

監察醫院 D 遵從批地 6 的批地條件提供低收費病牀的情況

A) 醫院 D 提供的低收費病牀

2008 年	當批地 6 的新醫院大樓落成和舊翼各項翻新工程完成後，醫院 D 開始提供 20 張低收費病牀。入住低收費病牀的條款及條件載於 <u>附錄 A</u> 。
2009 年 10 月	醫院 D 把低收費病牀的數目增至 100 張。
2009 年 11 月	醫院 D 放寬入院使用低收費病牀的資格，並通知所有巡訪醫生 (<u>附錄 B</u>)。

B) 衛生署如何監察醫院有否遵從提供病牀總數中不少於 20% 為低收費病牀的批地條件

自 2008 年起	<p>衛生署已採取下列措施，監察醫院有否遵從提供低收費病牀的批地條件－</p> <ul style="list-style-type: none"> • 規定醫院 D 在供每年查閱的問卷中匯報提供低收費病牀的情況(<u>附錄 C</u>) • 巡查醫院 D 以核實提供低收費病牀的情況(<u>附錄 D</u>) • 要求醫院 D 提交醫院帳單以供查閱(<u>附錄 E</u>) • 要求醫院 D 提交病牀使用率的統計數字(<u>附錄 F</u>)
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2009 年 5 月	衛生署在 2009 年與該醫院訂立協議。根據該協議，醫院會在發生 H1N1 疫情時，提供 60 張病牀予醫院管理局轉介的康復病人使用。雙方其後同意把每張病牀的收費定為每日 3,000 元，包括住院、膳食、藥物、簡單醫療檢查收費，以及醫生和護理收費。相關信件載於 <u>附錄 G</u> 。
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[Redacted]
[Redacted]
[Redacted]
[Redacted]
Tel.: (852) [Redacted] Fax: (852) [Redacted]
Email: [Redacted]@hk

→ SFH
(Call Mr [Redacted])

*** FAX MESSAGE ***

To: [Redacted] From: [Redacted]
Department of Health
Fax: 2126 7515 Date: 23 May 2008

- Urgent
- For your records
- For your comments
- Please telephone
- For necessary action
- For your information
- For approval and return
- Please sign and return

Dear [Redacted],

Please find enclosed the new list of operation procedures which are offered for the 'low charge bed scheme' at [Redacted] (with doctor's fees included). Some of the procedures have been added to the previous list, whereas, some have been deleted.

Extra operative procedures will be added to the list from time to time in the future.

Please feel free to contact me to clarify any related issues.

Thank you for your attention.

[Handwritten signature]
[Redacted]
[Redacted]

Total no. of page(s): 6 (including the covering page)

* 委員會秘書附註：本文件部分內容只備英文本。

RECEIVED
DATE: 26/5/08

	OT Name	S2 Package Price (Dr's Fee Included)	Class C Price (Dr' Fee Included)	Discount
1	Laparoscopic Cholecystectomy	37,400	47,619	21%
2	Laparoscopic Appendicectomy	32,400	41,970	23%
3	Breast Biopsy	13,000	15,769	18%
4	Circumcision	10,800	13,423	20%
5	I&D Abscess	11,500	16,160	29%
6	Staple Hemorrhoidectomy	21,700	27,741	22%
7	Ex. Seb Cyst GA	10,900	13,806	21%
8	Ex. Seb Cyst LA	7,900	9,714	19%
9	Ex. Lipoma LA	7,700	9,443	18%
10	Ex. Lipoma GA	11,200	15,168	26%
11	D&C	8,400	10,731	22%
12	Marsupialization of Bartholin's Cyst	8,900	11,773	24%
13	Colposcopy (LA)	7,300	9,906	26%
14	Lap Ovarian Cyst	37,600	47,660	21%
15	Ex. of Ganglion LA	8,900	11,917	25%
16	Arthroscopy	29,000	35,816	19%
17	Release of Trigger Finger	9,600	11,748	18%
18	Insertion of Tenckhoff cath.(LA)	8,100	9,100	11%
19	Insertion of Tenckhoff cath. (GA)	10,300	11,700	12%

	Endoscopy Procedure	HA-PPI Scheme Price
1	Gastroscopy	4,000 without biopsy
2	Colonoscopy	5,200 without biopsy
3	Cystoscopy	5,000 without biopsy
4	Bronchoscopy	6,400 without biopsy
	Price for biopsy	770

資助病房入院簡介

成立超過六十五年，為本港有規模之全科醫院。

俗語有云：病從淺中醫

現時輪候醫院管理局轄下之醫院作手術安排，一般需要半年到兩年不等。為此本院設立資助病房(Subsidized Ward)，以優惠及有預算的價錢提供專科手術及入住本院特設之病房作手術後護理。

資助病房位置：

資助病房位於本院南座二樓，與手術室同一樓層，因而可減少移送病人時間及縮短移送路程。

手術安排：

所有需要入住資助病房之病人，均要先到本院門診部作出初步診斷。確定為適合入住之病症後，再由該醫生預約入院日期及進行手術之時間。在一般情況下輪候時間大約需要兩個星期。

護理安排：

資助病房內之設備及護士人手安排均與一般普通病房無異。反而會因集中處理外科手術病人，而令護理過程更加統一及流暢。

特別情況：

如因手術後需要留院超過預定之住院日期，本院會因應病人病情評估

1. 是否須要轉院 或 轉到另一普通病房(在██████████)
2. 或繼續於資助病房內接受治療。

收費：

本院會根據不同手術種類而制定不同的收費計劃。

收費已包括：房租*，手術室、手術物料、基本化驗、藥物、及護理之費用。（註：-醫生費包括在內）

*房租為每天\$100，包括早、午、晚三餐基本膳食。

入住資助病房病人之要求：

- 1) 經濟條件較差及沒有購買住院醫療保險之病人。
- 2) 持有由醫院管理局轄下之醫院發出預約手術入院之便條。
- 3) 持有醫院管理局轄下之醫院專科門診轉介信。

本病房為資助病房，故不鼓勵可申報住院醫療保險之病人入住，以免影響其他經濟條件較差及沒有住院醫療保險之病人的輪候時間。

██████████ (██████) has been established for more than 65 years. It is one of the biggest private hospitals in Hong Kong with well equipped & modern health facilities.

As the average waiting time for some surgical operations in hospitals of the Hospital Authority (HA) is approximately 6 months to 2 years, ██████████s Hospital has the vision to establish the Subsidized Ward "Discount Scheme" which aims at providing a specialist inpatient surgical service with budgeted, affordable, discounted charges.

Location of the Subsidized ward

The Subsidized Ward (S2) is located on the South Wing of ████████. The S2 is on the same level as our Operation Theatre, thus facilitates efficient transfer of such patients.

Arrangement of Surgical Procedure

Patients who would like to be treated under this Discounted Scheme are requested to attend our Out-patient Clinic to receive an initial assessment. Decision will be made according to the admission criteria of the Subsidized Ward. The doctor will arrange the admission and operation date. The waiting time for admission will be around 2 weeks.

