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Legislative Council

LC Paper No. CB(2)2132/14-15
(These minutes have been seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

Minutes of meeting
held on Monday, 16 February 2015, at 4:30 pm
in Conference Room 3 of the Legislative Council Complex

Members present	:	Prof Hon Joseph LEE Kok-long, SBS, JP, PhD, RN (Chairman) Hon Albert HO Chun-yan Hon WONG Ting-kwong, SBS, JP Hon CHAN Kin-por, BBS, JP Hon YIU Si-wing Hon Charles Peter MOK, JP Hon CHAN Han-pan, JP Hon Alice MAK Mei-kuen, JP Dr Hon KWOK Ka-ki Dr Hon Fernando CHEUNG Chiu-hung Dr Hon Helena WONG Pik-wan Dr Hon Elizabeth QUAT, JP Hon POON Siu-ping, BBS, MH
Members absent	:	Dr Hon LEUNG Ka-lau (Deputy Chairman) Hon Vincent FANG Kang, SBS, JP Hon CHEUNG Kwok-che Hon Albert CHAN Wai-yip Hon Christopher CHUNG Shu-kun, BBS, MH, JP
Public Officers attending	:	Item III Dr KO Wing-man, BBS, JP Secretary for Food and Health

Dr LEUNG Ting-hung, JP
Controller, Centre for Health Protection
Department of Health

Dr CHEUNG Wai-lun
Director (Cluster Services)
Hospital Authority

Dr LIU Shao-haei
Chief Manager (Infection, Emergency and Contingency)
Hospital Authority

Dr Dominic TSANG
Chief Infection Control Officer
Hospital Authority

Item IV

Professor Sophia CHAN Siu-chee, JP
Under Secretary for Food and Health

Ms Angela LEE
Principal Assistant Secretary for Food and Health (Health) 2

Dr Derrick AU
Director (Quality and Safety)
Hospital Authority

Dr Rebecca LAM
Chief Manager (Patient Safety and Risk Management)
Hospital Authority

Item V

Professor Sophia CHAN Siu-chee, JP
Under Secretary for Food and Health

Mr Chris SUN Yuk-han, JP
Deputy Secretary for Food and Health (Health) Special Duties
Food and Health Bureau

Dr Sarah CHOI Mei-yee, JP
Assistant Director of Health (Special Health Services)
Department of Health

Dr WAN Yuen-kong
Principal Medical and Health Officer (5)
Department of Health

Clerk in attendance : Ms Maisie LAM
Chief Council Secretary (2) 5

Staff in attendance : Ms Janet SHUM
Senior Council Secretary (2) 5

Ms Priscilla LAU
Council Secretary (2) 5

Ms Michelle LEE
Legislative Assistant (2) 5

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I. Information paper(s) issued since the last meeting
[LC Paper No. CB(2)736/14-15(01)]

Members noted that an information paper provided by the Administration on the updated status of the implementation of minor works projects by the Hospital Authority under the Capital Works Reserve Fund Head 708 Subhead 8083MM had been issued since the last meeting.

II. Items for discussion at the next meeting
[LC Paper Nos. CB(2)818/14-15(01) and (02)]

2. Members agreed to discuss the following items at the next regular meeting scheduled for 16 March 2015 at 4:30 pm -

(a) Cross-cluster referral arrangement for public specialist outpatient services of the Hospital Authority ("HA"); and

(b) Progress of the General Outpatient Clinic Public-Private Partnership Programme.

[*Post-meeting note:* At the request of the Administration and with the concurrence of the Chairman, the agenda for the March regular meeting has been revised to include the discussion on "Proposed loan for the development of the Chinese University of Hong Kong Medical Centre". The discussion of item (a) above has been deferred to the April regular meeting.]

