 Dec. 2011	Signature : [Redacted] Name : [Redacted] Post : PMO(1) Date : 19.12.11

Part 1 General Requirements

		Sat ¹	Partially Sat ²	Unsat ³	NA ⁴	Remarks
1.	Organisation and Administration of an Establishment	✓				
2.	Accommodation and Equipment	✓				
3.	Staffing and Human Resources Management	✓				
4.	Quality Management of Services	✓				
5.	Policies and Procedures		✓			(1)
6.	Rights of Patients	✓				
7.	Patient Care	✓				
8.	Risk Management		✓			(2)
9.	Medical Records	✓				
10.	Research				✓	
11.	Information to be Submitted to Director of Health	✓				

Remarks/Overall comment:

(1) Policies and Procedures

Rehabilitation Ward of 2/F

- There were no guidelines on 'feeding the elderly especially for those with swallowing difficulty' and 'early detection of abnormal behaviours or condition'.

Lam Tin & Shatin Clinics

- Guideline on handling clinical waste was not updated in accordance with the "Code of Practice for the Management of Clinical Waste" issued by Environmental Protection Department in 2010.

(2) Risk Management

3/F isolation room

- There was no monitoring of air change rates or pressure differential for isolation rooms

¹ Satisfactory
² Partially Satisfactory
³ Unsatisfactory
⁴ Not Applicable

Part 2 Standards on Clinical Services

The hospital provides the following clinical services: (those marked with “*” were inspected)

- Day Surgery and Endoscopy Unit*
- Dental Clinic*
- Diagnostic Radiology Department*
- Dietetic & Weight Mx Centre*
- Echo & Stress Test Lab*
- Eye Centre
- Lithotripsy & Endourology Centre*
- Mixed Ward (Rehab, Day and General)*
- Oncology Service*
- Operating Theatres*
- Out-patient Department*
- Pharmacy and Dispensing Service*
- Pathology / Laboratory Services*
- Physiotherapy Service*
- Satellite Clinics (Lam Tin Clinic and Shatin Clinic)*
- Skin Laser and Cosmetic Surgery Centre*
- Specialist Clinic*
- Urodynamic Lab*
- Women’s Health Centre & Breast Centre*

		Sat ¹	Partially Sat ²	Unsat ³	NA ⁴	Remarks
1.	General Requirements	✓				
2.	Staffing	✓				
3.	Facilities and Equipment		✓			(3)
4.	Medication Management		✓			(4)
5.	Records	✓				
6.	Blood Bank	✓				
7.	Other Requirements	✓				

Remarks/Overall comment:

(3) Facilities and Equipment

Operation Theatre

- There was only one defibrillator/E-trolley placed in OT Room 1 for shared use in Operation Theatres, Recovery Room & Endoscopy Unit. Operation in OT Room 1 may be interrupted in case defibrillator/E-trolley is needed in other OT rooms, Recovery Room or Endoscopy Unit.

Diagnostic Radiology Department

- There was no call bell in the changing room of X-ray unit for emergency use.

(4) Medication Management

2/F (Rehab. ward)

- Syrup medicines were found prepared in advance and in batch whereas the containers were labeled with only one unique patient identifier (patient name) plus bed number.
- Medicines were also found crushed in advance in batch for Ryle's tube feeding patients without adequate labelling.

Operation Theatre

- Dangerous drugs checking record was not timely signed on some days.
- Temperature reading of the medication fridge was 13°C at the time of visit.

All clinical services (e.g. Pharmacy, OT, OPD)

- There was no regular maintenance for fridges that store drugs and vaccines.
- The highest and lowest temperature was not monitored in the fridge that stored vaccines. Cold chain of vaccines cannot be guaranteed.

Part 3 Standards on Support Services

		Sat ¹	Partially Sat ²	Unsat ³	NA ⁴	Remarks
1.	Housekeeping Service	✓				
2.	Catering Service		✓			(5)
3.	Linen and Laundry Services	✓				
4.	Clinical and Chemical Wastes Management	✓				
5.	Storage and Supply of Medical Gases	✓				
6.	Mortuary Service	✓				
7.	Central Sterile Supplies Service	✓				

Remarks/Overall comment:

(5) Catering Service

- There was no refresher training on food safety for catering staff in recent two years.

Others

Electricity Supply and Distribution System

The Department of Health has commissioned a contractor [REDACTED] to conduct a review of the electricity supply and distribution system of [REDACTED] Hospital with professional assistance from the Electrical and Mechanical Services Department from August to October 2011. Please refer to the summary report and the contractor's report for the details.

The [REDACTED] Hospital was required, as condition for registration, to implement improvement measures.