Arrangement of Nursing Care

The Subsidized Ward provides the same standard of facilities and nursing care as other general wards of the hospital. Furthermore, since the Subsidized Ward is providing mainly pre-operative & post-operative care, the nursing care will be relatively smooth and uniform.

Special Circumstances

If the length of hospital stay of any such patient exceeds the normal criteria of a specific surgical procedure, special arrangements will be provided by the hospital:-

1. to transfer the patient to another hospital or another ward (at ■■■■■); or
2. to continue receiving his/her care in the Subsidized Ward.

Charges

There are different payment plans according to the type of surgical procedure that a patient will receive.

The payment plan will include: Charges for the room / bed, Operation Theatre, Operative materials, Pathology basic tests, Medicine & Nursing treatment. (Note:- Doctor's fees are included)

The Subsidized Ward's daily bed charge will be \$100 per day which includes the provision of 3 basic meals (breakfast, lunch and dinner).

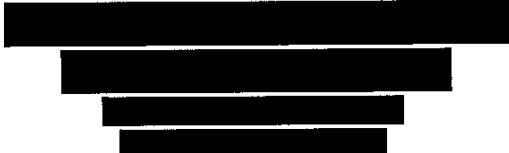
If the patient is required to stay in the subsidized ward for a period more than the scheduled period of a particular surgical procedure, the daily room charge will remain as \$100.

Eligibility of Admission to the Subsidized Ward

Patients who are eligible for admission to the Subsidized Ward should have

- 1) Low income without in-patient insurance coverage.
- 2) An admission slip for a listed surgical procedure issued by any HA hospital
- 3) A referral letter from a specialist outpatient clinic of a HA hospital.

In view of the nature of the Subsidized Ward, patients with in-patient insurance coverage are not encouraged to apply. This is to avoid patients who do not have any in-patient insurance coverage, or who are financially under privileged, having prolonged waiting period.



(Hospital D)

Tel.: (852) [redacted] Fax: (852) [redacted]
Web Site: www.[redacted] Email: [redacted]@org.lk

Our Ref: EO-09-54

3 November 2009

Dear Doctor,

Re: Low charge beds at [redacted]

I would like to inform you that you are welcome to admit patients to our low charge beds at [redacted] with immediate effect. This is made possible by our agreement with the Lands Department for the use of the land upon which our main block was erected. As a pilot study, this scheme had been available to our resident doctors since June 2008 but it is time to make it available to all doctors.

Terms and conditions for the use of low charge beds are attached.

If you have any query, please feel free to contact our Accountant, [redacted]

I hope you will join us in offering quality health care to our patients at a reasonable cost.

Yours truly,



Medical Superintendent



Terms and Conditions for Admission to Low-Charge Beds at the [REDACTED]

1. [REDACTED] ("the Hospital") is a non-profit making hospital which has the objective of providing quality medical services to the general public.
2. In 1996, pursuant to a government land grant, the Hospital was granted a plot of land adjacent to their then existing hospital premises at [REDACTED] in Kowloon.
3. Pursuant to the land grant, the Hospital has an obligation to provide low-charge beds to the general public. The purpose of providing such beds is to allow patients in need, but of limited means, access to the Hospital for investigation and treatment.
4. Currently, the Hospital provides 100 low-charge beds. Patients may be admitted to these beds for undergoing elective investigation or treatment, including general medical and surgical treatments, endoscopy, dialysis and related nephrology treatments and ophthalmic surgery. It is not intended that this arrangement will provide long term nursing care for patients who could receive such treatment in a nursing home.
5. To be eligible for admission into a low-charge bed, a patient must be a permanent citizen of Hong Kong holding a valid Hong Kong Identity Card.
6. The following categories of the patients are not eligible for admission to the low-charge beds:-
 - (a) Those suffering from any medical or surgical conditions which require special care and monitoring and single room accommodation.
 - (b) Those seeking medical or surgical treatment which contravenes the teachings of the Catholic Church.
 - (c) Minor patients below the age of 12.
7. The charges for a patient who is entitled to and who is provided with a low-charge bed will be calculated on the following basis:-
 - (a) There will be a fixed daily maintenance charge of HK\$100 per day which covers accommodation, food and nursing services.
 - (b) Items for which a government patient in a Hospital Authority hospital would have to pay personally will be charged at cost.
 - (c) Charges for operating theatres, laboratory tests, x-ray tests and drugs (other than items within these four categories for which a government patient in a Hospital Authority hospital would have to pay personally) will be charged at 50% of the charge which would be applied to a second class bed at the Hospital.
 - (d) All charges other than those referred to in paragraphs 7(a) to (c) above will be charged at cost.

- (e) If upon or after admission transfer to an isolation ward or the intensive care unit is medically indicated, then all Hospital charges during the stay in the isolation ward or intensive care unit will be charged at the rate which would be applied to a third class bed at the Hospital.
 - (f) The fees of all doctors (whether resident doctors or private doctors with admission rights to the Hospital) will be charged at a rate not exceeding 50% of that applied to the second class bed at the Hospital.
 - (g) If upon or after admission the patient requests a transfer from a low-charge bed to a bed of another class at the Hospital, then all the Hospital charges and doctor's fees applicable to the latter class will be applied for the entire period of admission.
8. The Hospital shall regularly audit the accounts in respect of the amounts charged to the low-charge bed patients who have been treated at the Hospital in the preceding twelve months.
 9. Prior to admission into a low-charge bed, the admitting doctor and patient will be required to confirm in writing that they agree to the terms set out above. Such terms may be varied in writing by the Hospital from time to time without notice.
 10. The Hospital may in its absolute discretion determine whether or not to allow admission of a particular patient into a low-charge bed.



Date :

I (name of patient) agree to be admitted to a low-charge bed on the terms set out above.

Signature :

Date :

I (insert name of treating doctor) agree to treat the above-named patient in accordance with the above terms.

Signature :

Date :



**Report for the
Registration of
Hospitals &
Maternity Homes
2008**



(please enter the name of the hospital)

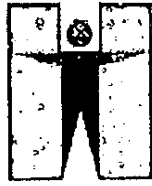
Excerpt of "Report for the Reputation of Hospitals
& maternity Home 2007"

8. Objectives (if applicable)

- a. To maintain and continuously improve the high standard of the efficient and cost-effective service in the promotion and restoration of health.
 - b. To be a team of dedicated, caring, competent and dynamic professionals working persistently to meet the needs and expectations of the community.
 - c. To provide a safe, clean, pleasant, comfortable and well presented environment conducive to the effective delivery of health care.
-

9. Is your organization required to provide low-cost beds in the Land Yes No
Grant? Please elaborate

92 nos. of low-cost beds.



**Report for the
Registration of
Hospitals &
Maternity Homes
2009**



(please enter the name of the hospital)

RECEIVED
DATE: 7/8/09

Excerpt of "Report for the Registration of
2 Hospitals Made by the Society"

1.5 Date of 1st commencement of hospital service 1940

1.6 Charitable organisation (approved by the Commissioner of Inland Revenue) Yes No NA

1.7 Mission statement of the hospital

Inspired by the Gospel values, the hospitals of the [REDACTED] exist to continue the healing mission of Jesus Christ. They are committed to provide comprehensive, competent and quality health care services to the community in the Christian spirit of faith, hope and charity and a positive attitude towards life.