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III. Measures for the prevention and control of seasonal influenza
[LC Paper Nos. CB(2)720/14-15(01), CB(2)818/14-15(03) and (04) and CB(2)880/14-15(01)]

3. Members noted the Administration's paper entitled "Measures for the prevention and control of seasonal influenza" (LC Paper No. CB(2)818/14-15(03)), and the supplementary information provided by the Administration on the situation of influenza-like-illness ("ILI") of the 2014-2015 winter influenza season and the year-on-year figures of severe cases during the flu seasons from 2011 to 2015 (as at noon of 15 February 2015) (LC Paper No. CB(2)880/14-15(01)) which was tabled at the meeting. Controller, Centre for Health Protection ("Controller, CHP") briefed members that from noon of 15 February 2015 to noon of 16 February 2015, nine additional cases of influenza-associated admission to intensive care unit ("ICU") or death (including five deaths) among adults aged 18 or above had been recorded under the enhanced surveillance in collaboration with public and private hospitals. An additional death was recorded among previously reported cases. There were a total of 300 influenza-associated ICU admissions (including 210 deaths) from noon of 2 January 2015 to noon of 16 February 2015.

4. Members also noted the background brief entitled "Measures for the prevention and control of seasonal influenza" (LC Paper No. CB(2)818/14-15(04)) prepared by the Legislative Council ("LegCo") Secretariat.

The latest situation

5. Dr KWOK Ka-ki expressed concern that the latest number of recording 210 influenza-associated deaths had far exceeded the corresponding number recorded in the last few years. Referring to the remark given by the Secretary for Food and Health ("SFH") at the Council meeting of 4 February 2015 that encouraging all persons to wear surgical masks would create social isolation, he considered that the vigilance of the Administration in responding to this influenza peak season was not high enough.

6. SFH clarified that what he meant by the remark was that putting on a surgical mask when respiratory symptoms developed would help to avoid spreading the infections to others. That said, there were divergent views among experts as to whether persons other than those having developed respiratory symptoms should be encouraged to wear surgical masks. In the meantime, the advice of the Administration was that members of the public should avoid going to crowded or poorly ventilated public places when influenza was prevalent, and high-risk individuals should consider wearing surgical masks especially when staying in these places. Miss Alice MAK considered that the public in general had become more aware of the need to wear surgical masks to prevent infections. More efforts should be made to

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educate the public on the equal importance of maintaining hand hygiene. SFH responded that the Centre for Health Protection ("CHP") under the Department of Health ("DH") had recently launched a new television announcement in the public interest to remind the public to clean hands frequently to keep the germs away.

7. Mr CHAN Han-pan noted with concern that 4.2% of patients with principal diagnosis of influenza in HA had died in this winter influenza season, which was higher than that of the influenza seasons in 2011, 2012, 2013 and 2014. Controller, CHP advised that the lower influenza-associated death rates of patients with principal diagnosis of influenza in HA in 2011 and 2013 (i.e. 2.2% and 2.5% respectively) were partly due to the reason that the main circulating viruses strain in these two years was A(H1N1). When compared to the corresponding figure in 2012 whereby A(H3N2) was one of the main circulating strains, it should be noted that the elderly population (i.e. one of the high-risk groups) had been increased by about 130 000 persons in the past three years. Local data revealed that elderly persons were more affected in this season as about 70% of the death cases involved elderly persons aged 80 years or above.

8. Dr Fernando CHEUNG expressed grave concern that 92.4% of the death cases (for the period of 2 February 2015 noon to 9 February 2015 noon) involved elderly persons aged 65 or above. In addition, there were 118 institutional outbreaks of ILI in the residential care homes ("RCHs") for the elderly or the disabled, affecting 725 persons.

9. Controller, CHP explained that while more than 75% of the residents of RCHs for the elderly and the disabled had received vaccination under the Government Vaccination Programme ("GVP"), most of the circulating viruses detected in the current 2014-2015 winter influenza season in Hong Kong were the A/Switzerland/9715293/2013 (H3N2) virus. Given that there was a mismatch of the circulating influenza H3N2 strain and the vaccine influenza H3N2 strain (i.e. A/Texas/50/2012 (H3N2)-like virus as recommended by the World Health Organization for inclusion in the 2014-2015 Northern Hemisphere SIV), the vaccine effectiveness for H3N2 might be reduced.

10. Noting that there were a total of 210 influenza-associated death cases from noon of 2 January 2015 to noon of 16 February 2015, Mr Albert HO was concerned that the number of deaths might continue to rise to a level similar to that recorded during the Severe Acute Respiratory Syndrome ("SARS") epidemic in 2003. Controller, CHP explained that different from SARS, vaccination and antiviral agents were available to prevent and manage seasonal influenza. While seasonal influenza would affect large segments of the community and might lead to serious infections especially

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among young children, elderly persons and patients with chronic diseases, most of the infected persons would not require admission into hospitals for treatment and its associated death rate was much lower than that of SARS (i.e. less than 0.1% vs. about 17%).

