

## 附錄 25

香港特別行政區政府  
衛生署  
醫護機構註冊辦事處

香港灣仔皇后大道東 183 號  
合和中心 31 樓 3101 室



THE GOVERNMENT OF THE HONG KONG  
SPECIAL ADMINISTRATIVE REGION  
DEPARTMENT OF HEALTH  
OFFICE FOR REGISTRATION OF  
HEALTHCARE INSTITUTIONS

RM 3101, 31/F, HOPEWELL CENTRE,  
183 QUEEN'S ROAD EAST, WAN CHAI,  
HONG KONG

本署檔號 OUR REF.: ( 46 ) in DH/ORHI/11/4/4/1 Pt. 7

來函編號 YOUR REF.:

電 話 TEL.: 3107 8488

傳 真 FAX: 2126 7515

By fax: 2339 8835

and by post

29 December 2011

Dr [REDACTED],  
Chief Executive Officer  
[REDACTED] Hospital

Dear Dr [REDACTED],

\*委員會秘書附註：本文件只備英文本。

### Conditions relating to Equipment and Staffing

I refer to the inspection to the [REDACTED] Hospital ("the [REDACTED] Hospital") on 21 and 22 of November 2011 by the officers of Department of Health (DH), and the meeting on 5 December between the management of the Hospital and DH officers. I am writing to re-iterate our concerns over the deficiencies relating to equipment and staffing of your hospital, which we had pointed out during the inspection and the meeting, and urge for immediate improvement measures.

Based on our inspection, interviews with staff on-spot and checking of records, we identified a number of deficiencies of the [REDACTED] Hospital where improvements are necessary. Among others, the following are of particular concern -

#### Equipment

##### **(1) Maintenance of Equipment**

- Lapses in the regular preventive maintenance of medical equipment were noted. The clinical services relied on the Medical Equipment Maintenance Unit of the Hospital to generate reminders but the latter could only do so for selected equipment. The Hospital did not have a systematic way to keep track, with effective alert/reminding mechanisms, of the maintenance status of all medical equipment including those in critical clinical areas. The responsibility to ensure timely maintenance was unclear between users in clinical services and the Medical Equipment Maintenance Unit;

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- The Hospital continued to use defective refrigerators to store medicines (including vaccines) that required vigilant temperature control, and abnormal readings of temperature monitoring were ignored.

### **Staffing**

#### **(2) Emergency- cover roster**

- Anaesthetists were put on -call for 7 days consecutively.

#### **(3) Discharge of post-operation patients from recovery area to wards**

- Patients were routinely discharged from recovery area to wards by nurses without documented assessment or discharge plan by anaesthetist/surgeon. There was no written policy or protocol in respect of the delegation of authority to discharge patients. There was also no guideline for nurses to decide when the patients may be considered fit to be discharged to wards.

#### **(4) Observation of newborns in nursery**

- Routine observation of newborns in the nursery was primarily done and recorded by health care assistants (HCAs). It was not clearly indicated in the record as to whether the observation was done by nurses or by HCAs. There was no clear policy on regular nursing observation in the nursery.

The above conditions and practices are highly undesirable and pose risks to patient safety. Your hospital had been requested, during our inspection and at our meeting of 5 December, to take immediate improvement measures to rectify the situation. Please refer to the enclosed "Summary Report of the Inspection" for detailed advice on the above matters. You are requested to critically review the existing arrangements and ensure that appropriate policy/guidelines and monitoring mechanisms are in place.

As a condition of registration of the Hospital for year 2012, you are required take immediate remedial actions and to report, **on or before 31 January 2012**, to the Director of Health on the measures implemented. You are also reminded that the requirements in relation to accommodation, equipment and staffing shall be complied with at all times.

In accordance with the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap 165), the Director of Health may refuse to register a private hospital, or at any time cancel a registration, if conditions relating to the accommodation, staff or equipment are considered unfit.

Yours sincerely,

[REDACTED]  
(D/ [REDACTED])  
for Director of Health

b.c.c. DD  
AD(HA&P)

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## Summary Report of Inspection

Name of Private Hospital:	Hospital ( [REDACTED] )
Date of Inspection:	21 & 22.11.2011 ~ Main Hospital 22.11.2011 - [REDACTED] - Chinese Medicine Clinic & Holistic Care Service Centre [REDACTED] - Chinese Medicine Clinic & Renal Centre
Overall assessment:	Partially satisfactory, with irregularities to be rectified

**A) Areas for improvement**

*I. General requirements:*

Accommodation and equipment

- There should be complete inventory of medical equipment, with maintenance schedule and the responsible officers, in place;
- There should be monitoring system in place to check servicing records and to keep track, with alert/reminding mechanisms, of the maintenance status of all equipment. There should be complete records of equipment servicing and monitoring.
- There should be mechanisms in place to ensure proper handling and setting up of sterile instrument.
- Users should ensure all equipment in use are properly maintained and in good order. Regular checking of equipment by users during day-to-day operation should be systematic and clearly documented, and should be audited from time to time.

Staffing and Human Resources Management

- There should be at all times an appropriate number of staff taking into account the number and needs of patients and types of services provided. The on-call roster of doctors should be devised in such a manner that doctors are not put on-call consecutively for a prolonged period.

Quality Management of Services

- The hospital needs to critically review medical incidents and near misses and devise effective corrective actions with a view to minimizing the risk of recurrence and ensuring patient safety.

#### Risk Management

- Written guidelines for setting up sterile field should be drawn up.
- Reverse osmosis systems for haemodialysis at ICU/HDU should be installed in a clean area of restricted access.
- Emergency trolley should be checked regularly and should not be obstructed by other objects.
- CPR drills should be conducted by individual clinical services regularly. Proper record of the CPR drills should be kept.
- Supply of KCl solution of different concentrations to clinical areas should be avoided, or sufficiently prominent label must be added to the concentrated solution to alert the staff.

#### Medical Records

- Time of doctors' consultation should be entered in patient's medical record where appropriate. All medical records should be accurate and complete to enable the retrieval of information required for review and quality assurance activities.

### *II. Standards on clinical services:*

#### Staffing, Policies and Procedures, and Patient Cares

- Clear policy and guidelines should be devised on the care of patients at recovery area of operating theatre. Delegation of authority to discharge patients should be clearly documented. Decision to discharge patients should be accurately documented in patients' record.
- The newborns in the Nursery should be cared primarily by nurses instead of by health care assistants (HCAs). Clear guidelines should be in place for HCAs assisting the nurses' work. There should be clear documentation of nursing observations and the responsible staff.

#### Medication Management

- The records of dangerous drugs records should be properly kept in accordance with the Dangerous Drugs Ordinance (Cap.134).
- There should be proper monitoring of storage of medicines (e.g. vaccines) and maintenance of cold chain.
- Guidelines should be developed for resumption of medications post-operatively.

### *III. Standards on support services:*

- Nil.

#### **B) 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 device;
- 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