In providing a loving and dedicated service to the sick and the needy, they strive to make present and concrete the goodness and love of God for all people.

1.8 Objectives (if applicable)

- a. To maintain and continuously improve the high standard of the efficient and cost-effective service in the promotion and restoration of health.
 - b. To be a team of dedicated, caring, competent and dynamic professionals working persistently to meet the needs and expectations of the community.
 - c. To provide a safe, clean, pleasant, comfortable and well presented environment conducive to the effective delivery of health care.
-

1.9 Is your organization required to provide low-cost beds in the Land Grant? Yes No

Please elaborate 92 nos. of low-cost beds



**Report for the
Registration of
Hospitals &
Maternity Homes
2010**



(please enter the name of the hospital)

*Abstract of Report for the Report of
Hospitals, Medicine, Health, State "*

1.7 Mission statement of the hospital

Inspired by the Gospel values, the hospitals of the [REDACTED] exist to continue the healing mission of Jesus Christ. They are committed to provide comprehensive, competent and quality health care services to the community in the Christian spirit of faith, hope and charity and a positive attitude towards life.

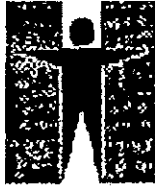
In providing a loving and dedicated service to the sick and the needy, they strive to make present and concrete the goodness and love of God for all people.

1.8 Objectives (if applicable)

- a. To maintain and continuously improve the high standard of the efficient and cost-effective service in the promotion and restoration of health.
 - b. To be a team of dedicated, caring, competent and dynamic professionals working persistently to meet the needs and expectations of the community.
 - c. To provide a safe, clean, pleasant, comfortable and well presented environment conducive to the effective delivery of health care.
-

1.9 Is your organization required to provide low-cost beds in the Land Grant? Yes No

Please elaborate 92 nos. of low-cost beds



**Report for the
Registration of
Hospitals &
Maternity Homes
2011**



(please enter the name of the hospital)

RECEIVED
DATE 6/8/2011

Excerpt of Report for the Registration of Hospitals & Maternity Homes 2011

3.6 Expansion plan for the total no. of hospital beds for the next five years:

	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
General Hospital Beds	40	80	35	35	35
Maternity Beds	-	-	-	-	-
Baby Cots	-	-	-	-	-

3.7 Provision of low-charge bed in accordance with the terms and condition of hospital's land grant Yes No

Please indicate the number of low-charge bed provided and the location of bed

Number of low-charge bed	92 beds
Location	M6A and M6B

3.8 Floor distribution of service units (Please provide a directory showing floor distribution of all service units, as example below.) **Appendix DIR**

Name of Building Block	Floor Location	Service Unit
Block A	LG/F	Laundry
		Maintenance Department
		Housekeeping Department
	G/F	OPD
		Reception Office
		Account Office
	1/F	Medical Ward
		Paediatric Ward

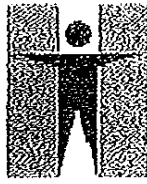
3.9 Layout Plan (N/A) **Appendix ---**

For first application, please attach a layout plan for the whole premises

3.10 Facilities for the disabled patients / residents Yes No

If yes, please specify (e.g. disabled toilets, ramps)

Toilets and ramps



Report for the
Registration of
Hospitals &
Maternity Homes
2012



Received on : 5/9/2012
Hard copy / Soft copy : Hard/Soft
Changed to (pdf. file) on : 6/9/2012
Data entry to (xls.file) on : 6/9/2012
Copied on 6/9/2012 : Report: 8 ,Appendix: 8

Receipt of report from
Hospitals & Maternity Units 2012

3.6 Expansion plan for the total no. of hospital beds for the next five years:-

	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
In-patient Hospital Beds	54	18	22	-	-
Maternity Beds	-	-	-	-	-
Baby Cots	-	-	-	-	-

3.7.1 Provision of low-charge bed in accordance with the terms Yes No NA and condition of hospital's land grant

If yes, please indicate the number of low-charge bed provided and the location of bed

Number of low-charge bed	100 beds
Location	M6A and M6B

3.7.2 Provision of free bed in accordance with the terms and Yes No NA condition of hospital's land grant

Number of free bed	20 beds
Location	To be provided at S 3

3.8 Floor distribution of service units Appendix DIR
(Please provide a directory showing floor distribution of all service units, as example below)

Name of Building Block	Floor Location	Service Unit
Block A	LG/F	Laundry
		Maintenance Department
		Housekeeping Department
	G/F	OPD
		Reception Office
		Account Office
	1/F	Medical Ward
		Paediatric Ward

3.9 Layout Plan (N/A) Appendix ---

For first application, please attach a layout plan for the whole premises

(Amended on 14 Dec 2012)



Surprise visit - [REDACTED] (Low Charge Bed)

[REDACTED] to: [REDACTED], [REDACTED], [REDACTED]...

15/12/2009 11:39

From: [REDACTED]/HKSARG

To: [REDACTED]/HKSARG@DH, [REDACTED]/HKSARG@DH, [REDACTED]
[REDACTED]/HKSARG@DH, [REDACTED]/HKSARG@DH, [REDACTED]
[REDACTED]/DH/HKSARG@DH

Dear all,

Surprise visit conducted with [REDACTED] at [REDACTED] yesterday (14.12.09 (Mon)). [REDACTED], CNO and [REDACTED], SNO were interviewed. The following findings in connection with low charge bed issue are noted for your information:

Nos. of low charge beds and their locations

(a) [REDACTED] showed us the make-up of the total of 100 low charge beds with namely 60 beds on 2/F South Wing and 28 Beds on 2/F North Wing. Other than these, there were 12 renal dialysis beds on 5/F East Wing. In the meantime, there were 24 in-patients in South Wing and 9 in North Wing. The number of discharged patients up to time of inspection during the date were 18. For haemodialysis, [REDACTED] told that there were two shifts daily and the ward was full in both shifts.

Locations of low charge bed notices

(b) We found that the notice (in A4 size vide sample attached) was posted at notice board near OPD and another one on notice board at side of admission counter. Due to the low charge bed clause being too small to be readable, [REDACTED] & [REDACTED] were suggested to enlarge the notice to A3 size. Besides, there was a leaflet holder near the "Suggestion Box" containing leaflets on "資助病房簡介" (copy attached) for public information.

Room Charges.pd 資助病房簡介.pdf

Of a total of 6 counters at Admission, each counter was placed with an A3 size notice as mentioned for information of patient to be admitted. [REDACTED] supplemented that admission officer would introduce to each patient their low charge bed policy for consideration before admission.

Criteria of admission

(c) [REDACTED] told further that other than renal dialysis cases, low charge bed cases were mainly related to endoscopy, cataract, .. etc. Patients might now claim recovery from their insurance company. Over 95% patients were referred by [REDACTED] doctors and others from HA referrals.