11. Mr CHAN Kin-por expressed grave concern about the effect of this winter seasonal influenza outbreak as Hong Kong was already facing a moderate risk of serious human infections of avian influenza A(H7N9) since late December 2014. SFH advised that a person infected with both avian influenza A(H7N9) and seasonal influenza might result in reassortment of the viruses. Given that contact with infected live poultry was the main source of risk insofar as human infection by avian influenza was concerned, the Administration had implemented a series of preventive and control measures at all levels of the live poultry supply chain. Members of the public should avoid visiting poultry markets or farms when travelling outside Hong Kong during the Lunar New Year holidays.

Seasonal influenza vaccination

12. Dr KWOK Ka-ki considered it unsatisfactory that as at 25 January 2015, only around 430 000 persons in the population had been administered with seasonal influenza vaccines ("SIV"). Mr POON Siu-ping asked whether there was sufficient stockpile of SIV for the 2014-2015 winter influenza season.

13. SFH advised that there were about 40 000 doses of SIV in stock by end of January 2015. With the continuous efforts made by DH and HA to provide vaccination under GVP to eligible persons including hospitalized persons with chronic medical problems, residents of RCHs, psychiatric elderly patients and long-stay residents of psychiatric institutions and institutions for the disabled, there were about 10 000 doses of SIV in stock in early February 2015. In response to the recent demand, DH had procured some 10 000 additional doses of SIV. In addition, DH had contacted those vaccine suppliers which had registered the 2015 Southern Hemisphere SIV so as to procure vaccines containing the current predominant influenza strain A/Switzerland/9715293/2013. While the quantity of vaccines to be supplied was still uncertain, it was expected that these vaccines would arrive at Hong Kong in late April to May 2015. Given the limited supply of the vaccines and the 2014-2015 winter influenza season was expected to end by the time the vaccines arrived at Hong Kong, the Scientific Committee on Vaccine Preventable Diseases ("SCVPD") under CHP would work out the priority groups for vaccinations to protect them from the possible summer influenza season and consider the way forward for the 2015-2016 winter influenza season.

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14. Pointing out that the seasonal influenza vaccination uptake rate of healthcare workers in Hong Kong, which was at the level of about 30%, was far lower than that of other places which stood at about 60%, Mr CHAN Han-pan asked how the Administration would promote vaccination for healthcare workers. Mr CHAN Kin-por asked whether consideration could be given to following the practice adopted by some overseas places to require healthcare workers to receive influenza vaccination on a compulsory basis. In his view, a high influenza vaccination uptake rate of healthcare workers would not only reduce the risk of transmitting influenza to their patients, but also encourage members of the public to receive vaccination. Dr KWOK Ka-ki asked whether a target vaccination rate had been set.

15. SFH stressed that while vaccination was voluntary, the Administration would continue to explore ways to increase the vaccination rates of healthcare workers and other high-risk groups. He and other senior officers of HA and DH had already taken the lead to receive vaccination of SIV as role models. Director (Cluster Services), HA ("D(CS), HA") supplemented that HA had actively promoted vaccination for healthcare workers in the public sector. There were some 400 service points where its healthcare workers and eligible patients could receive vaccination. It was expected that the number of recipients for the vaccination would continue to increase in the remaining months of the 2014-2015 winter influenza season and the forthcoming 2015 summer influenza season. Miss Alice MAK urged the Administration to enhance publicity on the benefits of vaccination.

16. Dr Helena WONG pointed out that some members of the public preferred not to receive the existing 2014-2015 SIV given the mismatch of the circulating and the vaccine influenza H3N2 strain, but to receive the 2015 Southern Hemisphere SIV when available. There was also a concern in the community as to whether persons who had been vaccinated with the 2015 Southern Hemisphere SIV were still required to receive the 2015-2016 SIV. SFH reiterated that the discussion of SCVPD would cover, among others, the use of SIV for the 2015-2016 winter influenza season. He appealed to members of the public to receive the existing 2014-2015 SIV as it was likely that the 2015 Southern Hemisphere SIV would only be available to the high-risk groups given the limited supply of the vaccines.