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Summary Report of Inspection

Name of Private Hospital:	██████████
Date of Inspection:	20 October 2011
Overall assessment:	Partially satisfactory, with irregularities to be rectified
<p>A) <u>Areas for review/improvement</u></p> <p><i>I. General Requirements:</i></p> <p><u>Accommodation and equipment</u></p> <p><u>Electricity supply system</u></p> <ul style="list-style-type: none">• Refer to conditions of registration. <p><u>Policies and Procedures</u></p> <ul style="list-style-type: none">• To develop guidelines on ‘feeding the elderly especially for those with swallowing difficulty’ and ‘early detection of abnormal behaviour or condition’ and circulate to staff regularly.• To update the guideline on handling clinical waste in accordance with the “Code of Practice for the Management of Clinical Waste” issued by Environmental Protection Department in June 2010. <p><u>Risk Management</u></p> <ul style="list-style-type: none">• To ensure that air change rates and pressure differentials of isolation rooms are monitored periodically <p><i>II. Standards on clinical services:</i></p> <p><u>Facilities and Equipment</u></p> <ul style="list-style-type: none">• To ensure that there are adequate resuscitation equipment (e.g. defibrillator and E-trolley) in Operating Theatres, Recovery Room & Endoscopy Unit and the equipment should be readily accessible without affecting patients who are undergoing operation;• To ensure fridges for drugs and vaccines are in good condition and cold-chain of vaccines can be maintained and monitored; and• To install call-bell in all changing rooms in Diagnostic Radiology Department to ensure patient safety. <p><u>Medication Management</u></p> <ul style="list-style-type: none">• To ensure compliance with the requirements of keeping dangerous drugs register.• To adopt proper drug administration procedures. Medications prepared in advance in batch should be adequately labelled with at least two unique patient identifiers.	

III. Standards on support services:

Catering Service

- To provide refresher training on food safety to catering staff

B) General advice

The following matters were brought to the attention of the hospitals in light of the medical incidents and complaints received by the Department of Health in 2011 concerning private hospitals.

- Guidelines and drills to ensure prompt emergency response and resuscitation;
- Observation and timely management of patients with deteriorating conditions;
- Protocols and drills for urgent blood transfusion;
- No reuse of single-use medical device;
- Radiation health and occupational safety; and
- Timely reporting of sentinel events;

Office for Registration of Healthcare Institutions
Department of Health

December 2011

Inspection Report

Name of PH/AH	Hospital
Inspection	
Date of Inspection	Hospital inspection: 6 December 2011(whole day) and 7 December 2011 (am)
ORHI Team Members	<p>Hospital inspection:</p> <p><u>6 December 2011</u></p> <p>PMO(1), SMO(R)1, CNO(R), SHA(R), MO (R)1, NO(R)1, NO (R)2, RN(R)1, RN(R)2 & HA(R)</p> <p><u>7 December 2011 (am)</u></p> <p>MO(R)1, NO(R)1, RN(R)1 & HA(R) for main building; MO(R)1, RN(R)1 & HA (R) for Satellite Clinics</p>
Staff Interviewed	<p><u>Hospital inspection:</u></p> <p>██████████ (Director of Nursing Services), ██████████ (Assistant Matron), ██████████ (Nursing Officer), ██████████ (Senior Sister), ██████████ (Engineering Manager), ██████████ (Biomedical Engineer), and Person in-charge or the deputing person of respective service</p> <p><u>Satellite Clinics inspection:</u></p> <p>██████████ (Registered Nurse), Family Medicine Clinic ██████████ (Senior Sister), Person in-charge of Eye Clinic</p>
Post-Inspection Meeting	
Date of Meeting	16 December 2011
Attendance	<p><u>ORHI</u></p> <p>PMO(1), SMO(R)1, CNO(R), SHA(R),</p> <p>██████████ (Medical Superintendent), ██████████ (Director of Nursing Services), ██████████ (Matron), ██████████ (Nursing Officer) and ██████████ (Engineering Manager)</p>
Assessment	
Overall Assessment	<input checked="" type="checkbox"/> Satisfactory
	<input type="checkbox"/> Generally satisfactory, with follow-up action
	<input type="checkbox"/> Partially satisfactory, with irregularities to be rectified
	<input type="checkbox"/> Unsatisfactory
Plan for follow-up	<input checked="" type="checkbox"/> Routine inspection <input type="checkbox"/> To re-inspect in _____ days/ weeks/ months
Recommendation for Re-registration	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> On conditional basis

	<input type="checkbox"/> Not recommended	
Prepared By:	[Redacted] HA(R) 12/12/2011	[Redacted] NO(R)I 12/12/2011
Endorsed by:	Signature : [Redacted]	Signature : [Redacted]
	Name : Dr. [Redacted]	Name : Dr. [Redacted]
	Post : SMO(R)1	Post : PMO(1)
	Date : 19 Dec. 2011	Date : 19.12.11

Part 1 General Requirements

		Sat ¹	Partially Sat ²	Unsat ³	NA ⁴	Remarks
1.	Organisation and Administration of an Establishment	✓				
2.	Accommodation and Equipment	✓				
3.	Staffing and Human Resources Management	✓				
4.	Quality Management of Services	✓				
5.	Policies and Procedures	✓				
6.	Rights of Patients	✓				
7.	Patient Care	✓				
8.	Risk Management		✓			(1)
9.	Medical Records	✓				
10.	Research				✓	
11.	Information to be Submitted to Director of Health	✓				

Remarks/Overall comment:

(1) Risk Management

Pharmacy

- A staff member was noted preparing drugs for several patients at a time, and sticking the drug labels for different patients onto his coat before transferring them to the plastic bags containing the dispensed drugs. This practice poses risks of mislabeling and hence mix-up of drugs dispensed for different patients.