Hospital bills

(d) The hospital bills of two discharges cases (copy attached) were checked and found to be in order (i.e. daily maintenance \$100 and procedures charged at 50% of similar procedures at 2nd class rates).

Two Hospital Bills Dec 09.ppt

The visit ended up at 18.15pm.

Regards,

[REDACTED]

醫院

資助病房簡介

本院設有資助病房(Subsidized Wards) *，以優惠的價錢提供專科手術、檢查及治療等服務。

- 入住資助病房條件：
1. 持有由醫院管理局轄下之醫院發出之預約入院信之病人；或
 2. 由本院駐院及本院註冊醫生轉介之病人。

- 入住資助病房程序：
1. 先由主診醫生作出初步診斷，確定病人具備上述適合入住資助病房之條件。
 2. 再由該醫生預約入住日期，進行檢查、治療或手術等之時間。
 3. 如因手術或病情轉變，需要留院時期超過預定之日期，本院將因應病人之情況作出評估，決定須否轉院，或轉至本院之普通病房繼續接受治療。

- 資助病房的收費：
1. 本院將根據不同之手術、治療種類或檢查，制定不同的資助計劃。
 2. 每天房租為港幣 \$100，已包括早、午、晚三餐基本膳食。

* 備註：本院設立資助病房的目的，為協助及舒緩經濟條件較弱之病人，俾能及早獲得適當之診斷及治療。

資助病房簡介

醫院

DATE OF INSPECTION : 13.7.2010 TEAM : SMO(R)2, CNO(R), NO(R), SHA(SD) & HA(R)

HOSPITAL : [REDACTED] (Reprovisioned) STAFF INTERVIEWED : Mr [REDACTED] Manager (OS&C), Ms [REDACTED] CNO.
Neonatal Unit and Low-charge Beds Ward (M6) Ms [REDACTED] SNO

CHECKLIST FOR SURPRISE INSPECTION

Focus area	✓ or ×	Overall Assessment			Issues / Remarks
		C ¹	PC ²	N/C ³	
1. Patient's rights & privacy, complaint, communication, hospital charges list – • Relevant notices/leaflets/forms available in English and Chinese for patients' information and reference (✓) • Others _____ ()		✓			
2. Security – • All staff in proper uniform & wear name badges (✓) • CCTV with surveillance notice (✓) • Uniformed security guard on beat (N/A ⁴) • Others _____ ()		✓			
3. Fire safety – • Fire exit signage (✓) • Fire fighting equipment (✓) • Emergency lighting (✓) • Obstruction by cabinets, shelves or stores in exit routes (X) • Manual fire alarm call points, fire hydrants or hose reels obstructed by other objects (X)		✓			

¹ C = Complied
² PC = Partially Complied
³ N/C = Not Complied
⁴ N/A = Not Applicable

- 358 -

Focus area	✓ or ×	Overall Assessment			Issues / Remarks
		C ¹	PC ²	N/C ³	
<ul style="list-style-type: none"> • Fire fighting equipment inspected once yearly with date of inspection on apparatus, etc. • Others _____ 	(N/A) ()				
<p>4. Neonatal Unit –</p> <ul style="list-style-type: none"> • Equipment on a regular planned maintenance programme with documentation • Viewing panel available • Incubators available • Sufficient space between cots • Suction equipment and oxygen supply available • Separate equipment/facilities for storage of infant formula and breast milk • Facilities to prepare milk for newborns in a hygienic manner • Others <u>(i) Emergency electricity available</u> <u>(ii) Isolation room available</u> <u>(iii) Wash hand basin available in cloak room</u> 	(N/A) (✓) (✓) (✓) (✓) (✓) (N/A) (✓) (✓) (✓)	✓			<ul style="list-style-type: none"> • Facilities from the existing neonatal unit would be relocated to the new neonatal unit. • Water tap to the baby bath basin to be connected.
<p>5. Low-charge Bed Ward (M6) –</p> <ul style="list-style-type: none"> • Bed curtain available for each bed • Each patient has locker to keep personal belongings and clothes • A call-bell system available to bed, toilet / changing cubicle, etc. within easy reach of patient • Over-bed table provided for eating, drugs taking, writing, etc. • Others _____ 	(✓) (✓) (✓) (✓) ()	✓			<ul style="list-style-type: none"> • There were in total 98 beds located on 6/F, Main Block, which were reprovisioned from S2 and N2 wards. The combined ward would enable centralized management of in-patients by hospital staff. • It was found that low charge bed information leaflets were available to patients at hospital admission counters.

6.	Maintenance -- · Window panels securely locked against fall from height · Facilities e.g. A/C exhaust filters in a cleanly condition · Wash hand basin with soap dispenser, tissue and dustbin · Adequate lighting and ventilation · Other _____	(✓) (✓) (✓) (✓) ()				· Temperature and humidity monitored in neonatal unit.
----	---	---------------------------------	--	--	--	--

<p>COMPLETED BY:</p> <p>Signature: _____</p> <p>Name: _____</p> <p>Position: HA(R)</p> <p>Date: 4 Aug 2010</p>	<p>COUNTERSIGNED BY:</p> <p>Signature: _____</p> <p>Name: _____</p> <p>Position: SHA(SD)</p> <p>Date: 4 Aug 2010</p> <p>ENDORSED BY:</p> <p>Signature: _____</p> <p>Name: _____</p> <p>Position: SMO(R)2</p> <p>Date: 5/8/2010</p>
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- 360 -

Inspection Report

Name of PH	[REDACTED]	
Inspection		
Date of Inspection	1 and 2 December 2011	
Inspection Team Members	<u>QRHI</u> PMO(1), SMO(R)2, SHA(R), CNO(R), MO(R)2, NO(R)2, RN(R)2, HA(R) & NO(R)1 <u>CMD: SO(M)PH2</u>	
Staff Interviewed	Ms. [REDACTED] (Chief Nursing Officer), Mr. [REDACTED] (Manager)(Quality, Safety and Corporate Services), Ms. [REDACTED] (Senior Nursing Officer), Ms [REDACTED], [REDACTED] (Senior Nursing Officer), Ms [REDACTED], [REDACTED] (Senior Nursing Officer) and persons in-charge and the frontline staff of respective services	
Post-Inspection Meeting		
Date of Meeting	9.12.2011	
Attendance	<u>QRHI</u> PMO(1), SMO(R)2, SHA(R), CNO(R) <u>STH</u> [REDACTED] (Member, Hospital Governing Committee), Dr [REDACTED] (Medical Superintendent), Dr [REDACTED] (Deputy Medical Superintendent), Ms [REDACTED] (Chief Nursing Officer), Mr [REDACTED] (Manager, Quality, Safety and Corporate Services), Ms [REDACTED] (Senior Nursing Officer), Mr [REDACTED] (General Manager), Mr [REDACTED] (Chief Pharmacy Officer), Dr [REDACTED] (Consultant Pathologist), Mr [REDACTED] (Engineering Manager)	
Assessment		
Overall Assessment	<input type="checkbox"/>	Satisfactory
	<input checked="" 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:	Miss [REDACTED] / HA(R) [REDACTED] 14/12/11	Ms. [REDACTED] / NO(R)2 [REDACTED] 14/12/2011
Endorsed by:	Signature : [REDACTED]	Signature : [REDACTED]
	Name : Dr [REDACTED]	Name : Dr. [REDACTED]
	Post : SMO(R)2	Post : PMO(1)
	Date : 16/12/2011	Date : 20.12.2011