17. The Chairman remarked that excessive procurement of SIV might result in wastage of public money if there was a low vaccination uptake rate. SFH responded that it was of paramount importance to ensure that there were sufficient doses of SIV to prepare for the influenza season in order to safeguard public health. The Administration would actively consider how to promote vaccination in the 2015-2016 winter influenza season.

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18. Mr POON Siu-ping asked whether SIV could be developed locally in the future. Dr Fernando CHEUNG considered that in the longer term, the Administration should promote the development of the local vaccine and drug manufacturing industry and related research and development activities to meet the local needs.

19. SFH advised that there had been collaboration between the local experts and experts outside Hong Kong in the field of virus research. The Food and Health Bureau was also committed to assisting local medical research and development professionals through the Health and Medical Research Fund. Research projects relating to the development of new vaccines were within the thematic priorities of the Fund. SFH added that funded by the Government, two Phase 1 clinical trial centres had been set up in the medical faculties of the two local universities to enhance the capability of Hong Kong in the development of new vaccines and drugs. It should, however, be noted that the manufacturing of vaccines which required a large amount of capital investment would require a large market other than Hong Kong to ensure the financial sustainability of the business.

Surge capacity of HA

20. Mr Albert HO enquired about the capacity of HA to cope with the surge in service demand during the influenza season, and the circumstances whereby the infected patients would be required to be admitted into hospitals. Mr CHAN Han-pan expressed concern about the capacity of the Accident and Emergency ("A&E") Departments and medical wards of HA during the Lunar New Year holidays from 19 to 22 February 2015. Dr Fernando CHEUNG was concerned that from 21 December 2014 to 28 January 2015, the daily medical inpatient bed occupancy rate of public hospitals generally exceeded 100%. Dr KWOK Ka-ki expressed a similar concern, adding that some acute hospitals such as Queen Elizabeth Hospital, the medical inpatient bed occupancy rate was as high as 130% intermittently during the above mentioned period.

21. D(CS), HA advised that during the influenza season, there would be high attendance to the A&E Departments and general outpatient clinics ("GOPCs"), as well as high inpatient bed occupancy rate in medical wards. HA would continue to recruit additional medical and nursing staff, including those from non-A&E Departments, to work extra hours on voluntary basis with payment of special honorarium to handle the upsurge in demand for the A&E services, in particular semi-urgent and non-urgent cases. As regards inpatient services, HA had opened 205 additional beds in 2014-2015. In addition, a total of 282 additional beds had been opened on a time limit basis for six months from December 2014 to cope with the surge in service demand during the winter influenza season. The practice that many patients

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would avoid undergoing non-urgent surgery and elective admission during the Lunar New Year holidays would also allow HA to focus on influenza-associated admissions. In the event that there was a further increase in service demand, HA would provide 200 more temporary beds in the medical wards as far as possible.

22. Dr KWOK Ka-ki held the view that the crux of the problem of high bed occupancy rate in public hospitals lay in the inadequacy of hospital beds. SFH agreed. He added that to meet the rising demand for hospital services, a new acute hospital would be developed at the Kai Tak Development Area. HA had also started the planning for the phase two redevelopment project of the Prince of Wales Hospital. In addition, future expansion of the Tai Po Hospital and the future Tin Shui Wai Hospital had been catered for by reserving the residual development potentials of their adjoining sites.

23. Dr KWOK Ka-ki considered it unsatisfactory that only 12 GOPCs would remain opened during the Lunar New Year holidays, albeit that about 1 500 additional quota would be provided by these GOPCs. He urged HA to increase the service capacity of GOPCs to alleviate pressure on the A&E Departments during the holiday, given that only 20, 33, 61 and 58 clinics of private practitioners would remain opened on the Lunar New Year's Day (i.e. 19 February 2015), and the second, third and fourth days of the Lunar New Year (i.e. 20, 21 and 22 February 2015) respectively as advised by the Hong Kong Medical Association ("HKMA"). Dr Helena WONG asked whether all public GOPCs could remain opened during the Lunar New Year holidays. Mr YIU Si-wing asked whether the Administration would co-ordinate with HKMA with a view to ensuring that services of private medical clinics would be available in all 18 districts on each day of the Lunar New Year holidays to help alleviate the pressure on the A&E Departments of acute public hospitals.