Pathology

- Specimens and laboratory request forms of individual patients were unpacked from their individual bags at the reception for assigning laboratory number and printing gum label. Blood tubes and laboratory request forms of different patients were then put together and staff would adhere new gum labels on to the blood tubes, of which the original label with patients' identifiers would be covered. This practice poses risk of mislabeling and hence mix-up of patients' specimen.

¹ Satisfactory
² Partially Satisfactory
³ Unsatisfactory
⁴ Not Applicable

Part 2 Standards on Clinical Services

The hospital provides the following clinical services: (those marked with "*" were inspected)

- Cardiac Catheterization Service (Cardiac Catheterization & Intervention Centre, Cardiology Centre, Cardiac Lab) *
- Clinical Health Psychology Centre*
- Dental Service*
- Ear, Nose & Throat*
- Endocrine & Diabetes Centre*
- Endoscopy Unit*
- Gastroenterology & Hepatology Centre*
- Haemodialysis Service*
- Health Assessment Centre*
- Hearing and Dizziness Laboratory*
- In Vitro Fertilization Centre*
- Intensive Care Unit*
- Maternity and Nursery *
- Nuclear Medicine & PET *
- Obstetrics & Gynaecology Department*
- Oncology Service / Chemotherapy Service / Preparation of Cytotoxic Drugs*
- Operation Theatre*
- Ophthalmology Service (Cataract Surgery Centre, Optometry & Contact Lens Centre, Refractive Surgery Centre) *
- Orthopaedic and Sport Centre*
- Out-patient Department*
- Paediatric Clinic*
- Pain management Centre
- Pathology Service (Clinical Pathology, Histopathology, Molecular Pathology)*
- Pharmacy Service*
- Physiotherapy Service (including Hydrotherapy) *
- Private Patient Clinic*
- Prosthetic & Orthotic Unit*
- Radiology Service (CT simulator, Lithotripsy Centre, MRI & X-ray)*
- Radiotherapy (Tomotherapy)*
- Respiratory Medicine Centre*
- Satellite Clinics (Clinical Psychology, Eye Clinic and Family Medicine Clinic)*
- Skin Centre (Plastics Surgery and Reconstruction Centre)*
- Surgery Centre
- Urology Centre*
- Wards (Assisted Ventilation, Day Care, Paediatric, Paediatric Sleep Laboratory, Sleep

Laboratory, Low Infection, Isolation, Radioactive isolation)*

- Women's Health Service & Women's Health Centre*

		Sat ¹	Partially Sat ²	Unsat ³	NA ⁴	Remarks
1.	General Requirements	✓				
2.	Staffing	✓				
3.	Facilities and Equipment		✓			(2)
4.	Medication Management	✓				
5.	Records	✓				
6.	Blood Bank	✓				
7.	Other Requirements	✓				

Remarks/Overall comment:

(2) Facilities and Equipment

Labour room (LSP 27/F), Ward (LSP 22/F & 23/F), Private Ward ((LSP 35/F & LSP 36/F) & Oncology Centre (LSP 3/F) .

- Checking practices for E-Trolley were found not standardized. Checking records showed that staff did not perform the weekly checking in a timely manner.

Part 3 Standards on Support Services

		Sat ¹	Partially Sat ²	Unsat ³	NA ⁴	Remarks
1.	Housekeeping Service	✓				
2.	Catering Service	✓				
3.	Linen and Laundry Services	✓				
4.	Clinical and Chemical Wastes Management	✓				
5.	Storage and Supply of Medical Gases	✓				
6.	Mortuary Service	✓				
7.	Central Sterile Supplies Service	✓				

Remarks/Overall comment:

Satisfactory

-- END --

Summary Report of Inspection

Name of Private Hospital:	██████████ Hospital ██████████
Date of Inspection:	6 & 7 December 2011
Overall assessment:	Satisfactory

Advice given to hospital

I. General requirements:

Risk Management

- To review practices of drug dispensing in pharmacy to minimize risk of mislabelling of drugs.
- To review handling of specimens at the Pathology unit to ensure correct labelling and processing of blood specimens.

II. Standards on clinical services:

Facilities and Equipment

- To standardize practices, in terms of frequency, use of checklists and documentation, in checking emergency trolleys.

III. Standards on support services:
Nil

IV. Others

General advice

The following matters were brought to the attention of the hospital in light of the medical incidents and complaints received by the Department of Health in 2011 concerning private hospitals.

- Guidelines and drills to ensure prompt emergency response and resuscitation;
- Observation and timely management of patients with deteriorating conditions;
- Protocols and drills for urgent blood transfusion;
- No reuse of single-use medical devices;
- Radiation health and occupational safety;
- Timely reporting of sentinel events;
- Operation of maternity services within the scale and scope registered with DH; and
- Properly equipped neonatal services to cater for babies requiring special care.

Office for Registration of Healthcare Institutions
Department of Health

December 2011