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		✓			Note remark (2)
3.	Staffing and Human Resources Management		✓			Note remark (1)
4.	Quality Management of Services	✓				
5.	Policies and Procedures	✓				
6.	Rights of Patients	✓				
7.	Patient Care	✓				
8.	Risk Management	✓				
9.	Medical Records	✓				
10.	Research				✓	
11.	Information to be Submitted to Director of Health	✓				

Remarks/Overall comment:

Refer to remarks (1) and (2) in Part 2

-
- 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 Catheterisation Service*
- Chinese Medicine Service*
- Comprehensive Breast Centre*
- Cyclotron Unit*
- Dental Department*
- Endoscopy Service*
- Eye Clinic*
- Haemodialysis Service*
- Health Screening & Diagnostic Centre*
- Hearing & Speech Centre*
- Lithotripsy & Urology Centre*
- Maternity Services*
- Oncology Service*
- Operating Theatre Service *
- Out-Patient Department*
- Pathology*
- Pharmacy and Dispensing Service*
- Physiotherapy Service*
- Radiotherapy Services (Scanning Department and X-ray Department)
- Skin Clinic*
- Special Care Unit*
- Wards (Medical; Mixed, Paediatrics, Private, Surgical)*

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

Remarks/Overall comment:

- (1) Staffing
- Special Care Unit

- There was a special care unit with 12 beds for taking care of patients requiring intensive/ critical care services. Based on the inspection and hospital's submissions, there were occasions that about 4-5 patients were taken care by only 3 registered nurses during night shift. During the meeting, the Chief Nursing Officer clarified that in case there is patient required critical care, there will be appropriate staff to patient ratio to take care of the patient at all time.

- Chinese Medicine Services

- No registered Chinese medicine practitioner was appointed to take overall charge of the service. Only a listed Chinese medicine practitioner was appointed to play this role instead, which did not meet the requirement of Clause 32.2.1 of CoP.

(2) Facilities and Equipment

- Low-charge beds ward

- Equipment and consumables was not set up or in place readily in one of the wards. During inspection, there was no patient admitted to this ward.

(3) Medication Management

- Radiology Service (Scanning Department, Main Block B1/F)

- One syringe filled with contrast was found prepared in advance for injection to patients. There was just a label of "contrast" on the syringe without any further detail of the name and strength of the contrast.

- General

- According to the medication incidents report and the investigation findings, there were repeated occasions that prescriptions in clinical notes were illegible and led to medication errors.

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:

NIL

Others

Electricity Supply and Distribution System

The Department of Health has commissioned a contractor () to conduct a review of the electricity supply and distribution system of with professional assistance from the Electrical and Mechanical Services Department from November to December 2011. Please refer to the summary report and the contractor's report for the details.

-- END --

Summary Report of Inspection

Name of hospital:	██████████
Date of inspection:	1 and 2 December 2011
Date of meeting with hospital management:	9 December 2011
Overall assessment:	Generally satisfactory, with follow-up actions

A) Areas for review / improvement

I. General requirements:

Refer to the advices on staffing and facilities and equipment below.

II. Standards on clinical services:

Staffing

- To make sure that there is appropriate proportion of nurses to take care of patients requiring intensive/ critical care at all times in accordance with Cap. 165 and the Code of Practice For Private Hospitals, Nursing Homes and Maternity Home.
- To appoint a registered Chinese medicine practitioner with valid practicing certificate to take overall charge of the service in accordance with the Code of Practice For Private Hospitals, Nursing Homes and Maternity Home.

Facilities and Equipment

- To make sure that necessary equipment including necessary consumables are readily in place in each ward / service.

Medication Management

- To review the medication management and drug administration procedures to ensure medication safety, such as proper labelling of prepared medication including contrast media for radiology imaging.
- To have hospital policy and mechanisms in place to prevent medication errors due to illegible prescriptions.

III. Standards on support services:

Nil

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;
- 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

DATE: 11-12-2009 16:44

TEL: [REDACTED]

PAGE: 1

收 費 單
STATEMENT OF ACCOUNT

單 號
INVOICE NO.: AC2009135308

性別: [REDACTED] 年齡: [REDACTED]
SEX: [REDACTED] AGE: [REDACTED]

姓名:
NAME:

病人編號
PATIENT NO.: HN [REDACTED] 2693

房 號
ROOM / BED: S238-6

入院日期
ADMISSION DATE: 11-12-2009

出院日期
DISCHARGE DATE: 11-12-2009

日期 DATE	代碼 CODE	項目 PARTICULARS	金額 AMOUNT	總金額 SUB-TOTAL
11-12-09	110	ENDOSCOPIC CHARGES-COLONOSCOPY 結腸鏡檢查	2,657.00	
	27	HISTOPATHOLOGICAL EXAMINATION 病理化驗	960.00	
	42	MEAL/BEVERAGE 膳食費	94.00	
	70	REGISTRATION FEE 住院登記	75.00	
	73	ROOM CHARGE 房租費	100.00	
	77	ULTRASOUND 超聲波	560.00	
		TOTAL HOSPITAL FEE 醫院費合共		4,446.00
11-12-09	16	DR. [REDACTED] Operation 手術費	4,200.00	
		Ward Round Fee 巡房費	600.00	
		TOTAL DOCTOR FEE 醫生費合共		4,800.00
		TOTAL FEE 總額		9,246.00
		PLEASE PAY THIS AMOUNT (Hong Kong Dollars) 請繳付此款項 (港幣)		9,246.00

備註:-
 1. 賬單請於發出後二十四小時內繳付，按全數在出院時扣除。
 2. 出院時請將此賬單。
 3. 並向本賬單項下結賬時一併交出。
 4. 蓋上院印之賬單，若其金額亦已過戶，可作有效收據。
 5. 院方不再另發收據。
 V. B.
 1. Interim account, when presented, must be settled within 24 hours. Deposit will be offset in the final account.
 2. Final account must be settled upon patient's discharge.
 3. The statements of account are to be presented intact upon payment.
 4. Receipt is only valid when cheque is cleared and hospital chop is imprinted.
 5. No other official receipt will be issued.