24. D(CS), HA advised that HA had no plan to open all public GOPCs during the Lunar New Year holidays. Apart from the additional quota for GOPCs during the holiday period, another 1 200 additional quota would be provided to mainly meet the demand for evening GOPC services in February 2015. It should also be noted that HA was in the progress of proactively checking with the private medical clinics in the 18 districts by phone to understand whether they would remain opened during the holiday period. As of the date of the meeting, 39, 69, 109 and 122 clinics had indicated that they would remain opened on the Lunar New Year's Day, and the second, third and fourth days of the Lunar New Year respectively. The information of those private medical clinics in services during the Lunar New Year holidays would be posted in the A&E Departments of the public hospitals for the information of the public.

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25. Referring to the daily average provisional number of HA's A&E first attendance during the period of 21 December 2014 to 28 January 2015 which amounted to 6 412, Mr POON Siu-ping sought information about the number of attendance of non-eligible persons. D(CS), HA agreed to provide the information in writing after the meeting.

Admin/HA

26. Mr WONG Ting-kwong considered that the Chinese medicine sector should be invited to prepare for this winter seasonal influenza season. SFH responded that Chinese medicine practitioners were involved in CHP's ILI surveillance system. D(CS), HA supplemented that the 18 public Chinese Medicine Centres for Training and Research also endeavored to meet the increasing service demand during the influenza season.

27. Expressing concern about the low staff morale among the healthcare personnel of HA, Miss Alice MAK urged HA to address squarely the problems of having inadequate healthcare manpower to cope with service demand and the difference in remuneration among staff of the same rank. Dr Fernando CHEUNG also expressed concern about the healthcare manpower constraint problem of HA. SFH advised that manpower was one of the areas under review by the Steering Committee on Review of HA.

Infection control in healthcare setting

28. In response to Mr CHAN Han-pan's concern about infection control in public hospitals, D(CS), HA advised that the Serious Response Level had been activated in public hospitals and clinics and a series of more stringent infection control measures were enforced. For instance, visitors, patients and staff were required to wear surgical masks in the clinical areas of public hospitals and clinics and maintain good hand hygiene.

29. Holding the view that the space of most of the private RCHs for the elderly or persons with disabilities was limited, Dr Fernando CHEUNG asked whether consideration could be given to converting some holiday camps into isolation centres for persons affected by institutional ILI outbreaks. SFH advised that at present, the Lady MacLehose Holiday Village had been converted as a quarantine centre for asymptomatic close contacts of imported cases of avian influenza A(H7N9). However, the possibility for requiring conversion of holiday camps into quarantine centres as an infection control measure for seasonal influenza was low. For ILI outbreaks in RCHs, the risk of droplet transmission could be reduced if the institutions concerned could designate some separate area or rooms for caring those infected residents and require their staff to take appropriate protective measures when entering the designated area or rooms, such as wearing surgical masks and maintaining good hand hygiene.

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Treatment

30. In response to Mr Albert HO's enquiry about whether there was adequate stockpile of antiviral agents, Controller, CHP advised that some 19 million antiviral agents were in stock to prepare for influenza pandemic as the Serious Response Level under the Preparedness Plan for Influenza Pandemic had already been activated in late December 2014 due to the confirmation of a human case of avian influenza A(H7N9) in Hong Kong.

Suspension of classes

31. Mr Albert HO asked whether clear guidelines on when classes should be suspended were in place to prevent the spread of seasonal influenza in schools, in particular kindergartens and primary schools. Controller, CHP advised that under the guidelines on prevention of communicable diseases in institutions including schools and kindergartens, the institutions concerned should report to CHP if three or more students studying in the same class or same floor concurrently developed symptoms of influenza in clusters so as to facilitate epidemiological investigation and implementation of infection control measures. Whether it was necessary for the schools concerned to suspend classes for a certain period of time would depend on factors such as the number of children affected, the number of children with severe illness and the effectiveness of the control measures. That said, class suspension was seldom required for seasonal influenza outbreaks.

IV. Sentinel and serious untoward event management in the Hospital Authority

[LC Paper Nos. CB(2)818/14-15(05) and (06)]

32. Under Secretary for Food and Health ("USFH") and Director (Quality and Safety), HA ("D(Q&S), HA") briefed members on the management of sentinel events ("SEs") and serious untoward events ("SUEs") by HA, details of which were set out in the Administration's paper (LC Paper No. CB(2)818/14-15(05)).

33. Members noted the background brief entitled "Sentinel and serious untoward event management in the Hospital Authority" (LC Paper No. CB(2)818/14-15(06)) prepared by the LegCo Secretariat.

Categories of SEs

34. Miss Alice MAK enquired about the criteria in determining which types of medical incidents would be classified as SEs. Mr CHAN Han-pan

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asked whether wrong diagnosis which resulted in a delay in the provision of treatment for the patient concerned would be regarded as a medical incident.

35. D(Q&S), HA advised that with reference to international practice, HA's SE Policy defined the process for identification, reporting, investigation and management of those medical incidents in public hospitals falling within the nine categories of SEs as set out in Annex A to the Administration's paper. It should be noted that separately, frontline staff could report all other medical incidents via the electronic Advanced Incidents Reporting System. Where necessary, investigation panels would also be set up to investigate the causes of those medical incidents not falling within the nine categories of SEs but were considered serious in nature, and make recommendations to prevent future recurrence. The incident involving the use of expired Ethibond Excel Suture in an open heart surgery at the Queen Elizabeth Hospital and the pathology report deviation incident at the United Christian Hospital were cases in point.

Statistics of SEs and SUEs

36. While commending HA for enhancing the transparency of the management of SEs and SUEs, Dr KWOK Ka-ki expressed grave concern that the number of SEs had increased from 26 cases in 2012-2013 to 49 cases in 2013-2014. Mr CHAN Han-pan asked whether the doctors involved in these SEs were largely those with less years of experience. D(Q&S), HA advised that statistics showed that there was no indication of a substantial increase in the number of SEs at times when the newly recruited medical graduates reported duty.

37. Dr Helena WONG sought information on the breakdown by hospitals of the number of SEs and SUEs reported to the HA Head Office. In her view, such information should be made available to members of the public.

Admin/HA D(Q&S), HA advised that he could provide the information in writing after the meeting. He added that in 2013-2014, 13 out of the 49 SEs were from the Kowloon West Cluster which provided the largest volume of services. Only four SEs occurred in the New Territories West Cluster which was perceived by members of the public as having inadequate resources.

38. Dr Helena WONG enquired about the number of SEs which entailed compensation and the amount involved. D(Q&S), HA advised that he did not have the information on hand. To his understanding, there was a decline in the number of such cases in the past five years.

39. Dr Fernando CHEUNG pointed out that while members of the public could lodge complaints to the Medical Council of Hong Kong ("MCHK") on

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professional misconduct of registered medical practitioners, it should be noted that MCHK comprised 24 medical practitioners with only four lay members and the processing time of a complaint case was unduly long. From 2009 to 2013, only 142 out of the 2 362 complaint cases (i.e. 6%) were referred by the Preliminary Investigation Committee of MCHK to MCHK for a formal inquiry and only 102 cases were found to be substantiated after disciplinary inquiries. He urged the Administration to take heed of members' repeated calls for setting up a statutory office of the Health Service Ombudsman to handle medical incidents in public and private sectors. He considered that at the very least, an independent body should be set up to handle complaints against medical practitioners employed by HA.

40. D(Q&S), HA advised that under HA's two-level complaints system, all complaints were handled by the respective hospitals or clinics in the first instance. A Public Complaints Committee ("PCC"), which comprised 24 members from the community and three HA Board Members, was established under the HA Board to independently handle all appeal cases. HA would take appropriate disciplinary actions against its staff according to different factors of individual cases, including those arising from complaints and medical incidents. Separately, when MCHK investigated into medical incidents that occurred in public hospitals, HA would provide assistance to facilitate the investigation as far as possible. At the request of Dr Helena WONG, D(Q&S), HA undertook to provide after the meeting information on the breakdown by types of the disciplinary actions taken by HA against its staff arising from SEs and SUEs.

Admin/HA

Causes of SEs

41. Dr KWOK Ka-ki expressed concern that there were five cases of medication error resulting in major permanent loss of function of death in 2013-2014. Holding the view that most of medical incidents were caused by system and procedural factors, rather than manpower issues, he urged HA to implement measures to forestall recurrence of similar incidents.