銀行 BANK	支票號碼 CHEQUE NO.
V. 7000 V. 2246	RECEIVED PAYMENT WITH THANKS 11 DEC 2009
	CASH CHQ. NO. CR. CARD

收印亦止領收誌
RECEIVED PAYMENT IMPRINTED

E. & O. E.

[A/RPT248] [REDACTED]

Invoice Details Report

Sort Sequence : Tx, Date, Fee Type
 Fee Type : ALL
 Hospital No. : HN [REDACTED] 2693

Invoice No. AC2009135308

Paid

Tx Date	Fee Type	Fee Code	Description	Hospital		Ref No.
				Class - II	Class - II	
11-12-2009	AK	1	REGISTRATION FEE	\$75.00	\$150.00	50%
11-12-2009	CO		COLONOSCOPY	\$2,657.00	\$5,327.00	50%
11-12-2009	III	H011	Histopathological Examination	\$960.00	\$1,920.00	50% 00209417
11-12-2009	RM	RM	ROOM CHARGE (including 3 meals)	\$100.00	\$200.00	11%
11-12-2009	US	0701	Ultisound	\$560.00	\$1,120.00	50% P54300-09
11-12-2009	MR		Meal / Beverage (extra ordering)	\$94.00	\$94.00	
				<u>\$4,446.00</u>	<u>\$9,451.00</u>	47%
11-12-2009	DR	[REDACTED]	Doctor fee [REDACTED]	\$1,800.00	N/A	DW5991
				<u>\$9,246.00</u>		

*** End of Report ***

日期: 13-04-2010 18:39

TEL: [REDACTED]

收 費 單
STATEMENT OF ACCOUNT

單 號
INVOICE NO.: AC2010038921

姓名: [REDACTED]
NAME: [REDACTED]

性別: [REDACTED] 年齡: [REDACTED]
SEX: [REDACTED] AGE: [REDACTED]

病人編號
PATIENT NO. / HN: [REDACTED] 2261

房 號
ROOM / BED: 9238-4

入院日期
ADMISSION DATE: 12-04-2010

出院日期
DISCHARGE DATE: 13-04-2010

日期 DATE	代碼 CODE	項目 PARTICULARS	金額 AMOUNT	小計 SUB-TOTAL
12-04-10	42	MEAL/BEVERAGE 膳食費	10.00	
	44	MEDICINE/INJECTION 藥費/藥物注射費	45.00	
	70	REGISTRATION FEE 住院登記	75.00	
	73	ROOM CHARGE 房租費	100.00	230.00
13-04-10	109	ENDOSCOPIC CHARGE-GASTROSCOPY 胃鏡檢查	1,336.00	
	110	ENDOSCOPIC CHARGES-COLONOSCOPY 結腸鏡檢查	1,840.00	
	27	HISTOPATHOLOGICAL EXAMINATION 病理化驗	960.00	
	73	ROOM CHARGE 房租費	100.00	
	77	ULTRASOUND 超聲波	1,820.00	6,056.00
		TOTAL HOSPITAL FEE 醫院費合共		6,286.00
13-04-10	16	DR. [REDACTED] Operation 手術費	10,000.00	
		Ward Round Fee 巡房費	1,200.00	11,200.00
		TOTAL DOCTOR FEE 醫生費合共		11,200.00
		TOTAL FEE 總額		17,486.00
				517,486.00
TOTAL BALANCE DUE (Hong Kong Dollars) 應做金額總數 (港幣)				517,486.00

COPY

註:-

匯單需於發出後二十四小時內清付，按全會在出院時扣除。
出院時須清付餘賬。
正副卡賬單須於結賬時一併交出。
蓋上院印之賬單，若其金額亦已過戶，可作有效收據。
院方不再另作收據。

Interim account, when presented, must be settled within 24 hours. Deposit will be offset in the final account.
Final account must be settled upon patient's discharge.
The statements of account are to be presented intact upon payment.
Receipt is only valid when cheque is cleared and hospital chop is imprinted.
No other official receipt will be issued.

銀行
BANK

支票號碼
CHEQUE NO.

執印金額收據
RECEIVED PAYMENT IMPRINTED

E. & O. E.

Invoice Details Report

Sort Sequence : Tx, Date, Fee Type
 Fee Type : ALL
 Hospital No. : HN [REDACTED] 2261
 Admission Date : 12-04-2010
 Discharge Date : 13-04-2010

Invoice No. AC2010038921

Tx, Date	Fee Type	Fee Code	Description	Hospital Class - H Total Price	Hospital Class - B Total Price	
12-04-2010	AK	I	REGISTRATION FEE	75	150	30%
12-04-2010	MB		Meal/Beverage (extra meals ordering)	10	10	100%
12-04-2010	MI		Medicine / Injection	45	90	50%
12-4-2010 and 13-4-2010	RM	RM	ROOM CHARGE (Class H including 3 meals)	200	1,760	11%
13-04-2010	GA		Gastroscopy	1,316	2,632	50%
13-04-2010	CO		Colonoscopy	1,840	3,679	50%
13-04-2010	HI		Histopathological Examination	960	1,920	50%
13-04-2010	US		Ultrasound	1,820	3,640	50%
				<u>6,286</u>	<u>13,921</u>	45%
13-04-2010	DR	[REDACTED]	Doctor fee - [REDACTED]	<u>11,200</u>	N/A	
				<u>17,486</u>		

*** End of Report ***

日期: 21-06-2011 19:04

TEL: [REDACTED]

頁 PAGE: 1

收費單
STATEMENT OF ACCOUNT

姓名: [REDACTED]
NAME: [REDACTED]
病人編號
PATIENT NO.: HN [REDACTED] 5234
入院日期
ADMISSION DATE: 20-06-2011

單號
INVOICE NO.: AC2011068781
性別: [REDACTED] 年齡: [REDACTED]
SEX: [REDACTED] AGE: [REDACTED]
房號
ROOM/BED: M610-8
出院日期
DISCHARGE DATE: 21-06-2011

日期 DATE	代號 CODE	項目 PARTICULARS	金額 AMOUNT	總金額 SUB-TOTAL
20-06-11	33	LABORATORY 化驗費	1,958.00	
	44	MEDICINE/INJECTION 藥費/藥物注射費	67.00	
	70	REGISTRATION FEE 住院登記	75.00	
	73	ROOM CHARGE 房租費	100.00	
				2,200.00
21-06-11	109	ENDOSCOPIC CHARGE-GASTROSCOPY 胃窺鏡檢查	1,426.00	
	110	ENDOSCOPIC CHARGES-COLONOSCOPY 結腸窺鏡檢查	1,840.00	
	42	MEAL/BEVERAGE 膳食費	170.00	
	44	MEDICINE/INJECTION 藥費/藥物注射費	90.00	
	73	ROOM CHARGE 房租費	100.00	
	76	TREATMENT/ASSOCIATE MATERIALS 治療及有關物料費	61.00	
	77	ULTRASOUND 超聲波	560.00	
				4,247.00
		TOTAL HOSPITAL CHARGES 醫院費合共		6,447.00
21-06-11	16	DR. [REDACTED] Operation 手術費	9,500.00	
		Ward Round Fee 巡房費	1,400.00	
				10,900.00
		TOTAL DOCTOR FEE(S) 醫生費合共		10,900.00
		GRAND TOTAL 總額		17,347.00
				\$17,347.00
		TOTAL BALANCE DUE (Hong Kong Dollars) 應繳金額總數 (港幣)		\$17,347.00

摘錄:-

1. 賬單需於發出後二十四小時內清付，按金會在出院時扣除。
2. 出院時須清付餘賬。
3. 正本賬單須於結賬時一併交出。
4. 蓋上院印之賬單，若其支票亦已過戶，可作有效收據。
5. 院方不再另發收據。

N. B.

1. Interim account, when presented, must be settled within 24 hours. Deposit will be offset in the final account.
2. Final account must be settled upon patient's discharge.
3. The statements of account are to be presented intact upon payment.
4. Receipt is only valid when cheque is cleared and hospital chop is imprinted.
5. No other official receipt will be issued.