42. USFH advised that HA would, among others, implement an electronic Inpatient Medication Order Entry ("IPMOE") System to automate and check the prescription and dispensing of drugs in order to enhance the safety and efficacy of medication. D(Q&S), HA supplemented that the IPMOE System, which had been piloted in a few public hospitals and had proved effective in reducing medication errors, would be implemented in all public hospitals by phases. Experience revealed that prescription errors in outpatient clinics had been reduced by about 90% with the implementation of the Outpatient Medication Order Entry System. This apart, HA would carefully assess risk when a medical incident was reported and rapidly disseminate lessons learnt from individual incidents to prevent the happening of similar incidents. For

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instance, upon investigation of a SE involving the setting of wrong flow rate of dopamine infusion, it was recommended that adherence to the guideline on the safe use of infusion pump should be reinforced and refresher training on the use of infusion pump should be arranged for staff.

43. Mr POON Siu-ping sought information on a breakdown of the 20 SEs involving retained instruments or other material after surgery or interventional procedure in 2013-2014 by the types of instruments or material involved. Referring to paragraph 11 of the Administration's paper, he asked how far increased complexity of the surgical procedures and types and variety of equipment used during the procedures had contributed to an increase in the number of such SEs.

44. D(Q&S), HA advised that 12 out of the 20 SEs involved broken instruments whereas the remaining eight cases involved incorrect counting of instruments or material. D(Q&S), HA added that with rapid technological advances in medical care and procedures, more procedures were performed outside the operating theatre and more outreach services were provided. Hence, it was necessary for HA to extend the "Time-out" process and the practice of after-surgery counting to surgery or interventional procedures performed outside operating theatre to check vigilantly the completeness of instruments upon removal from patients.

45. Dr Helena WONG asked whether consideration could be given to strengthening the services provided by medical social workers in order to identify those patients having suicidal ideas and plans for the early implementation of suicide precaution measures so as to reduce the suicidal risk of inpatients living in hospitals.

46. D(Q&S), HA advised that of the 19 SEs relating to death of inpatients from suicide during the reporting period, seven patients committed suicide in hospitals, 10 patients were on home leave and two patients were missing. Seven and two of these 19 patients had malignancies and mental illness respectively. The remaining 10 patients were suffering from chronic illness or were diagnosed as having serious illness. To prevent the happening of this tragic act, HA would further improve communication among patients, families and staff, and invite volunteer and patient groups to pay visits to inpatients to give more spiritual support to these inpatients.

Handling of complaints relating to medical errors

47. Pointing out that LegCo Members had handled many complaint cases relating to medical errors of public hospitals, Dr KWOK Ka-ki, considered that apart from learning from the medical events reported under the SE and SUE Policy, HA should also conduct detailed analysis on each complaint

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case to formulate improvement measures to avoid recurrence of a similar incident. Miss Alice MAK and Dr Fernando CHEUNG expressed a similar view. Miss Alice MAK added that many incidents involved in the complaint cases were caused by system failure.

48. D(Q&S), HA agreed that complaint cases, in particular those appeal cases handled by HA's PCC, would shed light on how HA could further enhance its service quality and patient safety. However, the causes of complaints were multifaceted which might include, among others, unmet expectations, miscommunications as well as medical errors. HA would consider how it could make better use of the various observations from the complaint cases to improve its services. At the request of the Chairman, Admin D(Q&S), HA agreed to provide written information on the number of complaints lodged with PCC in relation to medical errors.

49. Miss Alice MAK and Mr CHAN Han-pan considered that private hospitals should also be required to set up a SE management system similar to that of HA. USFH responded that a proposal put forward in the Consultation Document on Regulation of Private Healthcare Facilities was that private hospitals should establish a comprehensive SE management system.

V. Research study on regulation of aesthetic practices in selected places

[LC Paper Nos. CB(2)818/14-15(07) and RP01/14-15]

50. In view of the time constraint, members agreed to defer the discussion of the item to the March regular meeting.

VI. Any other business

51. The Chairman reminded members of the special meeting scheduled for 17 February 2015 from 9:30 am to 12:30 pm for receiving public views on the Consultation Document on Regulation of Private Healthcare Facilities.

52. There being no other business, the meeting ended at 7:01 pm.

Council Business Division 2
Legislative Council Secretariat
23 September 2015