銀行 BANK	支票號碼 CHEQUE NO.
V = 1000 - V = 10347 -	RECEIVED PAYMENT WITH THANKS
	21 JUN 2011
	CASH..... CHK. NO..... CR. CARD.....

摺印示金額收訖
RECEIVED PAYMENT IMPRINTED

E. & O. E.

[REDACTED]

Invoice Detail Report

Sort sequence : Tx. Date, Fee Type
 Fee type : ALL
 Hospital no. : HN [REDACTED] 5234
 Admission Date : 20-06-2011
 Discharge Date : 21-06-2011

Invoice no: AC2011068781

Tx.Date	Fee Code	Description	Hospital Class-H Total price	Hospital Class-B Total Price	
20-06-2011	AK 1	REGISTRATION FEE	\$75.00	\$150.00	50%
20-06-2011	LA	Laboratory	\$1,958.00	\$3,910.00	50%
20-06-2011	MI	Medicine / Injection	\$67.00	\$133.00	50%
20/06/11 and 21/06/11	RM	ROOM CHARGE (Class H including 3 meals)	\$200.00	\$1,960.00	10%
21-06-2011	CO	COLONOSCOPY	\$1,840.00	\$3,679.00	50%
21-06-2011	DT	Treatment / Associate Materials	\$61.00	\$122.00	50%
21-06-2011	GA	GASTROSCOPY	\$1,426.00	\$2,849.00	50%
21-06-2011	MB	Meal / Beverage (extra meals ordering)	\$170.00	\$170.00	100%
21-06-2011	MI	Medicine / Injection	\$90.00	\$179.00	50%
21-06-2011	US	Ultrasound	\$560.00	\$1,120.00	50%
			<u>\$6,447.00</u>	<u>\$14,272.00</u>	45%
21-06-2011	DR [REDACTED]	Doctor fee [REDACTED]	\$10,900.00	N/A	
			<u>\$17,347.00</u>		

*** End of Report ***

Appendix 3

日期 DATE: 07-Sep-2012 09:16:25

姓名 NAME: [REDACTED]

病人號碼 PATIENT NO.: [REDACTED]

入院日期 ADMISSION DATE: 06-Sep-2012

STATEMENT OF ACCOUNT

PAGE: 1 of 1

電話 NO: [REDACTED]

性別 SEX: [REDACTED]

房號 ROOM / BED: M614-5

出院日期 DISCHARGE DATE: 07-Sep-2012

日期 DATE	項目 PARTICULARS	金額 AMOUNT (HK\$)	小計 SUB-TOTAL (HK\$)
06-09-12	ENDOSCOPIC CHARGE-GASTROSCOPY HISTOPATHOLOGICAL EXAMINATION LABORATORY MEDICINE/INJECTION ADMISSION SERVICE BED/ROOM CHARGE ULTRASOUND	胃鏡鏡檢查 病理化驗 化驗費 藥費/藥物注射費 入院服務 病床/病房收費 超聲波	\$1,817 \$995 \$1,096 \$828 \$90 \$100 \$1,610 \$6,536
	TOTAL HOSPITAL CHARGES	醫院費合共	\$0 \$6,536
07-09-12	Ward Round Fee Operation	巡房費 手術費	\$1,000 \$4,000 \$5,000
	TOTAL DOCTOR FEE (\$)	醫生費合共	\$5,000
	GRAND TOTAL	總額	\$11,536
TOTAL BALANCE DUE		應繳金額總數	\$11,536

1. 醫院賬單須於發出後二十四小時內清付，扣金會在出院時扣除，出院時須清付結賬。
 2. 門診賬單須於發出後清付。
 3. 其上述印之賬單，必須是原幣已過戶，方可作有效收據。
 4. 院方不再另發收據。
 5. 本院保留向逾期賬目收取附加利息的權利。
 6. 出院賬單如未結算，醫院保留進行報稅。
 I. B.
 Interim account, when presented, must be settled within 24 hours. Deposit will be offset in the final account.
 Final account must be settled upon patient's discharge.
 Out-Patient account must be settled after consultation.
 Receipt is only valid when cheque is cleared and hospital chop is imprinted.
 No other official receipt will be issued.
 The Hospital reserves the right to impose surcharge on the overdue accounts.
 The Hospital reserves the right to subsequently bill any undercharge.

Payment Date: 07-Sep-2012
 VISA [REDACTED] \$11,536
 Total: [REDACTED] \$11,536

Appendix 3

Print Date 17.9.2013

Sort Sequence	Tx, Date, Fee Type	Invoice No.	AC2012107509		
Fee Type	ALL				
Admission Date	06-09-2012				
Discharge Date:	07-09-2012				
		Hospital Class - H	Hospital Class - B		
		Total Price	Total Price		
<i>Tx.Date</i>	<i>Description</i>	<a>		<b/a>	
06-09-2012	ADMISSION SERVICE	90	180	50%	
06-09-2012	Laboratory	1,096	2,190	50%	
06-09-2012	ULTRASOUND	1,610	3,220	50%	
06-09-2012	Medicine / Injection	828	1,721	48%	
06-09-2012	ROOM CHARGE (Class H including 3 meals)	100	1,030	10%	
06-09-2012	HISTOPATHOLOGICAL EXAMINATION	995	1,990	50%	
06-09-2012	GASTROSCOPY	1,817	3,642	50%	
		<u>6,536</u>	<u>13,973</u>	47%	
07-09-2012	Doctor fee - [REDACTED]	5,000	N/A		
		<u>11,536</u>			

*** End of Report ***

[Redacted]
[Redacted]
[Redacted]
Tel: (852) [Redacted] Fax: (852) [Redacted]
Email: [Redacted]

*** FAX MESSAGE ***

To: [Redacted] From: [Redacted]
Your Fax: 2156 2021 Our Fax: [Redacted]
Date: 5 December 2008 Page(s): 2 (including the covering page)

- Urgent
- For your records
- For your comments
- Please sign and return
- Please confirm upon receipt
- For necessary action
- For your information
- For approval and return

Dear [Redacted]

Enclosed please find the admission report for H Class Beds in [Redacted]
Please feel free to contact if you have any further question.

Best Regards
[Redacted]

Admission report of [Redacted] Subsidized Ward

		Subtotal	Cumulative since June 2008
June-August 2008	Referral from clusters	9	80
	Walk in to [Redacted] OPD	71	
September 2008	Referral from clusters	0	105
	Walk in to [Redacted] OPD	25	
October 2008	Referral from clusters	3	145
	Walk in to [Redacted] OPD	37	
November 2008	Referral from clusters	0	168
	Walk in to [Redacted] OPD	23	
December 2008	Referral from clusters		
	Walk in to [Redacted] OPD		

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Tel: (852) [REDACTED] Fax: (852) [REDACTED]
Email: [REDACTED]

FAX MESSAGE

To: [REDACTED]

From: [REDACTED]

Your Fax: 2156 2021

Our Fax: [REDACTED]

Date: 10 November 2009

Page(s): 1 (including the covering page)

Month	Subtotal	Cumulative since June 2008
January 2009	31	236
February 2009	168	404
March 2009	476	880
April 2009	448	1328
May 2009	469	1797
June 2009	466	2263
July 2009	469	2732
August 2009	441	3173
September 2009	496	3669
October 2009	1087	4756

18 25/10/09

Tel: (852) [redacted] Fax: (852) [redacted]

Email: [redacted]

FAX MESSAGE

To: [redacted] *Jan 2010 - 7/21/10* From: [redacted]

Your Fax: 2156 2021 Our Fax: [redacted]

Date: 3/6/2010 Page(s): 1 (including the covering page)

Month	Subtotal	Cumulative since June 2008
January 2009	31	236
February 2009	168	404
March 2009	476	880
April 2009	448	1328
May 2009	469	1797
June 2009	466	2263
July 2009	469	2732
August 2009	441	3173
September 2009	496	3669
October 2009	1087	4756
November 2009	2115	6871
December 2009	1700	8571
January 2010	1985	10556
February 2010	1080	11636
March 2010	1151	12787
April 2010	1441	14228
May 2010	1616	15844

June 2010 1414 17258
July 2010 867 18125
Aug 1118 19243
Sep 1047 20290

W. J. [signature]

Tel: (852) [redacted] Fax: (852) [redacted]
Email: [redacted]

*** FAX MESSAGE ***

To: [redacted]
Your Fax: 2156 2021
Date: 11/11/2011

From: [redacted]
Our Fax: [redacted]
Page(s): 1 (including the covering page)

Month	Subtotal	Cumulative since June 2008
Jan-10	1985	10556
Feb-10	1080	11636
Mar-10	1151	12787
Apr-10	1441	14228
May-10	1616	15844
Jun-10	1414	17258
Jul-10	867	18125
Aug-10	1118	19243
Sep-10	1047	20290
Oct-10	1571	21861
Nov-10	1682	23543
Dec-10	1510	25053
Jan-11	1519	26572
Feb-11	891	27463
Mar-11	2121	29584
Apr-11	1716	31300
May-11	1898	33198
Jun-11	1452	34650
Jul-11	485	35135
Aug-11	479 /o-	35614
Sep-11	782	36396

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11/11/11

Tel: (852) [REDACTED] Fax: (852) [REDACTED]

Email: [REDACTED]

Month	Subtotal	Cumulative since June 2008
Jan-10	1985	10556
Feb-10	1080	11636
Mar-10	1151	12787
Apr-10	1441	14228
May-10	1616	15844
Jun-10	1414	17258
Jul-10	867	18125
Aug-10	1118	19243
Sep-10	1047	20290
Oct-10	1571	21861
Nov-10	1682	23543
Dec-10	1510	25053
Jan-11	1519	26572
Feb-11	891	27463
Mar-11	2121	29584
Apr-11	1716	31300
May-11	1898	33198
Jun-11	1452	34650
Jul-11	485	35135
Aug-11	479	35614
Sep-11	782	36396
Oct-11	1477	37873
Nov-11	1586	37982
Dec-11	1372	39245
Jan-12	843	38825
Feb-12	1495	40740
Mar-12	1707	40532
Apr-12	1368	42108
May-12	1844	42376
Jun-12	1637	43745
Jul-12	1719	44095
Aug-12	1974	45719
Sep-12	1386	45481

Utilization												
Year	Low-charge beds				Other regular beds in the whole hospital				All beds in the whole hospital			
	No. of beds	No. of hospital bed days	No. of hospital bed days utilised		No. of beds	No. of hospital bed days	No. of hospital bed days utilised		No. of beds	No. of hospital bed days	No. of hospital bed days utilised	
2009	100	36,500	8,250	22.60%	783	285,795	314,120	109.91%	883	322,295	322,370	100.02%
2010	100	36,500	16,482	45.16%	854	311,710	323,270	103.71%	954	348,210	339,752	97.57%
2011	100	36,500	15,778	43.23%	948	346,020	340,634	98.44%	1,048	382,520	356,412	93.17%

NB: No. of beds available as at 31st of December.



[Redacted]
[Redacted]
[Redacted]

→ Pmo (1)

Tel.: (852) [Redacted] Fax: (852) [Redacted]
Web Site: www.[Redacted] Email: [Redacted].hk

Our Ref: EO-09-22

(Hospital D)

18 May 2009

Dr [Redacted]
Principal Medical & Health Officer
Department of Health, HKSAR
21/F, Wu Chung House
213 Queen's Road East
Wanchai, Hong Kong

Dear [Redacted],

Thank you for your telephone call this morning.

After discussing with our General Manager, [Redacted] and [Redacted], I am glad to inform that you we can modify our charges for the use of our beds by convalescence patients to \$ 3,000 per day.

The fee will cover accommodation, food, medicine, simple medical investigations (e.g. simple chest, X-ray and blood test) and doctors and nursing charges. This is on the understanding that if there is any change in the patient's condition, from convalescence to acute care, our hospital has the option to send the patient back to the HA hospitals after stabilization.

Yours sincerely,

[Redacted]

Medical Superintendent

[Handwritten signature]

noted by Pmo (1)

RECEIVED
DATE: *26/5/09*



[Redacted]
[Redacted]
[Redacted]

→ P200(1)

Tel.: (852) [Redacted] Fax: (852) [Redacted]
Web Site: www.[Redacted] Email: [Redacted].hk

Our Ref: EO-09-21

16 May 2009

Dr [Redacted]
Principal Medical & Health Officer,
Department of Health, HKSAR
21/F, Wu Chung House
213 Queen's Road East
Wanchai, Hong Kong

Dear [Redacted],

Further to our telephone conversation, I am glad to confirm that [Redacted] Hospital will be delighted to provide up to sixty convalescence beds for patients from the hospital authority hospitals, should the H1N1 epidemic hit Hong Kong making the Hospital Authority difficult to care for its elective patients. With the blessing of our [Redacted] [Redacted], charges will be in line with our 'II' class patients, details of which has been provided in our previous communications.

In case of a massive outbreak when the Hospital Authority can no longer cope, doctors and nurses at [Redacted] will consider it their duty to look after the general population with 'flu-like' symptoms. As [Redacted] do not have any open space to care for such patients, may we suggest closing off [Redacted] Street, which is adjacent to the hospital for such a purpose. We can borrow tents and other necessary equipment from the People's Liberation Army which has the expertise in providing field hospitals.

Yours sincerely,

[Redacted]

Medical Superintendent

W. Lee by
MMS d/1